



Background Checks

Basics

The Background Checks - Basics packet provides information you will find helpful if you would like to hire an attendant whose background check comes through with flagged items.



COLORADO
Department of Health Care
Policy & Financing

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Disclaimer

Nothing in these materials developed by Consumer Direct for Colorado (CDCO) is legal advice. Should you have legal questions, CDCO recommends you seek independent legal advice. These materials are for informational purposes only. CDCO does not vouch for the accuracy of the information compiled from third-party websites.

Background Checks



Resources

When you have a question about the background check process, where do you turn? There are many resources available. Please review the list below.

Adult Protective Services (APS)

<https://cdhs.colorado.gov/aps>

Consumer Directed Attendant Support Services (CDASS) Attendant Support Management Plan (ASMP) – Safety Plan for Background Check Exception

http://consumerdirectco.com/wp-content/uploads/2022/12/CDASS-ASMP-Background-Check-Safety-Plan_fillable.pdf

CDASS Background Check Exception Request Form

<https://sites.google.com/state.co.us/cdassexception?pli=1>

Consumer Direct Care Network Colorado

Toll-Free Phone: **844.381.4433**

Email: InfoCDCO@ConsumerDirectCare.com

Website: www.ConsumerDirectCO.com

De-Escalation Techniques

https://www.cisa.gov/sites/default/files/publications/De-Escalation_Final%20508%20%2809.21.21%29.pdf

Department of Healthcare Policy and Finance (HCPF) Participant-Directed Programs (PDD) Unit:

• Phone Numbers to Call Unit Staff:

➤ CDASS Questions: **303.866.6138**

➤ IHSS Questions: **303.866.4666**

• Email: HCPF_PDP@state.co.us

• Fill out the Participant-Directed Programs (PDP) Unit Issues and Feedback Form if you have issues or feedback you need to send to HCPF. <https://sites.google.com/state.co.us/pdpissues>

Palco

Toll-Free Phone: **866.710.0456** and select the option for Colorado

Email: CO-CDASS@PalcoFirst.com

Website: www.PalcoFirst.com/Colorado

Public Partnerships (PPL)

Toll-Free Phone: **888.752.8250**

Email: ppcdass@pcgus.com

Website: www.PublicPartnerships.com/State-Programs/Colorado

Medicaid Program Integrity:

<https://www.medicaid.gov/medicaid/program-integrity/index.html>

Example of How to Approach Conversations About Background Checks with a Prospective Attendant:

You may use the following scripts to guide your conversation if something comes up on a prospective attendant's background check.

Member: I noticed there are some things on your background check. Would you be willing to tell me more about it?

Attendant: Yes.

Member: Can you explain the [specific finding(s)] on the background check? Can you tell me who was involved?

Attendant: Yes.

If the Member is still interested in hiring the candidate after hearing their explanations to the above questions, they may continue the conversation with the following:

Member: I'd still like to hire you, are you willing to go through the state's exception process?

Ending the Conversation

If at any point the Member would like to end the conversation due to the candidate's response (or lack thereof), they may say one of the following:

Member: I appreciate your interest in the position. However, I don't think this is the right fit for me.

Member: I appreciate your interest in the position. I'll consider it and let you know.

Example of How to Ask a Prospective Attendant to Clarify Their Record

If a criminal background check (CBC) report is missing disposition, crime class, or offense date information, the CDASS employer may request that the individual clarify their record before they are permanently or conditionally hired. You may use the following script to guide your conversation when asking a prospective attendant to clarify their record.

Member: I've reviewed your criminal background check report, and it looks like it is missing some information. I'd like to review this information before making a hiring decision.

Attendant: Okay, thank you for letting me know. What do I need to do to have the missing information added?

Member: Great! I'll need you to reach out to the presiding district and/or county court to request applicable court documentation for the crime(s) that are incomplete/incorrect. If a disposition has been purged, please ask the presiding district and/or county court to provide a letter stating the disposition was purged.

Once you have these documents, please send them to the Colorado Bureau of Investigation (CBI) Disposition Unit. You can fax them to 303-239-4405 or email them to dps_cbi_ident_seal@state.co.us. Please write "Attn: Dispos." and include your phone number or email address so CBI can contact you when the report has been updated.

Attendant: Okay, I will work to get this documentation and then send it to CBI. How long do I have to do this?

Member: If the new documentation clarifies the crime appropriately, CBI will update the report within approximately 1-2 business days. They will notify you when the update is complete. We have 90 days before my Financial Management Service (FMS) will require a new employment packet be submitted.

Attendant: That sounds good, I'll get started and keep an eye out for CBI's notification.

Member: Great, please let me and my FMS know when you are notified your report is updated so it can be rerun.

Example of How to Approach Conversations About Suspected Theft

If you discover that something is missing, you may use the suggested steps below to address the situation. Approach the attendant in a non-confrontational but direct way. Avoid accusations or threats that could escalate the situation or put you in danger.

Member: Have you seen my [missing item, e.g., wallet/money/picture]?

If Attendant Responds: Yes

Member: Can you tell me where it is? **OR** Can you tell me more about that?

Additional Questions the Member Can Ask:

- When is the last time you saw it?
- Did you see anyone else around it?
- Do you know where it could be?

If Attendant Responds: No

Questions the Member Can Ask:

- When is the last time you saw it?
- Did you see anyone around it?
- Do you know where it could be?

If appropriate you can file a report. Appropriate reports you could file include a police report (depending on the value of the missing item) or Adult Protective Services (APS) report. See the other resources listed in this packet.

Example of How to Approach Conversations About Fraudulent Timesheet Requests:

If you notice discrepancies in your attendant's timesheets or suspect that your attendant may be submitting inaccurate hours or pay rates, it is your duty as an employer to address the issue. Approach the attendant in a non-confrontational but direct way. Avoid accusations or threats that could escalate the situation or put you in danger. You may use the following script to guide your conversation with your attendant:

Member: Start by checking in. You may use one of the following questions to start your conversation:

- Are you feeling comfortable with your schedule?
- How do you stay organized?
- Do you find it easy to follow the schedule for when timesheets are due?

Member: Thank you for sharing those details with me. Do you remember how many hours you should be submitting for me?

Attendant: Yes, I remember. **OR** No, I do not remember.

Member: I want to remind us both that as a CDASS employer, I can only approve a certain number of hours per week. My management plan states that you can work XX hours per week for me at the rate we agreed to. I am required to verify that all timesheets are accurate before I approve them for payment. Do you mind if we review a few to make sure the numbers match?

Attendant: Sure, let's review a few timesheets.

Member: I'm seeing hours that do not match what you worked that day. I can only approve timesheets for hours of service that were actually worked. If I approve inaccurate timesheets, I risk a fraud claim and possibly being removed from CDASS. That means I wouldn't get the assistance I need and you wouldn't be able to continue working with me. How can we work together to make sure your timesheets are accurate when you submit them?

Safety Plan

If you plan to hire an attendant whose background check came back with flagged items, you may want to consider updating your safety plan. The most common background check offenses include the following: assault, fraud, substance abuse, and theft. Please use the following to help you update your safety plan if you plan to hire an attendant with one or more of these offenses.

General Guidelines:

- Make sure your emergency contacts are up to date.
- Always have a backup attendant in mind in case something comes up with your intended attendant.
- Have an evacuation plan in place. Pack a bag and have an action plan formed for leaving within a 15-minute timeframe.

Assault:

- Consider having more than one person present if you hire an attendant with assault offenses on their background check.
- Protect or watch higher-vulnerability areas more.
- Install a home security system and tell your attendants that it is in place.
- Know how to contact your local emergency responders.
- Link a voice assist system to 911
- Have an evacuation plan in place in case you need to leave. Pack a bag and have an action plan formed for leaving within a 15-minute timeframe.
- Know what steps you need to take if the person you hire presents a problem or threat to you.

Fraud:

- Sign off on attendant hours and verify that your attendant was actually present and working for the hours they claim.
- Ensure all transactions are accounted for.
- Add extra protections for valuables if needed.

Substance Abuse:

- Make sure you have contact information for your local poison control, drug-related first responders, and overdose hotlines.
- Lock up any medications or other addictive/problematic substances.
- Determine which attendants are allowed to administer medications.

Theft:

- Lock up valuables or put them out of sight.
- Install a home security system and tell your attendants that it is in place.

PROSPECTIVE ATTENDANT

Criminal Background Check Sample Record

If you get a criminal background check, you will see a letter from the Colorado Bureau of Investigation (CBI). It will tell you if the person you want to hire has a criminal history. CBI uses the person's name to find this information, but they don't check fingerprints.

**COLORADO**
Bureau of Investigation
Department of Public Safety

Biometric Identification and Records Unit
690 Kipling Street, Suite 4000
Lakewood, CO 80215
303-239-4208

Financial Management Services Contractor

123 Main Street
Denver, CO, 80204

Date: 01/01/2024 08:00:00(MT)**RE:** PROSPECTIVE, ATTENDANT**DOB:** 010170**SOC:** XXXXX0000**The Colorado arrest record for the person noted to follow.**

The Colorado Bureau of Investigation's database contains detailed information of arrest records based upon fingerprints provided by Colorado law enforcement agencies. Arrests, which are not supported by fingerprints, will not be included in this database. On occasion the Colorado criminal history will contain disposition information provided by the Colorado Judicial system. Additionally, warrant information, sealed records (except those allowed per state statute 24-72-703), and juvenile records are not available to the public.

The results attached are based on a name search which may or may not be the subject of this inquiry. This search does not include a fingerprint comparison, which is the only means of positive identification. Since an arrest record may be established after this inquiry, an arrest record is only valid at the time of the current request. To ensure the most current available information in regards to subsequent arrest after an initial inquiry, it is recommended another query be made.

The results attached below are based on the criteria given.

Falsifying or altering this document with the intent to misrepresent the contents of the record is prohibited by law, and may be punishable as a felony when done with intent to injure or defraud any person.

Sincerely,
John Camper, Director
Colorado Bureau of Investigation

NOTE:

This section will always have the contact information for your FMS.

NOTE:

This is the date your FMS ran the report.

NOTE:

This will have the prospective attendant's information as it was run in the CBI database. CDASS employers should review this information to confirm it is correct.



Identification

Next you will see identification information. This is for the person you are interested in hiring.

*** ATTN: KTI

COLORADO BUREAU OF INVESTIGATION - IDENTIFICATION UNIT
690 KIPLING STREET, SUITE #3000, DENVER, COLORADO 80215 (303)239-4208

THIS IDENTIFICATION RECORD IS FOR LAWFUL USE ONLY AND SUMMARIZES
INFORMATION SENT TO THE COLORADO BUREAU OF INVESTIGATION FROM
FINGERPRINT CONTRIBUTORS IN THE STATE OF COLORADO.

UNLESS FINGERPRINTS ACCOMPANIED YOUR INQUIRY, THE COLORADO BUREAU OF
INVESTIGATION CAN NOT GUARANTEE THIS RECORD RELATES TO THE PERSON IN
WHOM YOU HAVE AN INTEREST.

IF THE DISPOSITION IS NOT SHOWN OR FURTHER EXPLANATION OF AN ARREST
CHARGE OR DISPOSITION IS DESIRED, THAT INFORMATION MAY BE OBTAINED FROM
THE AGENCY WHO FURNISHED THE ARREST INFORMATION.

ONLY THE COURT OF JURISDICTION OR THE RESPECTIVE DISTRICT ATTORNEY'S
OFFICE WHEREIN THE FINAL DISPOSITION OCCURRED CAN PROVIDE AN OFFICIAL
COPY TO ANY SPECIFIC DISPOSITION.

STATE LAW GOVERNS ACCESS TO SEALED RECORDS.

BECAUSE ADDITIONS AND DELETIONS TO A CRIMINAL HISTORY RECORD MAY BE MADE
AT ANY GIVEN TIME, A NEW INQUIRY SHOULD BE REQUESTED WHEN NEEDED FOR
SUBSEQUENT USE.

***** IDENTIFICATION *****
NAME(S) USED:

PROSPECTIVE, ATTENDANT
CDASS, ATTENDANT

PHYSICAL:

SEX: F RACE: W HGT: 502 WGT: 160
EYE: BRO HAIR: BRO SKN: MED

DATE(S) OF BIRTH:

01/01/1970

PLACE(S) OF BIRTH:

CA

SCARS/MARKS:

TAT R ARM

Criminal History Examples

Then, you will find out if the person has a criminal record. You should be careful of certain things that could show up on the report. Here are some examples:

Example #1

```
----- ARREST -----
DATE ARRESTED          01/01/1995
AGENCY                 SHERIFF'S OFFICE
ARREST NUMBER         00000
NAME USED              PROSPECTIVE, ATTENDANT
CHARGE                01
  CHARGE LITERAL      ASSAULT SECOND DEGREE
  TYPE/LEVEL          FELONY
  OFFENSE DATE        01/01/1995
----- COURT -----
CHARGE                01
  CHARGE LITERAL      ASSAULT SECOND DEGREE
  TYPE/LEVEL          FELONY
  OFFENSE DATE        01/01/1995
DOCKET                00XX000000
COURT DISPOSITION      GUILTY
DISPOSITION DATE       06/01/1995
```

NOTE:

The Court section will have the outcome of the individual's charges. The FMS is reviewing for:

- Charge Literal
- Type/Level (crime class)
- Court Disposition
- Offense Date (if the offense date is missing, the arrest or the disposition date will be used)

NOTE:

The individual is initially ineligible for hire because:

- Assault is a high-risk crime.
- The crime class is a felony
- There is a guilty disposition

An exception can be requested because:

- The conviction occurred more than 20 years ago

Example #2

```
----- ARREST -----
DATE ARRESTED          01/01/1999
AGENCY                 POLICE DEPARTMENT
ARREST NUMBER         00000
NAME USED              PROSPECTIVE, ATTENDANT
CHARGE                01
  CHARGE LITERAL      DRIVING UNDER THE INFLUENCE
  TYPE/LEVEL          FELONY
```

NOTE:

The individual is eligible for hire because:

- Driving Under the Influence (DUI) is not a high-risk crime

Example #3

```
DATE ARRESTED          01/01/2000
AGENCY                 POLICE DEPARTMENT
ARREST NUMBER         000000
NAME USED              PROSPECTIVE, ATTENDANT
CHARGE                01
  CHARGE LITERAL      SEXUAL ASSAULT
----- COURT -----
CHARGE                01
  CHARGE LITERAL      SEXUAL ASSAULT
  TYPE/LEVEL          FELONY
DOCKET                00XX000000
COURT DISPOSITION      GUILTY
DISPOSITION DATE       06/01/2000
```

NOTE:

The individual is initially ineligible for hire because:

- Sexual Assault is a high-risk crime
- There is a guilty disposition

An exception can **NOT** be requested because:

- Only misdemeanor sexual offenses are eligible for an exception

Example #4

```
----- ARREST -----
DATE ARRESTED      01/01/2001
AGENCY             SHERIFF'S OFFICE
ARREST NUMBER      0000000
NAME USED          PROSPECTIVE, ATTENDANT
CHARGE             01
CHARGE LITERAL     ASSAULT-ASSAULT ON ADULTS AT RISK
TYPE/LEVEL         FELONY
```

Example #5

```
----- ARREST -----
DATE ARRESTED      01/01/2005
AGENCY             SHERIFF'S OFFICE
ARREST NUMBER      000000
NAME USED          PROSPECTIVE, ATTENDANT
CHARGE             01
CHARGE LITERAL     VEHICULAR HOMICIDE-RECKLESS DRIVING
TYPE/LEVEL         FELONY
OFFENSE DATE       01/01/2005
DOCKET             X0000000XX000000
COURT DISPOSITION  GUILTY
DISPOSITION DATE   06/01/2005
SENTENCE           60 M DJ CA SUPERVISION PROGRAM 113 A RESTITUTION ORDERED
                  60 D TIME SERVED
```

NOTE:

The individual is initially ineligible for hire because:

- Vehicular homicide is a high-risk crime
- The crime class is a felony
- There is a guilty disposition

An exception can **NOT** be requested because:

- Murder/homicide is not eligible for an exception

Example #6

```
----- ARREST -----
DATE ARRESTED      01/01/2022
AGENCY             POLICE DEPARTMENT
ARREST NUMBER      000000
NAME USED          PROSPECTIVE, ATTENDANT
CHARGE             01
CHARGE LITERAL     FRAUD IMPERSONATION
OFFENSE DATE       01/01/2022
COURT DISPOSITION  GUILTY
DISPOSITION DATE   06/01/2022
SENTENCE           3 M DJ CA SUPERVISION PROGRAM
```

NOTE:

The individual is initially ineligible for hire because:

- Felony Fraud is a high-risk crime
- The crime class is missing

An exception can be requested because:

- The report does not specify if the crime was a felony. It is recommended the Attendant clarify their record with CBI.

Conclusion

Finally, you will see a short paragraph that concludes the background check.

```
** CRIMINAL JUSTICE AGENCIES MAY NOT HAVE PROVIDED ALL ARRESTS, **
** CHARGES OR DISPOSITIONS TO THE CBI. THIS RECORD SHOWS ALL **
** ARRESTS, CHARGES & DISPOSITIONS THAT WERE PROVIDED, UNLESS **
** ACCESS TO THEM HAS BEEN LIMITED BY COURT ORDER. **
*FALSIFYING OR ALTERING THIS RECORD WITH THE INTENT TO MISREPRESENT*
*THE CONTENTS OF THE RECORD IS PROHIBITED BY LAW, AND MAY BE *
*PUNISHABLE AS A FELONY WHEN DONE WITH THE INTENT TO INJURE OR *
*DEFAUD ANY PERSON. *
----- END OF RECORD MEETING DISSEMINATION CRITERIA -----
----- 01/01/2024 08:00MT -----
```



CDASS Background Check Crimes of High Risk: Employer Hiring Guide

Effective March 2023

Any individual interested in working as a Consumer-Directed Attendant Support Services (CDASS) attendant is required to undergo a criminal background check through the Colorado Bureau of Investigation (CBI). The Financial Management Services (FMS) contractors conduct this check and will report the results to the CDASS employer (member or their Authorized Representative) and prospective attendant.

A prospective attendant will not be found initially eligible for hire by the FMS if their CBI Colorado Criminal Background Check (CBC) report shows they have been found guilty of any of the crimes within the specified time frames listed below. An individual will also be found initially ineligible if their report does not contain disposition, crime class, or offense date information. A CDASS employer may request the individual clarify their record through CBI if this information is missing from a report. The steps to clarify a CBC report can be found on the Participant Directed Programs webpage (hcpf.colorado.gov/participant-directed-programs) under Attendant Background Checks.

A CDASS employer may request an exception from Participant Directed Programs (PDP) to hire an individual initially found ineligible. CDASS employers must complete the CDASS Background Check Exception Request Form (sites.google.com/state.co.us/CDASSException) or contact PDP at 303-866-5638 to make a request. Exception requests are approved based on employers completing the process and creating a safety plan that is actionable. Not all requests are guaranteed to be approved if these criteria are not met.

High-Risk Crimes	Not initially eligible for hire	Eligible for hire with an exception	Exception requirement	No exception allowed
Sexual Offenses ⁱ	✓	✓	Conviction must be a misdemeanor	
Felony Drug Offenses ⁱⁱ	✓	✓	Conviction must be 3 years or older	
Felony Fraud ⁱⁱⁱ within the last 5 years	✓	✓	Conviction must be 5 years or older	
Felony Theft ^{iv}	✓	✓	Conviction must be 5 years or older	
Abduction / Kidnapping ^v	✓	✓	Conviction must be 10 years or older	
Hate Crimes ^{vi} within the last 10 years	✓	✓	Conviction must be 10 years or older	
Felony Arson ^{vii} within the last 10 years	✓	✓	Conviction must be 10 years or older	



Neglect or Abuse by a Caregiver ^{viii}	✓	✓	Conviction must be 10 years or older	
Any Violent Felony ^{ix}	✓	✓	Conviction must be 20 years or older	
Child or At-Risk Person Abuse, Neglect, or Exploitation ^x	✓	✓	Misdemeanor conviction must be 10 years or older. Felony conviction must be 20 years or older	
Crimes Against a Child or At-Risk Person that Causes Harm ^{xi}	✓	✓	Misdemeanor conviction must be 10 years or older. Felony conviction must be 20 years or older	
Felony Involving an Act of Domestic Violence ^{xii}	✓	✓	Conviction must be 20 years or older	
Health Care Fraud ^{xiii}	✓			✓
Purchase or Sale of a Child ^{xiv}	✓			✓
Sexual Exploitation Against a Child or At-Risk Person ^{xv}	✓			✓
Murder / Homicide ^{xvi}	✓			✓

Resources related to assessing background checks reports and the best practices for hiring individuals with criminal histories are available to CDASS employers through the Training and Operations contractor. Contractor contact information can be found on the Participant Directed Program [webpage](#).

Questions related to this document or CDASS background check exception process should be directed to:

Participant Directed Programs Unit
Office of Community Living
HCPF_PDP@state.co.us
Phone: 303-866-5638 | Fax: 303-866-2786

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- ⁱ C.R.S. Title 18, Art. 3, Pt. 4
 - ⁱⁱ C.R.S. Title 18, Art. 18, Pt. 4
 - ⁱⁱⁱ C.R.S. Title 18, Art. 5
 - ^{iv} C.R.S. Title 18, Art. 4, Pt. 4
 - ^v C.R.S. Title 18, Art. 3, Pt. 3
 - ^{vi} C.R.S. Title 18, Art. 9, Pt. 1-121
 - ^{vii} C.R.S. Title 18, Art. 4, Pt. 1
 - ^{viii} C.R.S. Title 18, Art. 6.5
 - ^{ix} C.R.S. Title 18, Art. 3, Pt. 2
 - ^x C.R.S. Title 18, Art. 6, Pt. 4, C.R.S. Title 18, Art. 6.5
 - ^{xi} C.R.S. Title 18, Art. 6, Pt. 4, C.R.S. Title 18, Art. 6.5
 - ^{xii} C.R.S. Title 18, Art. 6, Pt. 8
 - ^{xiii} C.R.S. Title 24, Art. 31, Pt. 8
 - ^{xiv} C.R.S. Title 18, Art. 6, Pt. 4
 - ^{xv} C.R.S. Title 18, Art. 6, Pt. 4, C.R.S. Title 18, Art. 6.5
 - ^{xvi} C.R.S. Title 18, Art. 3, Pt. 1



**CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS)
ATTENDANT SUPPORT MANAGEMENT PLAN (ASMP)**

Member Information					
Member Name:		Medicaid ID #:			
Address:		City:		Zip:	
Phone:		E-mail:			
Authorized Representative's (AR) Contact Information (optional)					
Rep Name:		Relationship to Member:			
Address:		City:		Zip:	
Phone:		E-mail:			
Single Entry Point (SEP) Case Manager Contact Information					
SEP Case Manager Name:		SEP Agency Name:			
Phone:		E-mail:			
Financial Management Services Agency Selection					
FMS Agency (please check one): <input type="checkbox"/> Palco <input type="checkbox"/> Public Partnerships (PPL)					

PART ONE - CARE NEEDS

Information about me, my supports and my needs:

Information about any support or accomodation I need for communication:

PART TWO - Needed Attendant Support

I (or my Authorized Representative) have the ability to train my Attendants to perform all of the activities listed below:

TASKS	SUN	MON	TUES	WED	THUR	FRI	SAT	Weekly Minutes
Homemaker Services: please list estimated time (in minutes) to be completed on tasks each day.								
Floor Care								
Bathroom Cleaning								
Kitchen Cleaning								
Trash Removal								
Meal Preparation								
Dishwashing								
Bed Making								
Laundry								
Dusting								
Shopping								
Total daily Homemaker minutes:								Weekly Total
Personal Care Services: please list estimated time (in minutes) to be completed on tasks each day.								
Eating								
Respiratory Assistance								
Skin Care Maintenance								
Bladder/Bowel Care								
Hygiene								
Dressing								
Transfers								
Mobility								
Positioning								
Medication Reminders								
Medical Equipment								
Bathing								
Accompanying								
Protective Oversight								
Total daily Personal Care minutes:								Weekly Total

TASKS	SUN	MON	TUES	WED	THUR	FRI	SAT	Weekly Minutes
Health Maintenance* Services: please list estimated time (in minutes) to be completed on tasks each day. *Health Maintenance tasks are identified as skilled care tasks that a provider such as a CNA or RN would have traditionally performed outside of CDASS.								
Skin Care								
Nail Care								
Mouth Care								
Dressing								
Feeding								
Exercise								
Transfers								
Bowel Care								
Bladder Care								
Medical Management								
Respiratory Care								
Medication Assistance								
Bathing								
Mobility								
Accompanying								
Positioning								
Total daily Health Maintenance minutes:								Weekly Total
Total Daily Minutes:								
Total Weekly Minutes:			Total Weekly Hours:					
<p>The Case Manager is responsible to review the Member/Authorized Representative identified Homemaker, Personal Care and Health Maintenance Services for appropriateness in comparison with the Member's CDASS Task Worksheet. Any services indicated on the ASMP but not on the Task Worksheet (and vice versa) should be reviewed further by the Member/Authorized Representative and Case Manager. Approval should not move forward until service tasks on the Task Worksheet and ASMP match.</p> <p>Service frequency and duration identified in this Attendant Support Management Plan for each task are an estimate. The frequency and duration of tasks may vary from day to day based on the Members service needs.</p> <p>Are there times during the year that your care needs predictably change and you will most likely need to utilize more or less services? Please share this information.</p> <p>_____</p> <p>_____</p> <p>Please inform your Case Manager if your needs change.</p>								

PART THREE - Recruiting and Hiring

The steps I am taking to find and hire Attendant(s) are (check all that apply):

Posting Ads:

- | | |
|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Library | <input type="checkbox"/> Grocery Store |
| <input type="checkbox"/> On-line web sites | <input type="checkbox"/> Local Publications |
| <input type="checkbox"/> Medical Facilities | <input type="checkbox"/> Other Bulletin Boards |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> CDASS Attendant Registry |
| <input type="checkbox"/> Recruit Current PCP/CNA/Nurse | <input type="checkbox"/> Recruit Family/Friends |

Other (please specify): _____

PART FOUR – Limitations on Payment to Family - initial one of the following as it pertains to the Client:

_____ I will hire my spouse* or a family member** as an Attendant. I understand that my spouse and live in family caregivers are limited to providing extraordinary care as determined by my SEP Case Manager. I understand that neither my spouse, any family member, nor any guardian will be paid for providing more than 40 hours of care in a 7-day period.

OR

_____ Not applicable: I will not hire a spouse*, a family member**, or guardian.

* Spouse - the Client's husband or wife through legal marriage or common law.

** Family Member - all persons related to the Client through blood, marriage, adoption or common law.

PART FIVE – Emergency Back Up Planning

The steps I plan to take in an emergency and/or during unexpected situations are:

(Please be as specific as possible)

Late / No show Attendant:

Life or Limb Emergency:

Unexpected illness or flu:

Community Wide Disaster (i.e. flood, blizzard, etc.): What would you do if you had to leave your home? What is your plan if you are unable to leave your home and your Attendant is having trouble reaching your home?

Other (optional):

**CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS)
ATTENDANT SUPPORT MANAGEMENT PLAN (ASMP)**

PART FIVE ADDENDUM– Safety Plan for Attendant Caused Health and Safety Risks

Member Name:

Member Medicaid ID:

Authorized Representative Name (if applicable):

Today's Date:

You are encouraged to review the educational and support resources related to hiring workers with criminal backgrounds to help you complete this safety plan. They can be found here:

ConsumerDirectCO.com/CDASS-Resources.

If I hire an attendant that creates a health and/or safety risk to the CDASS Member / to me, I will take the following steps to get help:

(Please be specific and include: Family and/or friends who can be contacted, community resources that can be used, and at-home tools you have or can get.)

Please submit this page to Consumer Direct - Colorado via email:

InfoCDCO@ConsumerDirectCare.com

PART SIX – CDASS Monthly Budgeting Worksheet**Monthly Allocation:**

Total amount available for Attendant support services. Must identify at least two Attendants. Rate of pay and total cost must be listed for all primary Attendants.

=

1

Attendant	Attendant's Hourly Rate	Your Cost Per Hour*		Hours Per Week		Total Per Week	
			X		=		a.
			X		=		b.
			X		=		c.
			X		=		d.
			X		=		e.
			X		=		f.
Attendant Care Wages Per Week Total Add (a) through (f)							2
Attendant Care Wages Per Month Total Multiply Weekly Total (Box 2) by 4.3 (average weeks in a month)							3

* Refer to the FMS Cost to You table in section 2 of the CDASS manual. Participants in CDASS are the employer of their CDASS Attendants and are required to comply with the Fair Labor Standards Act. This includes paying overtime rates to CDASS Attendants who work more than 40 hours in one week or over 12 hours in a single shift. You may contact your FMS provider about your payroll tax rates. SUTA rates may change over time dependent on your history with Unemployment Claims as an employer. For additional information or training please contact Consumer Direct Colorado. Additional information on overtime is also available through the Colorado Department of Labor.

Managing your CDASS allocation and budgeting is an ongoing task. Your FMS provider will provide a Monthly Member Expenditure Statement (MMES) that will show what you have spent to assist you with keeping on track and within your monthly allocation each month. You also have access to an on-line portal through your FMS provider to help check budget utilization. You will need to work with your individual FMS provider for assistance with completing time-sheets correctly.

PART SEVEN – CDASS Start Date (To be completed by Case Manager)

Preferred CDASS Start Date

Alternate Start Date

PART EIGHT – Signatures

Member / Authorized Representative Signature

Date

Case Manager Signature

Date

Consumer Direct Comments

Consumer Direct of Colorado's Signature

Date

FOR SINGLE ENTRY POINT CASE MANAGER APPROVAL - PLEASE DO NOT WRITE IN THIS SPACE

Member certification dates:

CDASS Start Date:

CDASS End Date:

Case Manager Approval

Date



CDASS Background Check Exception Request Process

Effective January 2022, Updated April 2023

A CDASS employer may request an exception to hire a prospective attendant who has been found initially ineligible for hire by the FMS if that individual meets the exception requirements as outlined on the CDASS Background Check Crimes of High Risk: Employer Hiring Guide.

****Please note: The FMS will find an individual initially ineligible if their report does not contain disposition, crime class, or offense date information. See page 2 for steps a prospective attendant to clarify their CBC report if information is missing or incorrect.***

CDASS Background Checks also require a state Board of Nursing and Office of Inspector General (OIG) check. An individual with a revoked, suspended, or denied nursing license or nurse aide certification is not eligible to be hired and may not receive an exception due to statutory regulations. A person on the OIG list of excluded individuals is also not eligible to be hired and may not receive an exception.

Exception Request Process

To request an exception, the CDASS employer (the member or their Authorized Representative) must complete the CDASS Background Check Exception Request Form (sites.google.com/state.co.us/CDASSException).

1. Review the CDASS Background Check Crimes of High Risk: Employer Hiring Guide to ensure this individual is eligible for an exception (see page 3).
2. Complete the [CDASS Background Check Exception Request Form](#). To make a request by phone, call 303-866-5638.
3. Collect and complete your required supporting documentation:
 - A signed Acceptance of Responsibility form (AOR) provided by your FMS.
 - The individual's CBC report provided by your FMS.
 - A CDASS ASMP Safety Plan for Attendant Background Check Exception.
 - The safety plan form can be found on the Participant Directed Programs [webpage](#).
4. Submit the required supporting documentation through one of the following methods:
 - Upload: sites.google.com/state.co.us/CDASSExceptionDocs
 - Email: HCPF_PDP@state.co.us
 - Fax: 303-866-2786



Clarifying a Criminal Background Check Report through Colorado Bureau of Investigation

If a Colorado Background Check (CBC) report is missing information or contains incorrect information, the prospective attendant may attempt to clarify their record through Colorado Bureau of Investigation (CBI). The CDASS employer is responsible for communicating these steps to their prospective attendant.

1. Contact the presiding district or county court to request applicable court documentation for the crime/s that are incomplete or incorrect. If a disposition has been purged, the presiding district and/or county court can provide a letter stating the disposition was purged.
2. Send the documentation to the Colorado Bureau of Investigation (CBI) Disposition Unit:
 - Fax to 303-239-4405, or email to cdps_cbi_ident_seal@state.co.us
 - Write "Attn: Dispos." and a call back number/email address for CBI to contact when the report has been updated.

If documentation appropriately clarifies the crime/s, CBI will update the report within 1-2 business days (on average).

3. Notify the FMS and the CDASS employer that the updated CBC report is available to rerun. The FMS will reassess eligibility based on the updated report.

If a successfully updated report shows the individual is still ineligible for hire, the CDASS employer may have the option to request an exception. If a CDASS employer chooses to require their prospective attendant clarify their report prior to being hired, the individual must do so within ninety (90) days of when they applied. If the individual is not able to update their report within ninety (90) days, the FMS will close the enrollment and the prospective attendant will have to reapply when their report is correctly updated.

CDASS employers and prospective attendants can call CBI at (303) 239-4201 for help understanding a CBC report and the process to update one.

Questions related to this document should be directed to:

Participant Directed Programs Unit

Office of Community Living

HCPF_PDP@state.co.us

Phone: 303-866-5638 | Fax: 303-866-2786





CDASS Background Check Crimes of High Risk: Employer Hiring Guide *Effective March 2023*

Any individual interested in working as a Consumer-Directed Attendant Support Services (CDASS) attendant is required to undergo a criminal background check through the Colorado Bureau of Investigation (CBI). The Financial Management Services (FMS) contractors conduct this check and will report the results to the CDASS employer (member or their Authorized Representative) and prospective attendant.

A prospective attendant will not be found initially eligible for hire by the FMS if their CBI Colorado Criminal Background Check (CBC) report shows they have been found guilty of any of the crimes within the specified time frames listed below. An individual will also be found initially ineligible if their report does not contain disposition, crime class, or offense date information. A CDASS employer may request the individual clarify their record through CBI if this information is missing from a report. The steps to clarify a CBC report can be found on the Participant Directed Programs webpage (hcpf.colorado.gov/participant-directed-programs) under Attendant Background Checks.

A CDASS employer may request an exception from Participant Directed Programs (PDP) to hire an individual initially found ineligible. CDASS employers must complete the CDASS Background Check Exception Request Form (sites.google.com/state.co.us/CDASSException) or contact PDP at 303-866-5638 to make a request. Exception requests are approved based on employers completing the process and creating a safety plan that is actionable. Not all requests are guaranteed to be approved if these criteria are not met.

High-Risk Crimes	Not initially eligible for hire	Eligible for hire with an exception	Exception requirement	No exception allowed
Sexual Offenses ⁱ	✓	✓	Conviction must be a misdemeanor	
Felony Drug Offenses ⁱⁱ	✓	✓	Conviction must be 3 years or older	
Felony Fraud ⁱⁱⁱ within the last 5 years	✓	✓	Conviction must be 5 years or older	
Felony Theft ^{iv}	✓	✓	Conviction must be 5 years or older	
Abduction / Kidnapping ^v	✓	✓	Conviction must be 10 years or older	
Hate Crimes ^{vi} within the last 10 years	✓	✓	Conviction must be 10 years or older	
Felony Arson ^{vii} within the last 10 years	✓	✓	Conviction must be 10 years or older	
Neglect or Abuse by a Caregiver ^{viii}	✓	✓	Conviction must be 10 years or older	



Any Violent Felony ^{ix}	✓	✓	Conviction must be 20 years or older	
Child or At-Risk Person Abuse, Neglect, or Exploitation ^x	✓	✓	Misdemeanor conviction must be 10 years or older. Felony conviction must be 20 years or older	
Crimes Against a Child or At-Risk Person that Causes Harm ^{xi}	✓	✓	Misdemeanor conviction must be 10 years or older. Felony conviction must be 20 years or older	
Felony Involving an Act of Domestic Violence ^{xii}	✓	✓	Conviction must be 20 years or older	
Health Care Fraud ^{xiii}	✓			✓
Purchase or Sale of a Child ^{xiv}	✓			✓
Sexual Exploitation Against a Child or At-Risk Person ^{xv}	✓			✓
Murder / Homicide ^{xvi}	✓			✓

Resources related to assessing background checks reports and the best practices for hiring individuals with criminal histories are available to CDASS employers through the Training and Operations contractor. Contractor contact information can be found on the Participant Directed Program [webpage](#).

Questions related to this document or CDASS background check exception process should be directed to:

Participant Directed Programs Unit
Office of Community Living
HCPF_PDP@state.co.us
Phone: 303-866-5638 | Fax: 303-866-2786

- i C.R.S. Title 18, Art. 3, Pt. 4
- ii C.R.S. Title 18, Art. 18, Pt. 4
- iii C.R.S. Title 18, Art. 5
- iv C.R.S. Title 18, Art. 4, Pt. 2
- v C.R.S. Title 18, Art. 3, Pt. 3
- vi C.R.S. Title 18, Art. 9, Pt. 1-121
- vii C.R.S. Title 18, Art. 4, Pt. 1
- viii C.R.S. Title 18, Art. 6.5
- ix C.R.S. Title 18, Art. 3, Pt. 2
- x C.R.S. Title 18, Art. 6, Pt. 4, C.R.S. Title 18, Art. 6.5
- xi C.R.S. Title 18, Art. 6, Pt. 4, C.R.S. Title 18, Art. 6.5
- xii C.R.S. Title 18, Art. 6, Pt. 8
- xiii C.R.S. Title 24, Art. 31, Pt. 8
- xiv C.R.S. Title 18, Art. 6, Pt. 4
- xv C.R.S. Title 18, Art. 6, Pt. 4, C.R.S. Title 18, Art. 6.5
- xvi C.R.S. Title 18, Art. 3, Pt. 1



CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS) ATTENDANT SUPPORT MANAGEMENT PLAN (ASMP)

PART FIVE ADDENDUM I – Safety Plan for Attendant Related Health and Safety Risks

Member Name:

Member Medicaid ID:

Authorized Representative Name (if applicable):

- Please be specific and include ways you can monitor your attendants, family and/or friends who can be contacted, community resources that can be used, etc.
 - You are encouraged to review the educational and support resources related to hiring workers with criminal backgrounds to help you complete this safety plan. They can be found here: ConsumerDirectCO.com/CDASS-Resources. You may also request a mailed packet by contacting Consumer Direct Care Network Colorado at 1-844-381-4433 or emailing InfoCDCO@ConsumerDirectCare.com.
-

1. If I hire an attendant that creates a health and/or safety risk to the CDASS member/to me, I will take the following steps:

Member or Authorized Representative Signature:

Date:

Please submit this page to Consumer Direct Care Network Colorado via email:

InfoCDCO@ConsumerDirectCare.com

CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS) ATTENDANT SUPPORT MANAGEMENT PLAN (ASMP)

PART FIVE ADDENDUM II – Safety Plan for Attendant Background Check Exception Request

Member Name:

Member Medicaid ID:

Authorized Representative Name (if applicable):

Attendant Name:

Case Manager Name:

FMS:

Please note that:

- You must be specific and answer every question. You may send an additional page if more space is needed to answer any of the listed questions.
 - You are encouraged to review the educational and support resources related to hiring workers with criminal backgrounds to help you complete this safety plan. They can be found here:
ConsumerDirectCO.com/CDASS-Resources. You may also request a mailed packet by contacting Consumer Direct Care Network Colorado at 1.844.381.4433 or InfoCDCO@ConsumerDirectCare.com.
-

1. What crime/s made this individual initially ineligible for hire?

2. Why do you want to hire this individual?

3. What monitoring will take place by you and/or trusted individuals close to you to ensure your/the member's health and safety is protected and service needs are being met?

4. How will you know if the environment or interaction with this individual becomes unsafe (physical safety, emotional safety, financial safety)?

5. If this individual becomes a health and/or safety risk to me/the member, I will:
 - a. Take these steps with the individual:

 - b. Contact and/or use these resources:

 - c. Report my concerns to these entities:

6. If I need to terminate this individual, I will take the following steps to secure back up care:

7. By signing this document, I agree and confirm that:

- I will follow this safety plan during the entire time this individual is actively providing my services.
- My/the member's case manager and FMS will be provided a copy of this safety plan.
- My/the member's case manager will provide oversight of this safety plan through their quarterly check-ins.
- The Department will provide oversight of this safety plan through communication with me, my/the member's case manager, FMS, and Consumer Direct, as necessary.
- I will follow my FMS' attendant termination process if I decide to terminate this individual.

Member or Authorized Representative Signature:

Date:

**Please submit this page to
the Department of Health Care Policy and Financing via email:
HCPF_PDP@state.co.us**

Case Manager Questions for

Quarterly Safety Plan Review

If a Member hires an attendant and uses the background check exception process, they may need to update their safety plan. If the Member would like to discuss the topic with their Case Manager, use the following prompts to guide them through the conversation.

- How is it going?
- Is your safety plan still up to date and current based on your current attendants?
- Is there anything you want to add to your safety plan?
- Is your attendant still providing good care?
- Are your care needs being effectively met with your current safety plan in place?
- Are you still comfortable with the level of care from all of your attendants?
- Is your evacuation plan up to date?
- Do you have a safety code word?
- Who has access to your house?
- Do you have a list of emergency contacts and is it up to date?

Case Manager Reminder:

Please encourage Members to report any concerns they have about their safety to HCPF and to their Case Managers. To contact HCPF, Members may email: HCPF_PDP@state.co.us