



Consumer Directed Attendant Support Services

Training Manual





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C Consumer
 D Directed
 A Attendant
 S Support
 S Services

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Key Terms and Abbreviations

This manual includes terms, concepts, and abbreviations that may be unfamiliar to participants new to directing their own care, and the CDASS service delivery option. For ease of reference, they are collected below. Entries include the term itself and its abbreviation in parentheses ().

Each of these terms are also defined as they appear in the text.

Attendant Support Management Plan (ASMP):

Attendant Support Management Plan means the documented plan detailing management of Attendant support needs through CDASS. This plan is completed by the Member and/or the Authorized Representative and approved by your Case Manager.

Authorized Representative (AR):

Authorized Representative means an individual designated by the Member or the Member's legal guardian, if applicable, who has the judgment and ability to direct CDASS on a Member's behalf and meets the qualifications defined in the CDASS Rules and Regulations (see Appendix A)

Colorado Department of Health Care Policy & Financing (HCPF): The Colorado Department of Health Care Policy and Financing is the Single State Medicaid Agency.

Consumer Direct for Colorado (Consumer Direct):

The state of Colorado's training and operations contractor for CDASS, contracted by HCPF to provide training and customer service for Members, Authorized Representatives, and Case Managers.

Consumer Directed Attendant Support Services (CDASS):

The service delivery option the Member is enrolling into that provides Members the ability to direct their own care and in-home services to assist them in accomplishing activities of daily living and to remain within the community.

Electronic Visit Verification (EVV):

A technology solution that verifies service provision through mobile application, telephony, or web-based portal. It is used to ensure that Home and Community-Based Services are delivered to Members accurately by documenting the precise time service begins and ends for the Member by their Attendant.

Financial Management Service (FMS):

An entity contracted with HCPF and chosen by the Member or Authorized Representative to complete employment-related functions for CDASS. The FMS assists the Member/AR with hiring Attendants, managing new hire paperwork, and tracking and reporting on individual CDASS Members' monthly and annual allocations, among other important financial services.

Fiscal/Employer Agent (F/EA):

Fiscal/Employer Agent (F/EA) is the tax model CDASS follows. This tax model outlines Fiscal and Employer liability as it relates to services being provided. It allows the FMS to perform payroll and administrative functions for Members receiving CDASS benefits. The F/EA pays Attendants for CDASS services and maintains workers compensation, sick time, and unemployment policies on the Member-employer's behalf. The F/EA withholds, calculates, deposits, and files withheld Federal and State Income Tax and both Member-employer and Attendant-employee Social Security and Medicare taxes.

Home and Community-Based Services (HCBS):

A variety of supportive services delivered in conjunction with Colorado Medicaid Waivers to Members in community settings. These services are designed to help older persons and persons with disabilities to live in the community.

Monthly Allocation Worksheet:

This is a form provided by Case Managers which outlines the Member's CDASS certification period and approved monthly and annual CDASS allocation funded by Medicaid.

Monthly Member Expenditure Statement (MMES):

A monthly statement issued by your elected FMS that shows a detailed account of your approved CDASS allocation spending each month per paid Attendant.

Post-Training Assessment (PTA):

A test that verifies the Member/AR's completion of their training with Consumer Direct and confirms the Member/AR understands all the important information associated with utilizing CDASS. The Member/AR must pass this assessment with an 80% score or higher to continue their enrollment into CDASS.

Task Worksheet (TW):

This is a needs worksheet completed by the Member/AR and Case Manager which outlines approved homemaking, personal care, and health maintenance activities for CDASS.



SECTION 1

Purpose of the Program



Consumer



Directed



Attendant



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 (Members) the opportunity to direct their care and have full control over the services they receive from caregivers (Attendants). This means Members can hire, train, and manage Attendants who best fit their unique needs. Through CDASS, Members may receive homemaking, personal care, and health maintenance services.

Members in CDASS work closely with Case Managers to determine the services and tasks needed to support their needs so they can remain in their community. Members can use Medicaid dollars to pay Attendants for executing these services rather than working through a home health or personal care agency.

CDASS is intended to:

- Increase independence and self-sufficiency.
- Offer greater control over Attendant care.
- Improve the quality of support with services being received.
- Enable Members 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 Colorado's HCBS waivers in which CDASS is an approved service delivery option.
- Demonstrated need for personal care, homemaker, or health maintenance services.
- Members are in stable health and can direct their own services and/or assign an Authorized Representative (AR), if one is required.

Requiring an Authorized Representative (AR):

When enrolling into the program, the Case Manager will send the Member's Primary Care Physician a Physician Attestation of Consumer Capacity form. This form confirms if the Member is in stable health and can independently manage the specific CDASS roles and responsibilities. If the Member's doctor indicates a Member requires assistance with all or certain aspects of directing their care, the Member will be required to have an AR manage their CDASS services. CDASS allows for the Member or their legal guardian the option to use an AR even if the Physician Attestation of Consumer Capacity form does not state one is required.

Member Experience: 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:

“Self-direction is a model of long-term care service delivery that helps people of all ages, with all types of disabilities, maintain their independence at home.”¹

CDASS encompasses the consumer directed model because it promotes person-centered planning and the flexibility and support of in-home services elderly and individuals with disabilities need to meet their individual needs.

History and Growth of Consumer Directed Services

Consumer directed service models have been available in the United States since the 1950s. Services in those early decades were limited. Self-direction grew slowly between the 60s and 90s. In the 2000s, participant direction became a standard service model offered within Medicaid waiver programs. Since then, it has expanded to a wide variety of populations and has steadily grown in popularity. Consumer directed services are available in all states.

National surveys conducted from 2015-17 found that:

- Nearly 300 programs exist nationwide.
- There is at least one program in every state.
- Over 1.2 million people are enrolled in self-directed LTSS programs 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.**

Principles and Benefits of Consumer Direction

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

¹ What is self-direction? Applied Self Direction. (2022, May 5). Retrieved June 26, 2022, from <https://www.appliedselfdirection.com/what-self-direction>

² AARP Public Policy Institute Report: “National Inventory of Self-Directed Long-Term Services and Supports Programs.” Published September 2020.

- Amount and type of task-based services are needed.
- Who will provide the services?
- Where and when services will be provided.
- How services will be provided.

The five principles of self-determination assist Members/ARs with these choices.

1. **FREEDOM** – The opportunity to choose where and with whom you live, as well as how you organize all important aspects of your 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).
2. **AUTHORITY** –

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 CDASS allocation will be used monthly to support you in your home or the community.

Employer Authority – You may select, hire, and manage the employees who support you, including friends and family members.
3. **SUPPORT** – The ability to organize your support in ways that are unique to you. You may want or need support/assistance to:
 - Care for yourself.
 - Be an active part of your community.
 - Take care of your home.
4. **RESPONSIBILITY** – The obligation to use Medicaid dollars wisely. 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 and annual CDASS allocation.
5. **CONFIRMATION** – The recognition that individuals with disabilities should have a leadership role in the redesign of the long-term care service system.

SUMMARY



Section 1: Purpose of the CDASS

- To utilize CDASS services as a service delivery option, you must meet the Medicaid waiver eligibility requirements, yearly.
- 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. The option continues to grow and expand across the United States.





 Consumer  Directed  Attendant  Support  Services

There are several key players who contribute to the success of Members using CDASS. These key players are:

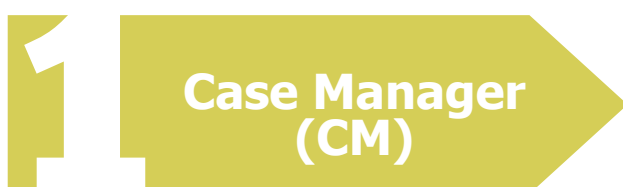
1. Member or Authorized Representative (AR).
2. Case Manager (CM).
3. Consumer Direct for Colorado (Consumer Direct).
4. Financial Management Service (FMS) provider.
5. Department of Health Care Policy and Financing (HCPF).

Consumer directed services are an important choice for elderly individuals and individuals living with a disability. Clear communication between all parties is essential for successful implementation of services. Clear communication also ensures that you can live and thrive under the CDASS service delivery option. During CDASS training, you will learn about guidelines established by HCPF. The goal of this training is to provide you with knowledge needed to be successful on the program so that you, with the help of other key players, can fulfill your responsibilities within CDASS.

CDASS Key Players & Enrollment Process



#1 Case Manager (CM)



- CM and Member meet, discuss services and obtain CDASS eligibility
- CM and Member collect and complete all enrollment forms

- CM and Member complete the 100.2 Assessment, Task Worksheet and Monthly Allocation
- CM provides the Member/AR with the allocation amount and copies of the Task Worksheet
- CM sends referral and enrollment paperwork for CDASS training to Consumer Direct Colorado (CDCO)

#2 Consumer Direct Colorado (CDCO)

- CDCO Training Coordinator contacts Member/AR
- CDCO sends training materials to Member/AR
- CDCO schedules training either in-person, over-the-phone or self-paced



#3 CDCO - Training Coordinator/ Peer Trainer



- Training Coordinator/Peer Trainer will meet with the Member/ AR to complete training and paperwork received

- Trainer will support Member/AR, as needed, to complete Attendant rate setting and the ASMP for submission
- Member/ AR turns paperwork into CDCO for review
- CDCO reviews ASMP and training paperwork for completion and once training is completed, they will submit the ASMP to the CM for approval

#4 CDCO- Training Coordinator/Peer Trainer

CDCO- Training Coordinator/Peer Trainer

4

5 Case Manager (CM)

#5 Case Manager (CM)

- CM approves ASMP or follows up with Member/AR to revise as needed
- CM sends referral, enrollment paperwork and approved ASMP to Members selected FMS provider

#6 FMS Provider

- FMS outreaches Member/AR
- FMS provides necessary Member Enrollment and Attendant paperwork
- FMS completes New Hire Enrollment once Attendant Paperwork is received
- FMS informs CM of enrollment date with FMS

FMS Provider **6**

Case Manager (CM)

#7 Case Manager (CM)

- CM communicates to Member/ AR set CDASS start date

Ready to **Member** **Begin**

- Member trains Attendants for start date
- Member has Attendant start performing services on set start date

Role and Responsibilities of Member

As a Member, you have a certain role with specific responsibilities while in CDASS.

NOTE



Not all CDASS Members require an Authorized Representative. When an Authorized Representative is required, that person will have the same authority as the Member. The Authorized Representative is responsible for acting on the Member's behalf.

For the purposes of this training manual, the roles and responsibilities of a CDASS Member includes the roles and responsibilities of an AR, when an AR is needed. Greater detail about ARs follows this section under the heading **Role and Responsibilities of an Authorized Representative**.

Demonstrate Required Skills and Ability

In CDASS, you must show that you can direct your Attendants and manage services. You will demonstrate this by:

- Completing CDASS training with Consumer Direct.
- Passing the Post-Training Assessment with a score of 80% or higher.
- Submitting an Attendant Support Management Plan (ASMP) to be approved by your Case Manager.
- Managing your monthly budget to stay within your CDASS allocation.
 - You will need a copy of the Task Worksheet and Monthly Allocation Worksheet from your Case Manager.

If Members cannot demonstrate the required skills and ability needed to pass the required training, then the Consumer Direct Training Coordinator will discuss with your Case Manager the option of implementing an AR and/or finding a new AR to manage CDASS services.

CDASS Training

CDASS training is available in a variety of formats such as in-person, over the phone,

hybrid, or self-paced. Training opportunities are offered throughout the week and specialized to meet the trainees needs. If you have questions about any part of the training or would like the opportunity for retraining, Consumer Direct Training Coordinators or Peer Trainers are available to aid. In certain instances, such as with budget management issues, your Case Manager can also recommend or require you to go through retraining.

Post Training Assessment

At the end of training, you will need to demonstrate an understanding of the material covered. This will be done by completing an assessment. Members must complete this Post-Training Assessment with a score of 80% or higher to complete training with Consumer Direct and continue on with your CDASS enrollment. Members have two attempts to complete the Post-Training Assessment. If the Member is not able to complete the Post-Training Assessment in two attempts, the assessment will be rescheduled for a later date to give the Member more time to review the materials.

TIPS



YOU can get help. If you would like to participate in CDASS but cannot manage your support, you can designate an “Authorized Representative” to help you. This person should be someone you know and trust will manage your care responsibly.

Attendant Support Management Plan (ASMP)

As part of the initial training process, you will complete an ASMP. This plan will help you allocate your Medicaid funds in the best way to support your unique needs. You will be trained on the ASMP format, the necessary components of the ASMP, and key considerations when writing the ASMP. You must have an approved ASMP in place to participate in CDASS.

An essential part of creating your ASMP includes selecting your Financial Management Services (FMS) provider. Throughout the training and in this manual, you will learn more about these options.

During training you will create a budget based on the Task Worksheet you completed with your Case Manager and your CDASS allocation. A copy of the Task Worksheet and CDASS allocation are required to complete the ASMP. Both are available from your Case Manager. Consumer Direct Training Coordinators and Peer Trainers will be

available to answer questions you may have when writing your ASMP and completing your budget.

You will submit your ASMP to your assigned Consumer Direct Training Coordinator who will review it for completeness. If you are missing any components of the ASMP, the Training Coordinator will work with you to make the necessary adjustments. Once you and the Training Coordinator have determined the ASMP is complete, the Training Coordinator will submit the ASMP to your Case Manager for approval. In CDASS, your Case Manager must approve your ASMP.

TIPS



YOU can appeal a disapproved ASMP. Submit a written request to your Case Manager stating the reasons for requesting a review and justifying your proposed ASMP. Your most recently approved ASMP will remain in effect while the review is in process.

Manage Your Health

You are responsible for maintaining your health and monitoring your medical condition(s). If you need medical assistance, you (or your AR) are responsible for making the necessary arrangements. In the case of an emergency, you should contact 911. If there is a change in your health status you must inform your Case Manager.

Manage Your Attendant Support

You have the flexibility of hiring and terminating your Attendants. This means you can choose and hire your Attendants as long as they can legally work in the U.S. and pass the background checks. In hiring your Attendants, you are responsible for following employment laws such as paying at least minimum wage and following standards for non-discrimination in your hiring practices. Additional information about this will be addressed in **Section 6: Being an Employer**.

TIPS



It is YOUR responsibility to maintain your Medicaid eligibility. While in CDASS, your Medicaid eligibility could change. Leaving CDASS won't cause your eligibility to change. Other changes in your life – income, health, etc. – could affect your Medicaid eligibility.

Employer Rights and Responsibilities

There are many rights and responsibilities involved with being a CDASS Member who is also an employer to Attendants. They will be explained in greater detail in **Section 6: Being an Employer**.

In order to utilize CDASS it is your responsibility to:

- Complete CDASS training.
- Develop an ASMP.
- Budget for Attendant care within the Member's approved monthly and annual CDASS allocation.
- Determine wages for each Attendant. Wages are not to exceed the CDASS maximum wage and must not be less than their applicable state minimum wage.
- Decide what knowledge and skills, if any, the person(s) you want to hire must have, such as years of experience or specific credentials.
- Recruit, select, manage, and terminate Attendants.
- Complete employment reference checks on all Attendants prior to hiring.
- Hire the person(s) you want to provide Attendant support.
- Ensure Attendant paperwork is completed, sent to the FMS provider, and the FMS provider has approved the Attendant to begin working.
- Manage all paperwork and maintain employment paperwork, with FMS provider support.
- Train Attendants to meet your needs.
- Review all submitted Attendant time for accuracy of time worked and completeness.
- Understand that misrepresentation and false statements may result in administrative penalties, criminal prosecution and/or termination from CDASS. You are responsible for assuring that timesheets submitted are not altered in any way and that any misrepresentations are reported to the FMS provider immediately.
- Follow all relevant laws and regulations applicable to supervising Attendants.
- Dismiss Attendants who do not meet your needs.
- Prepare for emergencies and arrange backup Attendant support, such as when an Attendant is late or fails to show up for work.

Work With Your Case Manager

There are several ways you can work with your Case Manager to ensure you get the most out of CDASS, such as:

- Enroll in CDASS with your Case Manager and maintain communication about your health needs.
- Complete and manage all necessary CDASS paperwork.
- Budget for your Attendant support within your approved CDASS allocation.
- Review your monthly statements and manage your budget to stay within your monthly allocation.
- Request an allocation adjustment if your needs change.

Choose Your FMS Provider

You have a choice in Financial Management Service (FMS) provider. More information regarding FMS selection is in **Section 3: Choosing Your FMS Provider**.

TIPS



YOU have the ability to change from CDASS to agency-based services. Since CDASS is voluntary, you can change back to agency-based services at any time. To do so, you must contact your Case Manager to get the process started.

Reconcile Financial Records

In CDASS, you must review your Monthly Member Expenditure Statement (MMES). Your FMS provider is required to produce and make an MMES available to you. The FMS provider will train you on how to review and use the MMES. You should review the MMES for accuracy and review your allocation balance on a monthly basis. If you believe there is a discrepancy or issue, contact your FMS provider immediately.

The Monthly Member Expenditure Statement is one of the most useful tools at your disposal. This summary, much like a bank statement, will give you a clear picture of how the budget is being utilized by pay period, monthly, quarterly, and yearly. The FMS Portal, which you log into through their website, provides a deep look into all your financials for the CDASS program including the MMES. Along with reporting to you what the attendants' hourly rate and corresponding cost-to-you is listed as in the system; the MMES shows the following information:

Date (Pay Period)	Total Monthly Allocation	Expenditure: Amount Spent	Hours Approved	Balance (Plus or Minus)	Percent Utilized
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For example, a sample MMES that is within budget will read something like this:

Date:	Allocation:	Expenditure:	Hours:	Balance:	Percent:
7/1-7/31	\$3,678.29	\$3,651.68	209.00	+\$26.61	99%

The “Balance” from this monthly allocation will act as savings or a reserve for any future overages of the budget. It is referred to as “Un-Utilized” allocation. These unspent dollars will roll over each month and stay within your Yearly Allocation amount. Any unspent dollars remaining at the END of your certification period will disappear and NOT be available for the next Medicaid period.

For the next example, this MMES shows an overage of the Monthly Allocation:

Date:	Allocation:	Expenditure:	Hours:	Balance:	Percent:
8/1-8/30	\$3,678.29	\$3,704.27	213.00	-\$25.98	101%

In the example above, the amount that was “Unspent” from the prior month is able to COVER the overage from this month. The usage of the allocation is within the rules and has balanced out. The MMES provides this information to the member/AR first and keeps them up to date on monthly expenditures, available balances, and overages that occur during the entire certification period.

In this example below, the MMES shows an overage of more than 10% of the monthly allocation.

Date:	Allocation:	Expenditure:	Hours:	Balance:	Percent:
9/1-9/30	\$3,678.29	\$4,094.20	235.00	-\$415.91	111%

If there are not enough “reserves” from any past months that can cover this overage, or the member did not have express permission from the Case Manager to do it, this constitutes an Overspending Episode and requires action. Any amount that is spent over the monthly allocation that does NOT have unspent money from past months, will be taken from future months. Or rather, from the Yearly Allocation. This will directly affect how much money will be available for the member/AR to pay the attendants at the end of the certification period unless this overage is accounted for.

In summary, the MMES provides extremely useful information to the member/AR about the monthly allocation and how it is utilized. Following these statements closely each pay period and each month allows the manager of the CDASS Program greater control, and comfort, when it comes to staying within the rules of the allocation. Watching these statements also helps the member/AR budget for those months that have 31 days. Or

because of the way the calendar happens to fall during that pay period, it may have more than the “standard” two weeks of paid workdays.

(If you need any assistance in how to read or locate these statements in your on-line portal, please contact your FMS Provider for how to navigate to this information.

Prepare for Emergencies

Part of your ongoing responsibility as a CDASS Member is preparing for and managing emergencies. You must describe how you will manage emergencies in your ASMP. Having this plan will help you in different types of emergencies, such as medical emergencies, hospitalizations, fires, power outages, severe weather, or unsafe treatment from your Attendant. A plan can help keep you safe and minimize injury or property damage. You should include all your Attendants in your emergency planning, and you must train them on the plan. Keep your emergency procedures in a place where you your Attendants know where it is. For additional information, refer to **Section 7: Health and Safety**.

Ensure Quality Services

One of your responsibilities as a CDASS Member is to make sure you receive quality services. To do this, you must:

- Report the quality of the care you receive to your Case Manager.
- Let your Case Manager know if you are not satisfied with services, if there has been a change in your needs, or if you need additional care.
- Use the ASMP that you developed. This will help you work with your Case Manager when your needs have changed and an adjustment to your allocation is appropriate.

Your Case Manager will contact you once a month for your first three months and then on a quarterly basis (about every three months).

Role and Responsibilities of an Authorized Representative (AR)

A Member who chooses the CDASS service delivery model to receive their Home and Community-Based Services has the right or may be required to select an AR to assist in providing oversight to their health care needs.

You will be required to select an AR if a physician has determined that you are not fully capable of managing your health care on your own. If you desire assistance with managing your budget or Attendants, you can designate an AR who has volunteered to do this for you.

Remember, for the purposes of this training manual, the roles and responsibilities of a CDASS Member includes the roles and responsibilities of an AR, when an AR is needed.

NOTE



ARs cannot receive reimbursement for AR services and shall not be reimbursed for CDASS services as an Attendant for the Member they represent.

An AR is defined as an individual who:

- Is designated by the Member or legal guardian, if appropriate.
- Has the judgement and ability to direct CDASS on a Member's behalf, as assessed by a Screening Questionnaire. This questionnaire is provided by your Case Manager and must be signed before they can become your AR.

- Is willing to provide direct supervision to Attendants and exercise both employer and budget authority.
- Takes full responsibility for the Member's CDASS participation including all responsibilities outlined for employers. For more information, please refer to the section titled **Employer Rights and Responsibilities**.

An AR must **NOT** have been convicted of any crime involving exploitation, abuse, or assault on another person.

Adding or Transferring a CDASS Authorized Representative

NOTE



CDASS Members can only have one AR, and temporary ARs are not permitted in the CDASS program.

When you have chosen CDASS as your service delivery model, situations may arise where there is a need to add an AR or change your AR.

A few examples of when you may need to add or change an AR may include:

- You choose to designate someone else to manage CDASS services.
- Your AR decides to quit serving as AR.
- An AR demonstrates an inability to continue to serve as an AR.
- The Case Manager determines that an AR is necessary.
- The AR has been unable to manage the Member's CDASS allocation.
- You have a change in your health condition.

NOTE



The time frame to add or transfer an AR ranges from 45 to 60 days. This time can vary based on the need for training and the AR's timely completion of necessary paperwork.

To process a request for a new AR, the Case Manager must provide a referral form to Consumer Direct if the AR is new to CDASS and requires training. If they are currently an AR for other CDASS Members, they only need to complete a new Post-Training Assessment and ASMP. A Consumer Direct Training Coordinator will contact the new AR to explain the process and

answer any questions.

To begin processing a request for a new AR, the Case Manager must give the FMS provider:

- CDASS Training and FMS Member Referral Form.
- CDASS Member/AR Roles and Responsibilities form.
- CDASS AR Screening Questionnaire.
- Denver LTSS CDASS Monthly Allocation Worksheet or LTSS CDASS Monthly Allocation Worksheet, if applicable.
- CDASS Physician Attestation, if applicable.

When designating a new AR, the process cannot be finalized until after:

- All appropriate paperwork, as outlined above, is completed.
- CDASS training when applicable, is completed.
- The Post-Training Assessment is returned with a score of 80% or higher.
- ASMP is returned to Consumer Direct for review and initial approval.
- An approved ASMP is submitted to the Case Manager for final approval.

NOTE



CDASS Members who require an AR may not serve as an AR for another CDASS Member.

Third-Party Representative

In situations where you or your AR require assistance with the responsibilities of managing CDASS through a secondary source for communication, a “third- party representative” can be established.

A third-party representative does **not** act on your behalf or in place of your AR.

The primary function of a third-party representative is to assist with communication between you and your FMS provider. A third-party representative can only relay information between you and your FMS provider. **They are unable to direct care, train Attendants, submit timesheets or sign on your behalf for matters pertaining to employees or employee paperwork.**

In order for you to assign a third-party representative, an Authorization to Release Information must be completed and on file with Consumer Direct, the FMS provider, or both. This form is available through your FMS provider.

Role and Responsibilities of HCPF

The Department of Health Care Policy and Financing (HCPF) is the state agency responsible for managing the provision of Medicaid Long-Term Services and Supports in Colorado. Medicaid Home and Community-Based (HCBS) Waiver programs provide additional Medicaid benefits to specific populations who meet special eligibility criteria. The CDASS service delivery option is available for five HCBS Waivers: Elderly, Blind and Disabled Waiver (EBD), Community Mental Health Supports Waiver (CMHS), Complimentary and Integrative Health Waiver (CIH), Supported Living Services Waiver (SLS), and Brain Injury Waiver (BI).

HCPF is committed to providing service delivery options that empower Medicaid Members and their families to direct and manage the Long-Term Services and Supports they need to live at home.

HCPF:

- Is responsible for the development and enforcement of the CDASS rules and regulations.
- Provides direction and oversight to Case Managers.
- Monitors contract compliance of the FMS providers and the training and operations vendor.

NOTE



Your Case Manager, FMS provider and Consumer Direct are the best resources for answering questions and resolving issues. They should be contacted before you reach out to HCPF.

Role and Responsibilities of the Case Management Agency

Colorado residents interested in receiving Long-Term Services and Supports through Medicaid work with a Case Management Agency. The state contracts with a variety of governmental and non-governmental organizations in different regions to perform a functional assessment to determine eligibility for services. The initial assessment of need is the basis for developing an individual service plan.

Case Management Agencies assist individuals in Colorado in navigating the Long-Term Services and Supports network to obtain assistance with daily activities such as eating, bathing, dressing, and homemaking tasks. These services can be provided in someone's home, at an assisted living facility, or in a nursing facility. These agencies determine functional eligibility for community-based

long-term care programs such as CDASS. They provide care planning and case management for Members in these programs and make referrals for other resources. These agencies serve Members by county of residence. A map and listing of case management agency locations and coverage areas can be found in **Appendix E**.

Role and Responsibilities of the Case Manager

Your Case Manager provides a variety of Medicaid services.

Your Case Manager:

- Facilitates enrollment into CDASS.
- Determines eligibility to be on CDASS by assessing your care needs and reviewing all completed CDASS eligibility forms.
- Works with you to develop a Task Worksheet that determines your annual CDASS allocation.
- Is the only person authorized to change your allocation.
- Sends a referral to Consumer Direct for your CDASS training, along with any required supporting paperwork.
- Approves the ASMP, submits a Prior Authorization Request (PAR) and sets a CDASS start date.
- Enters the PAR information into your selected FMS's Portal.
- Monitors the delivery of services and supports you are receiving and ensures you are receiving quality care.
- Will review your care needs noting any changes that may have occurred since the last visit.
- Reassesses your care needs upon your request, the request of HCPF, as often as required by waiver rules, or when deemed necessary. Monitors whether you are completing your responsibilities.
- Works with you to ensure your allocation expenditures are properly managed.
- Can terminate your participation in CDASS for failure to adhere to program rules and requirements.
- Oversees any transition to and from CDASS.
- Will facilitate the above transition upon your request, the request of HCPF or as required by CDASS benefit and Waiver rules.
- Will contact your FMS provider about any transition to or from CDASS.
- Will close your PAR in the FMS's portal should you no longer require services.

Role and Responsibilities of Consumer Direct for Colorado

Consumer Direct for Colorado (Consumer Direct) is the Training and Operations vendor for CDASS. Consumer Direct provides enrollment training for CDASS Members and ARs, ongoing training, and case management training for both CDASS and In-Home Support Services (IHSS). Training enables CDASS Members and ARs to monitor and evaluate the quality of services they receive and to maintain their support services within the Member's CDASS allocation.

Consumer Direct supports Members and ARs with completing Attendant Support Management Plans (ASMP) and budgets. In addition, Consumer Direct assists in the coordination between Members and their selected FMS provider.

Upon receiving your referral to CDASS training from your Case Manager, Consumer Direct will contact you to schedule your training. You have the option of a one-on-one training or group training, individual or group training by telephone, or you can complete training on your own through a self-paced curriculum.

Consumer Direct will:

- Contact you or your AR to schedule training.
- Work with you to complete your CDASS training, including providing you the self-paced materials.
- Assist you with your ASMP.
- Send the ASMP to your Case Manager for approval.
- Support you throughout your CDASS enrollment process.
- Answer questions you may have about CDASS throughout your time on it.

Role and Responsibilities of the Peer Trainer

Peer Trainers are a valuable resource during your training on CDASS because they are CDASS Members or ARs themselves. No matter your method of training, the Peer Trainer is there to answer your questions. They are familiar with many of the same issues you might encounter and have a wealth of knowledge to share with you. Do not hesitate to contact your Peer Trainer for assistance. If you were trained through another method and did not have access to a Peer Trainer, please contact Consumer Direct and they will assist you in getting connected.

Role and Responsibilities of the FMS Provider

In CDASS you have choice regarding your FMS provider. As you read the training manual you will learn how they can support you and their responsibilities. **Section 3: Choosing Your FMS Provider** will have more information about FMS providers.

FMS providers perform several essential tasks. Your FMS provider:

- Establishes you or your AR as the Employer of Record.
- Processes Attendant employment paperwork.
- Processes Attendant timesheets.
- Issues paychecks.
- Files employer related taxes.
- Issues W-2s to your Attendants.
- Ensures workers' compensation insurance coverage.
- Implements and manages Electronic Visit Verification (EVV).
- Comply with state sick time and family medical leave requirements
- Assists you with specific questions you may have about the overall management of the CDASS Program.

SUMMARY



Section 2: Roles & Responsibilities

- You or your AR must attend CDASS training prior to starting CDASS.
- An AR acts on your behalf for CDASS responsibilities.
- A physician will assist in determining if you need the assistance of an Authorized Representative (AR) to manage your CDASS services.
- You or your AR manage Attendants, budget your monthly allocation, and address your health needs.
- Your Case Manager will assist in determining the type of services you are eligible for and approving your CDASS allocation.
- The ASMP provides detail on how you will meet your needs and manage your allocation. It must be approved by your Case Manager.
- Colorado Department of Health Care Policy and Financing (HCPF) oversees CDASS, enforces rules associated with the program and manages contracts and provides oversight of the Case Management Agencies, FMS providers and the Training and Operations provider.
- Consumer Direct for Colorado will provide training and the Training Coordinators or Peer Trainers will assist you with completing your Attendant Support Management Plan (ASMP).
- FMS providers will assist you with employer related tasks such as processing Attendant paperwork, processing, and paying payroll and filing Attendant and employer taxes.



Consumer



Directed



Attendant



Support



Services

Financial Management Service (FMS) for CDASS

To ensure you have choice, HCPF has contracts with multiple FMS providers. The FMS providers are available to answer your questions. Specific provider information can be obtained by contacting them directly or by reviewing the FMS Provider Information Sheets you received in your training. The FMS Provider Information Sheets are available at the end of this section.

Current CDASS FMS providers are:



Palco

Toll Free Phone: 866-710-0456

Website: www.palcofirst.com

Email: CO-CDASS@palcofirst.com



PPL

Toll Free Phone: 888-752-8250

Website: www.publicpartnerships.com

Email: ppcdass@pplfirst.com

Role of the FMS Provider

In CDASS you have choice regarding your FMS provider. As you read the training manual you will learn how they can support you and their responsibilities.

FMS providers perform several essential tasks. Your FMS provider:

- Establishes you or your AR as the Employer of Record with FEIN.
- Processes Attendant employment paperwork.
- Processes Attendant timesheets.
- Issues paychecks.
- Files employer related taxes.
- Issues W-2s to your Attendants.
- Ensures workers' compensation insurance coverage.
- Implements and manages Electronic Visit Verification (EVV).
- Comply with state sick time and family medical leave requirements
- Answers questions about CDASS or refers you to other resources.

Fiscal/Employer Agent (F/EA) Model

The Fiscal/Employer (F/EA) model provides Members with flexibility, control, and responsibility within the CDASS program. In CDASS, you are the Employer of Record. You recruit, interview, hire, train, schedule, and when necessary, terminate your Attendants. Consumer Direct for Colorado assists you with developing an Attendant Support Management Plan (ASMP) to secure desired services and become an effective employer of your Attendants.

The FMS provider functions as your Fiscal/Employer Agent (F/EA). Which FMS provider you select is an individual choice. If you are receiving CDASS, you will have an ongoing relationship with your FMS provider so it is important you look at your individual needs and compare your options—like choosing any business you would like to work with.

The FMS provider performs payroll and administrative functions for self-directing individuals. Just like a payroll company, an FMS provider makes sure Attendants get paid on time and taxes are handled correctly. The FMS provider establishes a Federal Employer Identification Number (FEIN) on behalf of you or your AR. This is a nine-digit unique number assigned by the Internal Revenue Service (IRS) to businesses operating in the United States. It is also known as an EIN –

Employer Identification Number. Your FMS provider will help you or your AR set this up. **If you already have a FEIN under your name, please let your elected FMS provider know during enrollment.** Your selected FMS provider also processes paperwork, performs payroll related functions, and budget tracking on your behalf.

In the F/EA model, The IRS (Publication 15) has designated some family relationships as exempt from certain employer-related taxes. This only applies if you have an Attendant who is related to the FEIN holder in one of a few ways. If the Attendant and FEIN holder has one of these relationships then the Attendant and your CDASS allocation may be exempt from FICA (Social Security and Medicare), FUTA (Federal Unemployment) and SUTA (State Unemployment) taxes. Consumer Direct can help you determine which exemptions you and your Attendants qualify for when learning how to set Attendant rates.

Relationship to FEIN Holder:	FICA	FUTA	SUTA
Child employed by Parent	Exempt until 21st birthday	Exempt until 21st birthday	Exempt until 21st birthday
Parent employed by Adult Child (including Adoptive or Stepparent)	Exempt	Exempt	Not Exempt
Spouse employed by Spouse	Exempt	Exempt	Exempt

IMPORTANT:

- Tax exemptions based on employee-employer relationship are not optional. If the employee and employer qualify for the exemptions, they must be taken.
- If the employee's earnings are exempt from these taxes, the employee may not qualify for the related benefits, such as retirement benefits and unemployment compensation.
- The questions regarding family relationship refer to the relationship between the employee and the employer of record (FEIN holder / common law employer). In some cases, the Member is the employer of record. In other cases, the employer of record may be the Authorized Representative.
- Your FMS will determine the tax exemptions that apply to the employee and employer based on the information provided by the employee.

Neither the FMS providers nor Consumer Direct provide tax advice.

Member Liability – In CDASS, you assume some liability because you perform employer-related functions. The FMS provider also assumes liability. You and your FMS provider work together to minimize risk.

FMS Provider Liability – FMS Providers operate under Section 3504 of the Internal Revenue Code, which requires them to take on joint federal tax liability with every Member they serve. In contrast, regular payroll providers do not share their Member’s tax liabilities. The FMS provider is financially responsible for making sure each Member’s tax payments, filing, and reporting is done correctly. Required F/EA federal tax procedures and responsibilities are set forth in IRS Revenue Procedure 2013-39. If an FMS provider makes a tax mistake, they are liable for the mistake. This protects CDASS Members from personal financial risk. Please outreach your FMS provider immediately if the IRS sends you any notices regarding the CDASS program to assist.

If you have further questions regarding the F/EA model, please visit Appendix C for the F/EA Model Frequently Asked Question resource.

NOTE



In the Fiscal/ Employer Agent Model, you are considered a small employer (less than 50 employees) per the Affordable Care Act (ACA), and therefore are not required to offer your Attendants health insurance.

Changing FMS Providers: Open Enrollment

Open enrollment provides you with the opportunity to change your FMS provider. If you are happy with your current FMS provider, you do not have to make any changes during open enrollment. Parameters have been put in place to ensure the transition goes smoothly and to avoid interruption in services. Communication and

Member Experience: Curt Wolff, Thornton

“Although I am a C4 quadriplegic, I am very active. While agency-based home health care provides a valuable service, I felt constraint by their schedules. CDASS allows me not only the freedom to hire my own attendants but allows me to set their schedules to match my busy schedule. I get to keep active in the community, which gives me a sense of independence and freedom I truly enjoy.”

follow through is essential and **you** play a critical role in making the transfer successful. Please refer to the FMS Comparison Chart and the individual FMS Provider Information Sheets for general information. These are located later in this section.



Financial Management Services (FMS) Comparison

This information is provided by each FMS for Consumer-Directed Attendant Support Services (CDASS) participants and stakeholders. It can assist CDASS employers with making a decision about which FMS is the best fit. This chart does not replace the employer's responsibility to research each FMS prior to deciding which to enroll with. Employers are encouraged to review each FMS website and contact their customer service to learn more about their services.

Question	Palco	Public Partnerships (PPL)
What is your Colorado office location and contact information?	1600 Broadway Suite 1616 Denver, CO 80202 Phone: 1-866-710-0456 Email: co-cdass@palcofirst.com Website: www.palcofirst.com	1400 16 th Street 16 Market Square, Suite 400 Denver CO 80202 Phone: 1-888-752-8250 Email: ppcdass@pplfirst.com Website: www.pplfirst.com
What are your office hours?	Staff are available in-person at our office by appointment, Mondays through Fridays 8am to 5pm. Call 1-866-710-0456 or email co-cdass@palcofirst.com to request an appointment.	Office hours are available by appointment, Mondays through Fridays 9am to 5pm. Call 1-888-752-8250 or email ppcdass@pplfirst.com to request an appointment.
Is your phone system answered by a person or an automated system?	Calls are always answered by a live customer service agent.	Calls are answered by live agents after callers self-verify through the interactive Voice Response (IVR) system.
What is the attendant payroll schedule?	<ul style="list-style-type: none"> • 1st to 15th • 16th to last day of the month Pay dates are semi-monthly on the 8 th and 23 rd of each month, or the next business day if those dates are on a weekend.	<ul style="list-style-type: none"> • 1st to 15th • 16th to last day of the month Pay-by dates are bi-monthly and paid on the 10 th and 25 th of each month, or the nearest business day if those dates are on a weekend.
What is the supplemental or off-week payroll schedule?	Off-cycle payrolls are run every other week and as needed to serve participants best.	We run an off-cycle payroll on alternate weeks to our regular payroll.

Question	Palco	Public Partnerships (PPL)
Can an attendant receive payment through a pay card?	Yes, we offer a free Money Network card option. This card also offers attendants the benefit of receiving a portion of their pay on demand after every shift It is completely free with no interest or fees.	Yes, an attendant can receive payment through a pay card.
When processing an attendant employment application packet, do you review the entire packet and identify all errors at one time to share with the employer for correction?	Yes, our dedicated Colorado enrollment staff will review the whole packet and work 1- on-1 with the employer to make any needed corrections. Online enrollment within our intake system can be completed in less than 3 minutes and is user-friendly!	Yes, our Colorado enrollment staff reviews the entire packet for accuracy prior to reaching out to the employer for corrections needed. To help the process, we have dedicated High Touch Enrollment-Specialists.
How is the employer notified when there is an error identified in the attendant application packet?	Our dedicated Colorado enrollment staff will notify the attendant and employer through their preferred contact methods to make any necessary corrections to the attendant application packet.	Our Colorado enrollment team will contact the employer through phone call and/or email if a correction is needed in the attendant application packet.
What other states do you currently operate in, and what is the total number of self-directed members you serve across those states?	Palco currently operates in 12 states. Across all programs, we serve over 20,000 members.	PPL currently operates in 21 States. We serve over 113,910 members.
How do you communicate with third-party representatives and attendants? *Please note: Only the member of their Authorized Representative is able to make decisions regarding services.	Employers can designate a third-party representative to receive information on their behalf by completing and submitting a Release of Information (ROI) form that we keep in their file.	We communicate with designated third-party representatives through phone calls.
How can a person file a complaint, and what is the response timeline?	Complaints can be filed by mail, email, fax, or phone. You can speak with a Customer Service Supervisor or Director anytime to provide feedback. Complaints are responded to within 3 business days.	Customers may contact our customer service to file a complaint or may complete and submit a grievance using the form on our website. Complaints will have a response within 1-2 business days.

Question	Palco	Public Partnerships (PPL)
How do I escalate a concern if it has not been remedied after two business days?	You can ask to speak with a Customer Service Supervisor or Director or request to file formal grievance to escalate a concern. Your dedicated Colorado Program Manager can also assist.	If a concern has not been remedied after two business days, customers may contact our customer service or dedicated Colorado Account Management staff to file a complaint or complete and submit a grievance form found on our website.
How does your company communicate with employers including those who need communication assistance?	Our Customer Service team offers Spanish-speaking agents, a TTY line, and email. We also offer translation services for over 300 languages.	Customer service offers a phone line with fluent English and Spanish representatives, a TTY line, Email, and offers translation services for over 100 languages.
How does your company notify the employer that their funding for services (Prior Authorization Request or PAR) has not been authorized by their case manager?	We audit all PARs the month prior to their end dates. We communicate to case managers and employers through email any issues that need to be remedied and ensure budgets are in place before the start of the new period.	We track CDASS PARs and send monthly emails to case managers when issues arise. Members/Authorized Representatives receive a phone call a month prior to PAR expiring. We will expedite approved PARs that are time sensitive.
Do you carry Worker's Compensation and how can attendants make a claim?	Yes. Palco obtains a Worker's Compensation Insurance policy on behalf of all employers through Berkshire Hathaway. For more information, please click here: https://palcofirst.com/wp-content/uploads/2021/01/Filing-a-Workers-Compensation-Claim.pdf	Yes, we have a dedicated phone line for attendants to call if they are injured on the job. This phone number is posted on our website (1-800-804-9382). Due to our longevity in the state of Colorado, our workers compensation prices remain the lowest of the FMS choices. This means there is more money in your budget to spend on your staffing needs.
Do you have a policy advisory or decision-making board of employers/clients?	We have advisory boards across several of our state programs and look forward to implementing one in Colorado in the coming months.	Yes, we engage with Consumer-Directed participant advisory groups across the country and incorporate their feedback to enhance our services. We have CDASS Members representatives on our National Advisory Council.

Question	Palco	Public Partnerships (PPL)
Does your website meet Web Content Accessibility Guidelines (WCAG) standards?	Yes	Yes
Where can I find more information about your company?	You can get more information on our website http://palcofirst.com or by calling our Customer Service team at 1-866-710-0456.	More information about PPL can be found at www.pplfirst.com . You can also contact Customer Service at 1-888-752-8250.
Where can I find information about customer satisfaction reviews/reports?	Colorado uses a third-party to collect and report on customer satisfaction surveys. The surveys are located on the Participant-Directed Programs website: https://hcpf.colorado.gov/participant-directed-programs	Colorado uses a third-party to collect and report on customer satisfaction surveys. The surveys are located on the Participant-Directed Programs website: https://hcpf.colorado.gov/participant-directed-programs
<p>Each FMS provider offers:</p> <ul style="list-style-type: none"> • Direct Deposit. • Customer service support for enrollment questions. • Online attendant employment applications. • Processing of completed attendant employment applications with 3 business days. * <i>Incomplete applications submitted increase processing time.</i> • Worker's Compensation coverage. • Accredited with the Better Business Bureau and hold an A or A+ rating. <p>None of the FMS providers have in the past 3 years:</p> <ul style="list-style-type: none"> • Been issued contract related citations or have unresolved citations in Colorado. • Had a contract terminated or not renewed for inadequate performance in Colorado. • Missed processing payroll due to having insufficient contractually required financial reserves to issue payroll. 		






Changing Financial Management Service (FMS) Providers

*Created by Consumer Direct Colorado and approved by
Colorado Department of Health Care Policy and Financing (HCPF)*




Open Enrollment allows the Member or their Authorized Representative (AR), to change Financial Management Service (FMS) providers. These changes can only occur quarterly as listed below.

Paperwork Due:	Start Date with new FMS:
March 1 st	March 16 th
June 1 st	June 16 th
Sept. 1 st	Sept. 16 th
Dec. 1 st	Dec. 16 th

Process Flow	Task	Responsible Party		
		 Member/AR	 Case Manager	 FMS Provider
	Member/AR can research and choose a new FMS provider. Comparison information and FMS satisfaction survey results can be found on the Consumer Direct Colorado website.	<input checked="" type="checkbox"/>		
	Member/AR should notify the Case Manager of which FMS provider they have selected that they would like to transition to.	<input checked="" type="checkbox"/>		
	Case Manager will make the referral to the new FMS Provider.		<input checked="" type="checkbox"/>	
	Member/AR should contact existing FMS to ensure no outstanding or incomplete time-sheets need attention.	<input checked="" type="checkbox"/>		



Process Flow Cont.

Task	Responsible Party		
	 Client/AR	 Case Manager	 FMS Provider
Current and new FMS vendors will communicate to coordinate transition.			<input checked="" type="checkbox"/>
Member/AR must complete and return employer and employee packets for the new FMS provider.	<input checked="" type="checkbox"/>		
The new FMS will process paperwork and complete required checks for employment.			<input checked="" type="checkbox"/>
The new FMS will notify Case Manager that enrollment/transfer is complete.			<input checked="" type="checkbox"/>
Case Manager will review current prior authorization request (PAR) for accuracy and revise FMS fee if necessary.		<input checked="" type="checkbox"/>	
Case Manager will enter PAR into the new FMS provider portal.		<input checked="" type="checkbox"/>	
Services with new FMS can begin on designated transfer date.	<input checked="" type="checkbox"/>		
Case Manager will send discontinuation notice to previous FMS and call to ensure receipt.		<input checked="" type="checkbox"/>	

Process Complete!

For questions, contact Consumer Direct Colorado via phone (844)-381-4433 or via email at- infocdco@consumerdirectcare.com

Cost to You

Cost to You is the employer-related payroll taxes an employer pays to the state of Colorado for each Attendant hired. Each FMS provider has a different Cost to You rate. These payroll taxes are in addition to the hourly rate you choose to pay your Attendant.

On the next page you will see each FMS provider's Cost to You chart. These charts show how much you will have to pay each Attendant based on the hourly rate you choose for them. The total 'cost to you' is the amount that will come out of your CDASS allocation. The cost includes employer taxes, FAMLI, sick time and workers' compensation insurance costs. Each chart has a breakdown at the bottom so you can see how the total percentage is calculated.

Remember, you can pay your Attendants any hourly rate you desire as long as it is within state program guidelines. This means your Attendant can earn anything from their applicable state minimum wage to the CDASS maximum wage. When you complete your ASMP, you will need to reference the chart that coincides with your chosen FMS provider to be sure you stay within your monthly and annual CDASS allocation with the wages you select for your Attendants.

Minimum & Maximum CDASS Wages

As a Member and Employer in the CDASS program, you are required to stay between the state Minimum Wage that applies to you for your Attendants and the CDASS Maximum Wage. Information about Minimum and Maximum wages can be found on the FMS provider websites on each FMS' current Cost to You worksheet:

Palco: Visit <https://palcofirst.com/colorado/> and look for wage information under "CDASS Forms"

PPL: Visit <https://www.publicpartnerships.com/state-programs/colorado/> and look for wage information under "Program Documents:"

There are two sets of Minimum Wage depending on where you live:

Colorado Minimum Wage (outside of Denver City and County)

If you live outside of Denver city and county, effective July 1, 2023, the minimum hourly wage for your attendants is \$15.75/hour. This minimum wage is the Base

Wage required for employees providing Home and Community-Based Services. This minimum/Base Wage is subject to change each year based on the Consumer Price Index (CPI) and any Legislative outcomes. For more information regarding [Colorado Direct Care Worker Base Wage](#) please visit the Department of Health Care Policy & Financing website.

For more information about the state minimum wage visit the Department of Labor and Employment website:

<https://cdle.colorado.gov/wage-and-hour-law/minimum-wage>

City and County of Denver

If you live in the city of Denver or Denver County, as of January 1, 2023, the minimum hourly wage for your Attendants is \$17.29/hour. This minimum is subject to change each year based on the Consumer Price Index (CPI). If you would like more information regarding the current Denver minimum wage, please visit the City and County of Denver website:

<https://denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Auditors-Office/Denver-Labor/Citywide-Minimum-Wage/>

****** Colorado allows citywide minimum wage changes. Minimum wage requirements may vary based on city or county. The Member and Employee(s) may also qualify for certain exemptions. For more detailed information around your situation please call your FMS or CDCO!

Colorado CDASS “Cost To You” Worksheet

As an employer, the cost of hiring attendants includes paying wages, payroll taxes, and Workers’ Compensation insurance. Palco charges you at your **individual** employer rate giving you the potentially cheapest rate for your individual situation.

- ✓ Your SUTA rate varies depending on your employer’s experience. Your rate is not blended with other employers on CDASS, and you are able to fully take advantage of any SUTA rate decreases.
- ✓ Your employer tax rate varies depending on the attendant’s relationship to the employer. You can take full advantage of individual tax exemptions, **so more money goes into the hands of your attendants!**
- ✓ As of July 1, 2023, the Colorado direct care worker base wage is \$15.75, and the maximum wage allowed for CDASS is \$55.08.
 - Some cities may have instituted a citywide minimum wage that is higher than the state minimum. Contact your enrollment specialist at Palco for more information on your individual circumstances.

Default Rate for New Employers with No Exemptions	
Social Security & Medicare (<i>FICA</i>)	7.65%
Federal Unemployment Tax (<i>FUTA</i>)	0.60%
Sick Time Employer Premium	1.70%
Workers’ Compensation Insurance	1.47%
State Unemployment Tax (<i>SUTA</i>)	3.05%**
Family Medical Leave (FML)	0.90%
TOTAL Employer Cost Rate	15.37%
**Default rate for new employers assigned by the CO DOL; <u>Your individual rate may be cheaper.</u>	

Rate with Exemptions	
Relationship to Employer	Total Rate
Spouse working for a Spouse	4.07%
Child employed by Parent (<i>under the age of 21</i>)	4.07%
Parent, Adoptive Parent and/or Stepparent Employed by an Adult Child	7.12%**
**SUTA is individualized, your rate may be cheaper as you enroll with Palco.	

Multiply your attendants’ hourly rate by the percentage to determine your employer cost to you amount.
Example: \$15.75 x 1.1537 = \$18.17

Table below illustrates the cost for a new employer with no exemptions at 15.37%. You should use an **individual percent** that meets your circumstances and multiply the rate by that percent.

Rate you want not on here? You can pay any rate you want by multiplying the rate by your individual percentage amount. Example: \$15.75 x 1.1537=\$18.17

Hourly Rate	Cost to You Rate	Hourly Rate	Cost to You Rate	Hourly Rate	Cost to You Rate	Hourly Rate	Cost to You Rate
\$15.75	\$18.17	\$21.00	\$24.23	\$26.50	\$30.57	\$32.00	\$36.92
\$16.00	\$18.46	\$21.50	\$24.80	\$27.00	\$31.15	\$32.50	\$37.50
\$16.50	\$19.04	\$22.00	\$25.38	\$27.50	\$31.73	\$33.00	\$38.07
\$17.00	\$19.61	\$22.50	\$25.96	\$28.00	\$32.30	\$33.50	\$38.65
\$17.50	\$20.19	\$23.00	\$26.54	\$28.50	\$32.88	\$34.00	\$39.23
\$18.00	\$20.77	\$23.50	\$27.11	\$29.00	\$33.46	\$35.00	\$40.38
\$18.50	\$21.34	\$24.00	\$27.69	\$29.50	\$34.03	\$36.00	\$41.53
\$19.00	\$21.92	\$24.50	\$28.27	\$30.00	\$34.61	\$37.00	\$42.69
\$19.50	\$22.50	\$25.00	\$28.84	\$30.50	\$35.19	\$38.00	\$43.84
\$20.00	\$23.07	\$25.50	\$29.42	\$31.00	\$35.76	\$39.00	\$44.99
\$20.50	\$23.65	\$26.00	\$30.00	\$31.50	\$36.34	\$40.00	\$46.15

Family Members are limited to 40 hours in a single work week, Sunday through Saturday. Attendants must be paid overtime, time, and a half the hourly rate, for any time over 40 hours in a week or more than 12 in a shift/day.

"CO CDASS Attendant Wages: Cost to You"

Effective paydays January 1st, 2024 through December 31, 2024

The total 'cost to you' is the amount that will come out of your CDASS monthly allocation. The cost includes employer taxes, workers' compensation insurance costs, sick time costs, and Family Medical Leave premiums. The breakdown can be found below. All amounts are for illustrative purposes. You may pay your employees any rate amount you desire within state program guidelines.

EMPLOYEE WAGE	COST TO YOU	EMPLOYEE OVERTIME WAGE	COST TO YOU	EMPLOYEE WAGE	COST TO YOU	EMPLOYEE OVERTIME WAGE	COST TO YOU
\$15.75	\$18.05	\$23.63	\$27.08	\$26.00	\$29.80	\$39.00	\$44.70
\$16.00	\$18.34	\$24.00	\$27.51	\$27.00	\$30.95	\$40.50	\$46.42
\$16.25	\$18.63	\$24.38	\$27.94	\$28.00	\$32.09	\$42.00	\$48.14
\$16.50	\$18.91	\$24.75	\$28.37	\$29.00	\$33.24	\$43.50	\$49.86
\$17.00	\$19.49	\$25.50	\$29.23	\$30.00	\$34.39	\$45.00	\$51.58
\$17.50	\$20.06	\$26.25	\$30.09	\$32.00	\$36.68	\$48.00	\$55.02
\$18.00	\$20.63	\$27.00	\$30.95	\$34.00	\$38.97	\$51.00	\$58.46
\$18.50	\$21.20	\$27.75	\$31.81	\$36.00	\$41.26	\$54.00	\$61.89
\$19.00	\$21.78	\$28.50	\$32.67	\$38.00	\$43.56	\$57.00	\$65.33
\$19.50	\$22.35	\$29.25	\$33.53	\$40.00	\$45.85	\$60.00	\$68.77
\$20.00	\$22.92	\$30.00	\$34.39	\$42.00	\$48.14	\$63.00	\$72.21
\$20.50	\$23.50	\$30.75	\$35.25	\$44.00	\$50.43	\$66.00	\$75.65
\$21.00	\$24.07	\$31.50	\$36.11	\$46.00	\$52.73	\$69.00	\$79.09
\$22.00	\$25.22	\$33.00	\$37.82	\$48.00	\$55.02	\$72.00	\$82.53
\$23.00	\$26.36	\$34.50	\$39.54	\$50.00	\$57.31	\$75.00	\$85.97
\$24.00	\$27.51	\$36.00	\$41.26	\$52.00	\$59.60	\$78.00	\$89.40
\$25.00	\$28.66	\$37.50	\$42.98	\$55.08	\$63.13	\$82.62	\$94.70
The breakdown of the "COST TO YOU":			Please Note:				
FICA (Social Security & Medicare)		7.64%	Direct Care Worker minimum wage in Colorado is \$15.75 and the maximum wage allowed for CDASS is \$55.08. <i>*Colorado allows citywide minimum wage changes. Minimum wage requirements may vary based on city or county.</i> The minimum wage for those working in Denver is currently \$18.29. The Employer and employee(s) may qualify for certain tax exemptions. Contact customer service for more details. Your rate not here? You can calculate the approximate "Cost to You" by multiplying your Employee Wage by 1.1462.				
FUTA		0.60%					
SUTA		3.05%					
Workers' Compensation		0.73%					
Sick Time		1.70%					
Family Medical Leave		0.90%					
Total Cost Factor		14.62%					

A woman with long dark hair, wearing a black t-shirt and black shorts, stands with her arms crossed. She has a prosthetic right leg. A tattoo on her left forearm reads "Octavia".

THE RIGHT SELECTION FOR SELF-DIRECTION

WHY CHOOSE US? |  PALCO

Advantages

- ✓ Innovative modern technology with live and local service professionals answering customer support requests.
- ✓ 24/7 cloud-based system with configurable and customizable features to meet any program needs.
- ✓ Lightning fast enrollment with the capability for full FMS enrollment completion in **under 3 minutes!**

Experience

- ✓ 25 years of experience providing FMS to clients in multiple states and across a variety of diverse programs.
- ✓ Palco was the first company in the country to provide FMS for self-directed programs, and we have helped influence the landscape to what it is today.
- ✓ Our headquarters are where you are. We serve a nationwide client base, providing tools and solutions right where you are.
- ✓ Palco's ownership is 100% CPA owned and has over 50 years of public accounting experience.

www.palcofirst.com

Call Us:
866.710.0456

Email Us:
partnerships@palcofirst.com

AS A PALCO CONSUMER, YOU HAVE ACCESS TO SOME VALUABLE RESOURCES TO HELP MANAGE YOUR SELF-DIRECTED SERVICES!

Get Paid Your Way

- ✓ Self-directed workers can receive payments directly into any bank account of their choice. If they do not have a bank account, Palco has partnered with Money Network® Service, one of the largest card companies in the country, to offer consumers a FREE Money Network Card which works just like a bank card.
- ✓ Palco's partnerships and resources allow for self-directing workers to access their pay after every shift. An unmatched benefit of any of our competitors.
- ✓ Wages Now helps relieve the financial burden of unexpected expenses for caregivers, and it is done so with **NO FEES OR INTEREST CHARGED!**

Connect Portal

- ✓ Connect is Palco's online timesheet and reporting portal. Connect allows users to enter their time electronically, error free, and submit it to Palco instantly.
- ✓ Using Connect ensures that your time does not contain missing information. It eliminates issues with paper timesheets being unreadable or distorted during transmission.
- ✓ Employer and worker self-service features allow for full time tracking and information management.
- ✓ This user friendly portal is integrated with Electronic Visit Verification (EVV) and was built with self-direction in mind.

Customer Service

- ✓ Live customer support! No robo calls.
- ✓ Multi-lingual staff and support
- ✓ 98% customer satisfaction rating.
- ✓ Most calls answered within 25 seconds.
- ✓ 95% first-call resolution rate.
- ✓ Call queue does not exceed 6 minutes.

CONTACT US TO RECEIVE A COPY OF OUR FMS COMPETITOR ANALYSIS

www.palcofirst.com

Call Us:
866.710.0456

Email Us:
partnerships@palcofirst.com

PUBLIC PARTNERSHIPS OF COLORADO



1

WHO IS PUBLIC PARTNERSHIPS?

Public Partnerships currently serves over 120,264 individual self-directing program participants and their 133,988 support workers. We operate in 22 states and cover 43 Self-Directed programs, and are the largest, most experienced Financial Management Services (FMS) provider serving Medicaid populations.

In Colorado alone, we currently partner with Health Care Policy and Financing and serve over 3,000 members and over 9,000 attendants across the state. Colorado participants are the elderly, individuals with development and intellectual disabilities, and physical disabilities, who prefer to remain in their homes and active within their communities as opposed to restrictive institutional and agency model options.

2

WHY PUBLIC PARTNERSHIPS COLORADO?

Public Partnerships, LLC | PPL was first developed to help the Robert Wood Johnson Foundation's (RWJ) national pilot demonstration in Participant-Direction in 1999. We have served as the Colorado F/EA for Consumer Directed Attendant Support Services since 2009. We have applied lessons learned throughout our tenure, always keeping the Medicaid individuals receiving this service and their journey as our highest priority.

PPL was the earliest F/EA provider in Colorado. We currently assist nearly 80% of the CDASS population in self-directing their care. Members we serve trust and rely on us to pay their attendants.

We understand and respect your choice to self-direct. We take seriously our role with your journey. It allows you to focus on living your life in a way that gives you or your loved one the greatest choice and control that you want. All while, Public Partnerships focuses on paying your attendants for the services you need, integrating technology such as our Time4Care and managing the required employer related tax obligations.

Over 80%
*of all CDASS Members
in Colorado currently
self-direct their care,
trusting and relying
on PPL to do our job.*

COMMUNITY ROOTS

We continue to support the community ensuring Colorado elderly and disabled communities get the best support. Organizations we support include:



public partnerships 

We would LOVE to share more about how your needs and that of your family combine with our:



Reliability:

We have serviced Coloradans self-directing their care since 2009 and while smaller competitors have come and gone, we have not. We stand by and with you!



Enrollment Assistance:

To assist with expediting the enrollment process, PPL has a streamlined Member enrollment through AdobeSign, which alleviates the mailing of enrollment packets. In addition, we have a dedicated phone line for over-the-phone enrollment as well as High Touch Enrollment for your attendants. This option allows employers/employees the opportunity to start the enrollment process with the assistance of a PPL Representative.



Convenience:

Electronic Visit Verification time entry, time management and approval can be done anytime, anywhere, with our easy to use Time4Care™ mobile app. Time4Care is owned by PPL and enhancements are made based on user feedback on a regular basis. PPL also offers time entry through telephony and our BetterOnline™ Web Portal.



Service:

Time management and approval as well as spending and budget reports are available 24/7 via our BetterOnline™ Web Portal and our Time4Care™ mobile app. Both of these systems are developed and supported by PPL staff. We also offer state of the art Customer Service available 8 AM to 5 PM Monday through Friday.



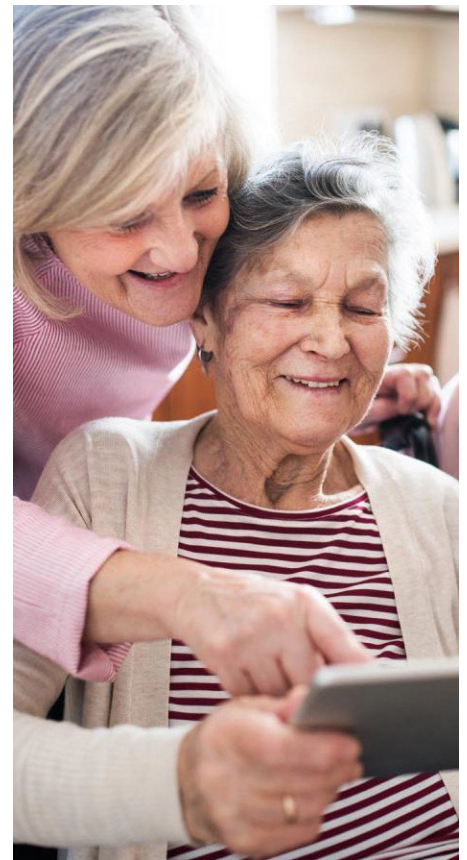
Satisfaction:

Public Partnerships continues to be awarded an A+ rating by the Better Business Bureau while we have earned a Client Satisfaction Rating of 4.27 out of 5 in the annual Satisfaction Survey for the CDASS program.



Providing Lower Cost:

- Our role is to assist YOU in becoming an employer of your own care workers. This includes assisting in vetting them for employment, paying, and deducting taxes.
- YOU set the wages of your employee, based on your allocated CDASS budget, your needs and preferences, in line with the states' Direct Care Worker base wage (currently \$15.75 per hour; \$17.29 for Denver Members).
- YOU are in control. As an employer, you also have state tax, federal tax, unemployment taxes, sick time, FMLI, and workers' compensation insurance costs to pay. Our role is to ensure ALL the correct and appropriate deductions are taken.
- We know Colorado. Our experience in ensuring the right taxation levels and our ability to secure lower rates of workers' compensation insurance costs versus our competitors means one thing: Lower costs for YOU.
- Your employee may ALSO qualify for a tax exemption in CO based on their family relationship to YOU.



Customer Service:

Monday- Friday: 8-5 MT

Phone (English/Spanish):

1-888-752-8250

Email: ppcdass@pcgus.com



We encourage you to like and follow our Facebook page. We can also be reached during business hours through Facebook messenger.

Over-the-Phone Enrollment

1-877-908-1752

Timesheet Fax

1-866-741-2718

Administrative Fax

1-866-947-4813

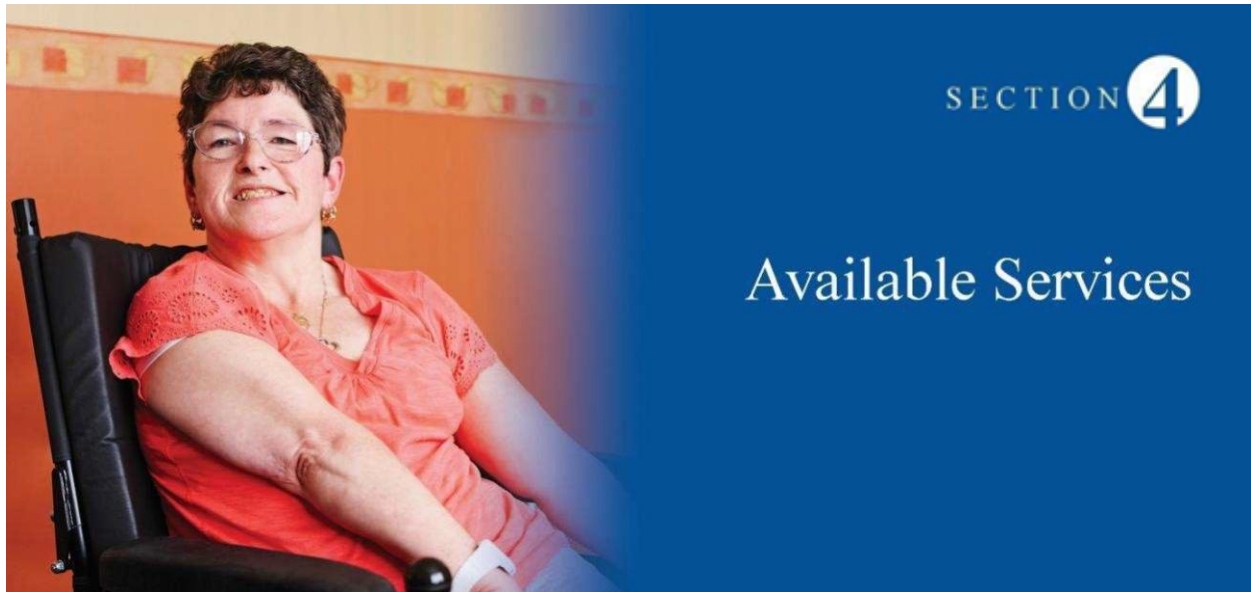
SUMMARY



Section 3: Choosing Your FMS Provider

- In the F/EA model:
 - The FMS provider establishes a Federal Employer Identification Number (FEIN) making you the legal Employer of Record.
 - You have control and responsibility of all aspects of employing Attendants, including hiring and firing.
- The FMS provider is responsible for:
 - Processing Attendant paperwork.
 - Processing payroll.
 - Filing Attendant and employer related taxes.
 - Ensuring workers' compensation is in place.
 - Setting up and training on EVV
- You are responsible for:
 - Ensuring you follow employment laws, such as not discriminating.
 - Following wage and hour laws.
- Prior to submitting your ASMP, it is important to take time to research each of the FMS providers so you can make an informed decision about which one is right for you.
- There is an opportunity to change FMS providers within certain parameters.





 Consumer  Directed  Attendant  Support  Services

For the elderly and many people with disabilities, the key to living independently is having a caregiver provide support services. Support services help these individuals with activities of daily living, health-related functions, and behavioral care. Support services may be provided through hands-on assistance, supervision, and cueing.











CDASS offers three categories of support services as outlined below:



Homemaker Services

Homemaker Services are general household activities provided by an Attendant in your home to maintain a healthy and safe environment for you. Homemaker tasks must only be applied to your primary living space, and multiple Attendants may not be reimbursed for duplicating household tasks. Homemaker Services may include the following activities or teaching of the following activities:



-  **Meal Preparation** includes all meals for the day, both main meals and snacks. This includes meal planning, diet preparation, packaging, and storing.
-  **Shopping** for necessary items to meet your basic household.
-  **Floor Care** of your main living area, including the bathroom and kitchen area. This includes sweeping, mopping, vacuuming, wiping, spot cleaning, and stain removal.
-  **Bathroom Cleaning** and maintaining of the toilet, bedpan, sink, counter, tub/shower, and general bathroom area.
-  **Kitchen Cleaning** and maintenance of refrigerator and general kitchen area. To include wiping the counter, stovetop, microwave and outside of kitchen appliances.
-  **Trash Removal** and collection in appropriate container.
-  **Dishwashing** includes loading and unloading of the dishwasher; rinsing, and washing dishes, utensils, cookware, and cutlery; storing dishes.
-  **Bed Making** includes linen change.
-  **Laundry** includes sorting, washing, drying, folding, and hanging of personal linens and clothing.
-  **Dusting** includes dusting, wiping furniture, and wood care.

NOTE












CDASS provides three service categories: homemaker, personal care, and health maintenance. Tasks that fall outside of those categories cannot be billed through CDASS. For example, a CDASS attendant cannot bill for walking a dog or watering a lawn.

Personal Care

If you are eligible, Personal Care services are provided in your home or in the community to meet your physical, maintenance, and supportive needs. Personal Care includes:



-  **Eating** which includes assistance with eating by mouth using common eating utensils such as spoons, forks, knives, and straws.
-  **Respiratory Assistance** with cleaning or changing oxygen equipment tubes, filling distilled water reservoir, and moving a cannula or mask from or to your face.
-  **Skin Care Maintenance** preventive in nature when skin is unbroken. This includes applying non-medicated/non-prescription lotion, sprays, and/or solutions, and monitoring for skin changes.
-  **Bladder/Bowel Care**
 - Assisting you to and from the bathroom.
 - Assistance with bed pans, urinals, and commodes.
 - Changing of incontinence clothing or pads.
 - Emptying Foley or suprapubic catheter bags, but only if there is no disruption of the closed system.
 - Emptying ostomy bags.
 - Unskilled Perineal care.
-  **Hygiene**
 - Shampooing.
 - Grooming.
 - Shaving with an electric or safety razor.
 - Combing and styling hair.
 - Filing and soaking nails.
 - Basic oral hygiene and denture care.
-  **Dressing** assistance with ordinary clothing and the application of non-prescription support stockings, braces, and splints; and the application of artificial limbs when you can assist or direct.
-  **Transfers** when you have sufficient balance and strength to reliably stand and pivot and assist with the transfer. Adaptive and safety equipment may be used in transfers, when you and your Attendant are fully trained in the use of the equipment and you can direct and assist with the transfer.
-  **Mobility** when you can reliably balance and bearweight or when you are independent with an assistive device.
-  **Positioning** when you can verbally or non-verbally identify when position needs to be changed, including simple alignment in a bed, wheelchair, or other furniture.








- 🕒 **Medication Reminders** when the medications have been preselected by you, a family member, a nurse or a pharmacist, and the medications are stored in containers other than the prescription bottles, such as medication minders and:
 - Medication minders are clearly marked with the day, time, and dosage and kept in a way as to prevent tampering.
 - Includes only inquiries as to whether medications were taken, verbal prompting to take medications, handing the appropriately marked medication minder container to the Member and opening the appropriately marked medication minder container to the Member and opening if the Member is unable to do so independently.
- 🏠 **Medical Equipment** – cleaning and basic maintenance of durable medical equipment.
- 🚫 **Protective Oversight** to prevent or mitigate disability-related behaviors that may result in imminent harm to people or property.
- **Accompanying** includes going to medical appointments and errands, such as banking and household shopping. May include providing one or more personal care services as needed during the trip. Attendant may assist with communication, documentation, verbal prompting, and/or hands-on assistance when tasks cannot be completed without the support of the Attendant.
- 🛀 **Bathing** includes unskilled full or partial bath or cuing for assistance. Shower, tub, sponge, or bed bath.



Health Maintenance

If you are eligible, these are routine and repetitive health related tasks furnished to you in the community or your home. These services are necessary for the health and normal bodily function of a person with a disability who is unable to physically carry out the activities. Health Maintenance includes:




-  **Skin Care** provided when skin is broken, or a chronic skin condition is active and could potentially cause infection, and you are unable to apply independently. Includes prescription creams, lotions, or sprays; wound care, dressing changes, application of prescription medicine and foot care for people with diabetes when prescribed by a Licensed Medical Professional.
-  **Nail Care** completed when medical conditions that may involve peripheral circulatory problems/ loss of sensation, including soaking, filing, and trimming.
-  **Mouth Care** performed when health maintenance level skin care is required in conjunction with the task, or:
 - There is injury or disease of the face, mouth, head, or neck.
 - In the presence of communicable disease.
 - You are unable to participate in the task.
 - Oral suctioning is required.
 - Decreased oral sensitivity or hypersensitivity.
 - You are at risk for choking and aspiration.
-  **Dressing** performed when health maintenance level skin care or transfers are required in conjunction with the dressing, or:
 - You are unable to assist or direct care.
 - Include application of prescribed anti-embolic or pressure stockings, prescribed orthopedic devices such as splints, braces, or artificial limbs.
-  **Feeding** performed when health maintenance level skin care or dressing in conjunction with the task, or:
 - Oral suctioning is needed on a standby or intermittent basis.
 - You are on a prescribed modified texture diet
 - You have a physiological or neurogenic chewing or swallowing problem.
 - Syringe feeding or feeding using adaptive utensils is required.
 - Oral feeding when you are unable to communicate verbally, non- verbally or through other means.
-  **Exercise** prescribed by a Licensed Medical Professional including passive range of motion.
-  **Transfers** You are not able to perform transfers due to illness, injury, or disability, or:
 - You lack the strength and stability to stand, maintain balance or bear weight reliably.
 - You have not been deemed independent with adaptive equipment or

assistive devices by a Licensed Medical Professional.

- The use of a mechanical lift is needed.

- 🧑 **Bowel Care** performed when health maintenance level skin care or transfers are required in conjunction with the bowel care, or:
 - You are unable to assist or direct care.
 - Administration of a bowel program including but not limited to digital stimulation, enemas, or suppositories.
 - Care of a colostomy or ileostomy that includes emptying and changing the ostomy bag and application of prescribed skin care products at the site of the ostomy.
- 🧑 **Bladder Care** performed when health maintenance level skin care or transfers are required in conjunction with bladder care, or:
 - You are unable to assist or direct care.
 - External, indwelling, and suprapubic catheters.
 - Changing from a leg to a bed bag and cleaning of tubing and bags as well as perineal care.
- 🧑 **Medical Management** as directed by a Licensed Medical Professional to routinely monitor a documented health condition, including but not limited to blood pressures, pulses, respiratory rate, blood sugars, oxygen saturations, intravenous or intramuscular injections.
- 🧑 **Respiratory Care** includes postural drainage, cupping, adjusting oxygen flow within established parameters, suctioning of mouth and nose, nebulizers, ventilator and tracheotomy care and assistance with set-up and use of respiratory equipment.
- 🧑 **Medication Assistance** which may include setup, handling and administering medications.
- 🧑 **Bathing** performed when health maintenance level skin care or transfers are required in conjunction with bathing. Full, partial or bed bath.
- 🧑 **Positioning** performed when health maintenance level skin is required in conjunction with positioning when you are not able to identify to the caregiver when the position needs to be changed.
- 🧑 **Accompanying** includes going to medical appointments, and errands such as banking and household shopping. Must include one or more health maintenance tasks as needed during the trip. Includes communication, documentation, verbal prompting and/or hands on assistance when the task cannot be completed without the support of the Attendant.

-  **Mobility** performed when health maintenance level transfers are required in conjunction with mobility assistance, or:
- You are unable to assist or direct care.
 - Hands-on assistance is required for safe ambulation.
 - You are unable to maintain balance or to bear weight reliably due to illness, injury, or disability.
 - You are not independent with adaptive equipment or assistive devices ordered by a Licensed Medical Professional

Excluded Services

CDASS replaces traditional home health services so home health services cannot be provided in conjunction with CDASS, unless it is for acute care or hospice.

CDASS Attendants are not authorized to perform services and payment is prohibited:

- When the member is receiving care at a nursing facility, hospital, a long-term care facility, or while incarcerated.
- After the Member has been reported deceased.
- For services that are duplicative or overlapping. The Attendant cannot be reimbursed to perform tasks at the time a Member is concurrently receiving a waiver service in which the provider is required to perform the tasks in conjunction with the service being rendered.
- For companionship. This is not a covered CDASS service.

For example: If your Attendant is providing Health Maintenance-level skin care while bathing you, they cannot bill that time as both Bathing and Skin Care services. In the same vein, an Attendant cannot bill both Personal Care Mobility and Health Maintenance Mobility for the same service performed.

NOTE



ARs are responsible for assuring timesheets are accurate and paid within CDASS rules and regulations. An AR who knowingly approves time for Excluded Services may face administrative penalties, criminal prosecution and/or termination from CDASS.

Member Experience: William Boswell, El Paso County

CDASS has changed the quality of my life dramatically. Because of my significant disability, Cerebral Palsy, and the physical needs associated with it, I require assistance with communication, physical support, and medical support. Before CDASS, my care was inconsistent, which led to multiple hospitalizations.

There were significant restrictions in my life when I received services through a home care agency. The staff that the agency sent was based on whoever they had available, regardless of whether or not that staff knew my communication system, individual routine, medical protocols or preferences for support. The CDASS model allows me to supervise the people I hire to ensure the consistent quality of my care and support. My attendants are trained to provide care that is customized to the specific instructions of my doctor and provide consistency for my medical and personal needs in the ways that work best for me.

Because of supports through CDASS, I am able to fully participate and contribute in the community. For example, during the past four years, I have been co-teaching a graduate level class at the University of Colorado-Colorado Springs. CDASS has been essential in revitalizing my independence. With the help of CDASS I have significantly increased control over my life.

Determining Health Care Needs

Before you begin recruiting Attendants, think carefully about your needs. Careful planning in the beginning will be a big help, saving you time and frustration later.

When you and your Case Manager met prior to enrollment in CDASS to discuss your care needs, you were given a completed Task Worksheet that lists the time allocated for each task on your care plan. At the bottom of that worksheet, you will find the total number of hours allocated for each of the three categories of CDASS tasks (Homemaker, Personal Care, and Health Maintenance).

Attendant/Employee Tasks

A list of tasks is a helpful tool when you are talking with potential Attendants. You can use your Case Manager approved Task Worksheet to help with scheduling.

NOTE



CDASS is intended to meet only the needs of the Medicaid Member. CDASS cannot be used for anyone else living in the home. For Example, a CDASS Attendant cannot cook a meal for everyone living in the home, only for the Member.

It is a requirement of CDASS that you have and keep at least two (2) Attendants. This is intended to help ensure you have options for backup and emergency coverage. You also have more choice and flexibility in your scheduling.

Extraordinary Care Required When a Family Member is an Attendant

CDASS allows Members the flexibility of hiring friends and family members to provide Personal Care, Homemaker, and Health Maintenance services. Members can choose to pay a member of their household to provide extraordinary care only. Extraordinary care is care that exceeds the range of care that a family member would ordinarily perform in the household on behalf of a person without a disability.

This is determined by the Case Manager, who assesses whether the care to be provided exceeds the range of care that a family member would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age. The Case Manager must answer the question: is care necessary to assure the health and welfare of the Member and avoid institutionalization?

A family member providing Extraordinary Care:

- May be employed in CDASS and supervised by you and/or your Authorized Representative (AR).
- Should be documented as a care provider on the Attendant Support Management Plan (ASMP).
- Must complete all necessary Attendant employment paperwork required by the FMS provider.
- Will be reimbursed at an hourly rate.
- Will not be reimbursed for more than 40 hours in a 7-day work week. A work week is defined as Sunday to Saturday.

SUMMARY



Section 4: Available Services

- There are three categories of services in CDASS:
 1. Homemaker Services are general household activities provided in the permanent living space of your home to maintain a healthy and safe environment for you.
 2. Personal Care Services are provided in your home or community to meet physical, maintenance and support needs.
 3. Health Maintenance Services are routine and repetitive health related tasks which are necessary for health and normal bodily functions that a person with a disability is unable to physically carry out. Health maintenance tasks are usually considered “skilled care tasks,” and are provided by a nurse, CNA, or other trained individual.
- Services cannot be duplicative or overlapping and there are times when Attendants cannot be paid for services, such as during hospitalization.
- Services are intended for you alone, and not for other members of a household.
- When tasks from more than one service category (Homemaking, Personal Care, and Health Maintenance) are provided in a single shift, the times worked for each task must be split up into the respected categories on the Attendants time sheet.
- Together, you will complete the Task Worksheet in Section 5 with your Case Manager to determine which services and at what frequency you are eligible for.
- You must maintain at least two Attendants during your time on CDASS.
- You have the flexibility to hire family and friends.
 - Family and Friends provide Extraordinary Care that is outside of what a friend or family member would typically do to support each other.
 - Hours provided by a family member cannot exceed 40 hours in a work week.



 Consumer  Directed  Attendant  Support  Services

In this section, you will learn how to read, complete, and manage the necessary paperwork needed to enroll in CDASS. The Attendant Support Management Plan (ASMP) is a communication tool that is used to outline your Attendant support based on services and allocation approved by your Case Manager. Your Case Manager should have provided you with the Task Worksheet and monthly allocation that was completed during your assessment, showing you your approved task (hours) and monthly allocation. If you did not receive these worksheets please contact your Case Manager right away. You cannot fill out your ASMP, which is required to complete CDASS training, without this information.

Your Task Worksheet is the worksheet that outlines tasks within the three primary CDASS services categories: Homemaker, Personal Care and Health Maintenance. Next to the tasks listed is a Norm column. This column is the time it typically takes an individual to complete these tasks. The next column highlighted is the Min/Wk column, and this column will contain the minutes per week of each task that your Case Manager approves. If there is no time allotted next to a task listed, then no time was approved for that task and therefore cannot be provided or billed for by your Attendants.

Remember, CDASS is a task-based program designed to meet the Members needs only and the Task Worksheet is completed with your Case Manager based on your recent needs assessment. If needs have changed, please outreach your Case Manager immediately to discuss what has changed.

Your Monthly Allocation Worksheet is a state form Medicaid uses to compute your total amount of your CDASS allocation. Medicaid uses set rates for each service. These rates can vary year to year based on program funding. It is your responsibility to know your annual and monthly CDASS allocation and to remain in budget each month. This form does not show you the hourly rate your Attendant will earn. You will follow the Attendant Rate Setting Guide (within this section) to learn how to set your Attendant hourly wage.

Looking at the Monthly Allocation Worksheet, your Case Manager completes all information highlighted in blue. From that information, the form will automatically calculate the total CDASS allocation. You need to look at the lower right-hand side for your monthly allocation amount. This is the estimated amount of Medicaid dollars you will have each month to pay your Attendants for the service hours you need. Your FMS provider will provide you with the actual monthly amount you will have available to spend.

The most up-to-date Monthly Allocation Worksheet can be found on the CDCO website here: <https://consumerdirectco.com/cdass-forms/>

NOTE



Be sure to remember your CDASS certification period start and end dates listed on the Monthly Allocation Worksheet. The end date is when the Member needs a Continued Stay Review completed to determine services for the next year. Any unspent funds will be returned to Medicaid for re-distribution.

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		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		Transfers	15min/each	
Laundry	20min/load		Mobility	5min/each		Bowel	IND	
Dusting	30min/wk		Positioning	15min/2hrs		Bladder	IND	
Shopping	120min/wk		Medication Reminders	5min/each		Medical Management	10min duration	
			Medical Equipment	60min/wk		Respiratory Care	IND	
			Bathing	IND		Medication Assistance	5min/each	
			Accompanying	IND		Bathing	IND	
			Protective Oversight	IND		Mobility	5min/each	
						Accompanying	IND	
						Positioning	15min/2hrs	
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

Consumer Directed Attendant Support Services Monthly Allocation Worksheet Using Services

UPDATE: This worksheet uses the current Medicaid Rates effective July 1, 2023.

Medicaid ID	Certification Start Date	Certification End Date
Sample Client ID		

This is a: This client is on HCBS (PLEASE ENTER WAIVER):

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CDASS Start Date	CDASS End Date	Days in CDASS Period	Months in CDASS Period
7/1/2023	6/30/2024	366	12

SERVICE	15 Minute Rate	Hourly Rate	Overhead Adjustment	Adjusted Hourly Rate	Adjusted 15 Minute Rate
Homemaker	\$ 5.80	\$ 23.20	\$ (2.49)	\$ 20.71	\$ 5.18
Personal Care	\$ 5.80	\$ 23.20	\$ (2.49)	\$ 20.71	\$ 5.18
Health Maintenance	\$ 9.02	\$ 36.06	\$ (3.88)	\$ 32.18	\$ 8.05

SERVICE	Weekly Hours of Service	Adjusted Hourly Rate	# of Weeks	CDASS Period Allocation	Daily Rate	Monthly Allocation
Homemaker		\$ 20.71	52.28571429	\$0.00	\$0.00	\$0.00
Personal Care		\$ 20.71	52.28571429	\$0.00	\$0.00	\$0.00
Health Maintenance		\$ 32.18	52.28571429	\$0.00	\$0.00	\$0.00
Totals				\$0.00	\$0.00	\$0.00

*Fee schedule rates for Homemaker, Personal Care, and Health Maintenance are calculated to include a component for agency administrative and overhead costs. The Overhead Adjustment is a deduction from the FFS rate to account for costs that are not incurred by consumer directed attendants.

Consumer Directed Attendant Support Services Monthly Allocation Worksheet Using Services

UPDATE: This worksheet uses the current Medicaid Rates effective July 1, 2023

Medicaid ID	Certification Start Date	Certification End Date
Sample Client ID		

This is a: This client is on HCBS (PLEASE ENTER WAIVER):

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CDASS Start Date	CDASS End Date	Days in CDASS Period	Months in CDASS Period

SERVICE	15 Minute Rate	Hourly Rate	Overhead Adjustment	Adjusted Hourly Rate	Adjusted 15 Minute Rate
Homemaker	\$ 6.18	\$ 24.72	\$ (2.66)	\$ 22.06	\$ 5.52
Personal Care	\$ 6.18	\$ 24.72	\$ (2.66)	\$ 22.06	\$ 5.52
Health Maintenance	\$ 9.18	\$ 36.72	\$ (3.95)	\$ 32.77	\$ 8.19

SERVICE	Weekly Hours of Service	Adjusted Hourly Rate	# of Weeks	CDASS Period Allocation	Daily Rate	Monthly Allocation
Homemaker		\$ 22.06	0	\$0.00	\$0.00	\$0.00
Personal Care		\$ 22.06	0	\$0.00	\$0.00	\$0.00
Health Maintenance		\$ 32.77	0	\$0.00	\$0.00	\$0.00
Totals				\$0.00	\$0.00	\$0.00

*Fee schedule rates for Homemaker, Personal Care, and Health Maintenance are calculated to include a component for agency administrative and overhead costs. The Overhead Adjustment is a deduction from the FFS rate to account for costs that are not incurred by consumer directed attendants.

Consumer Directed Attendant Support Services Monthly Allocation Worksheet Using Services

UPDATE: This worksheet uses the current Medicaid Rates effective July 1, 2023

Medicaid ID	Certification Start Date	Certification End Date
Sample Client ID		

This is a:

This client is on HCBS (PLEASE ENTER WAIVER):

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CDASS Start Date	CDASS End Date	Days in CDASS Period	Months in CDASS Period

SERVICE	15 Minute Rate	Hourly Rate	Overhead Adjustment	Adjusted Hourly Rate	Adjusted 15 Minute Rate
Homemaker	\$ 5.74	\$ 22.97	\$ (2.47)	\$ 20.50	\$ 5.13
Homemaker Enhanced	\$ 8.78	\$ 35.10	\$ (3.77)	\$ 31.33	\$ 7.83
Personal Care	\$ 7.29	\$ 29.15	\$ (3.13)	\$ 26.01	\$ 6.50
Health Maintenance	\$ 9.02	\$ 36.06	\$ (3.88)	\$ 32.18	\$ 8.05

SERVICE	Weekly Hours of Service	Adjusted Hourly Rate	# of Weeks	CDASS Period Allocation	Daily Rate	Monthly Allocation
Homemaker		\$ 20.50	0	\$0.00	\$0.00	\$0.00
Homemaker Enhanced		\$ 31.33	0	\$0.00	\$0.00	\$0.00
Personal Care		\$ 26.01	0	\$0.00	\$0.00	\$0.00
Total SPAL Allocation (SLS CDASS ONLY):				\$ -	\$ -	\$ -
Health Maintenance		\$ 32.18	0	\$0.00	\$0.00	\$0.00
Totals				\$ -	\$ -	\$ -

*Fee schedule rates for Homemaker, Personal Care, and Health Maintenance are calculated to include a component for agency administrative and overhead costs. The Overhead Adjustment is a deduction from the FFS rate to account for costs that are not incurred by consumer directed attendants.

Consumer Directed Attendant Support Services Monthly Allocation Worksheet Using Services

UPDATE: This worksheet uses the current Medicaid Rates effective July 1, 2023

Medicaid ID	Certification Start Date	Certification End Date
Sample Client ID		

This is a: **This client is on HCBS (PLEASE ENTER WAIVER):**

--	--

CDASS Start Date	CDASS End Date	Days in CDASS Period	Months in CDASS Period

SERVICE	15 Minute Rate	Hourly Rate	Overhead Adjustment	Adjusted Hourly Rate	Adjusted 15 Minute Rate
Homemaker	\$ 5.91	\$ 23.66	\$ (2.54)	\$ 21.11	\$ 5.28
Homemaker Enhanced	\$ 9.12	\$ 36.49	\$ (3.92)	\$ 32.57	\$ 8.14
Personal Care	\$ 7.46	\$ 29.84	\$ (3.21)	\$ 26.64	\$ 6.66
Health Maintenance	\$ 9.18	\$ 36.73	\$ (3.95)	\$ 32.78	\$ 8.20

SERVICE	Weekly Hours of Service	Adjusted Hourly Rate	# of Weeks	CDASS Period Allocation	Daily Rate	Monthly Allocation
Homemaker		\$ 21.11	0	\$0.00	\$0.00	\$0.00
Homemaker Enhanced		\$ 32.57	0	\$0.00	\$0.00	\$0.00
Personal Care		\$ 26.64	0	\$0.00	\$0.00	\$0.00
Total SPAL Allocation (SLS CDASS ONLY):				\$ -	\$ -	\$ -
Health Maintenance		\$ 32.78	0	\$0.00	\$0.00	\$0.00
Totals				\$ -	\$ -	\$ -

*Fee schedule rates for Homemaker, Personal Care, and Health Maintenance are calculated to include a component for agency administrative and overhead costs. The Overhead Adjustment is a deduction from the FFS rate to account for costs that are not incurred by consumer directed attendants.

CDASS Attendant Rate Setting Guide

CDASS empowers you to manage your own service budget. Your budget is based on the Task Worksheet you complete with your Case Manager during your initial assessment. As the legal employer of record, you are responsible for setting pay rates for the Attendants you choose to hire. This guide will help you calculate your Attendant rates to stay within your CDASS budget.

Tips when setting rates of pay:

- CDASS lets employers set up to three rates. You may set different amounts based on your care needs. For example, morning or evening shifts, in-home or community shifts, etc.
- Wages must be between the state minimum wage that applies to you and the CDASS maximum wage.
 - As of 7/1/23, Colorado's minimum wage for [Direct Care Worker Base Wage](#) is \$15.75/hour. If **you live** in Denver city or county, it is \$17.29/hour as of 1/1/23.
- Set rates that attract and retain quality Attendants while staying within your CDASS budget.
- Evaluate the experience and skills of an Attendant. Someone with more experience or specialized skills may warrant a higher rate.
- Consider budgeting for periodic raises to motivate Attendants and pay them for increased skill and experience.
- Shifts that are shorter, early morning, or in a rural location may be more appealing to Attendants if you pay a higher rate.
- Know what rates you can pay **before** you negotiate rates with any Attendant.

SECTION A - ATTENDANT WAGE CALCULATION STEPS

1. Look at the [CDASS Monthly Allocation Worksheet](#) to get the total Monthly Allocation amount.
2. Divide the CDASS Monthly Allocation by 4.3 (average number of weeks in a month) to get the total weekly amount.
3. Divide this weekly amount by the total number of service hours the Member needs each week. This amount calculated is called the Maximum Cost to You. It's called "Cost to You" because the amount includes the cost of employer taxes.
4. Look at the Member's FMS Cost to You Worksheet (Section 2 in Training Manual) and find the closest Cost to You Rate, without going over the Maximum Cost to You found in step 3.

Remember: This Cost to You rate CANNOT be more than the amount found in step 3.

5. Looking at the Cost to You worksheet, find the hourly rate to the left of the Cost to You rate you highlighted in step 4. This is the Maximum Hourly Wage the Attendant can be paid.

Remember: You cannot pay less than the minimum wage that applies to you.

EXAMPLE - Finding an Attendant's Wage Range

Step 1: Find your CDASS Monthly Allocation amount on your [CDASS Monthly Allocation Worksheet](#).

All of the numbers outlined are examples, including the Adjusted Hourly Rates.						
SERVICE	Weekly Service Hours	Adjusted Hourly Rate	# of Weeks	CDASS Period Allocation	Daily Rate	Monthly Allocation
Homemaker	5.00	\$19.14	52.14285714	\$4,989.55	\$13.67	\$415.80
Personal Care	5.00	\$19.14	52.14285714	\$4,989.55	\$13.67	\$415.80
Health Maintenance	10.00	\$30.08	52.14285714	\$15,684.05	\$42.97	\$1,307.00
Totals	20.00			\$25,663.15	\$70.31	\$2,138.60

Step 2: Divide your total CDASS Monthly Allocation by 4.3.

$$\text{\$2,138.60} \div 4.3 \text{ weeks} = \text{\$497.35} \text{ (Your weekly allocation amount)}$$

Step 3: Divide your total weekly allocation by your total weekly service hours.

$$\text{\$497.35} \div 20 \text{ hours} = \text{\$24.86} \text{ (Your Maximum Cost to You)}$$

Step 4: Look down the Cost to You column on your FMS Cost to You Worksheet and find the closest Cost to You rate that is equal to or less than your Maximum Cost to You found in step 3.

\\$24.54 is the closest to \\$24.86 without going over.

Hourly Rate	Cost to You Rate
\$20.50	\$23.40
\$21.00	\$23.97
\$21.50	\$24.54
\$22.00	\$25.11

Step 5: To the left of the rate will be the Maximum Hourly Wage can pay your Attendant.

21.50/hour is your Attendant's Maximum Hourly Wage. If you live in Denver, it is \$17.29 to \$21.50 per hour. If you live outside of Denver, it is \$15.75 to \$21.50 per hour.

Remember: As long as the Cost to You rate for the wage you select is equal to or less than your Maximum Cost to You amount, you will stay within your CDASS budget.

You are in charge of setting your Attendants' wages based on the number of approved service hours you have. If you choose to pay a higher wage than your Maximum Cost to You allows, you **must lower** your service hours to stay within your CDASS Monthly Allocation. If your monthly allocation ever changes, it is recommended you complete these steps before adjusting your Attendant's wage.

Tax Exemptions that impact your Cost to You:

FMS Cost to You worksheets only display Cost to You rates with all employer taxes included. Some CDASS employers who hold the EIN (Employer Identification Number) have different tax rates based on their relationship to the Attendant. Talk with your FMS to make sure you know who will hold the EIN—the Member or the Authorized Representative.

If the Attendant meets tax exemption requirements, then you will first need to find your Unique Cost to You percentage before taking the steps outlined in Section A to find their wage range.

SECTION B – USING A UNIQUE COST TO YOU

1. Use the Member's FMS's Cost to You worksheet to determine which taxes will apply for the Attendant based on their relationship to the CDASS employer (EIN holder).
2. Add up all the applicable tax rates that apply for the Attendant to find the total tax rate.
3. Take the total tax rate found in step 2 and divide the number by 100, then add 1. This is the Unique Cost to You percentage.
4. Take the Unique Cost to You percentage and multiply it by the total weekly service hours.
5. Take the amount calculated in step 4 and divide it into your total weekly allocation. This is the Maximum Hourly Wage the Attendant can be paid.

EXAMPLE – Finding an Attendant's Wage Range with Unique Cost to You

Chart 1 is an example of tax rates on a Cost to You worksheet. Your FMS worksheet may have different tax rates. Chart 2 are the standard employer exemptions.

CHART 1

Default Rates for New Employers with No Exemptions	
Employer Tax	Tax Rates
Social Security & Medicare (FICA)	7.65%
Federal Unemployment Tax (FUTA)	0.60%
State Unemployment Tax (SUTA)	*1.70%
Workers' Compensation Insurance	1.59%
Sick Leave	1.70%
Family & Medical Leave Insurance	0.90%
Total Employer Cost to You Tax Rate	14.14%
*The CO Dept. of Labor & Employment's default rate for new employers; Your rate may be cheaper.	

CHART 2

Employer Tax Exemptions			
Attendant Relationship to EIN Holder:	FICA	FUTA	SUTA
Child employed by Parent	Exempt until 21 st Birthday	Exempt until 21 st Birthday	Exempt until 21 st Birthday
Parent employed by Adult Child (including Adoptive or Step-Parent)	Exempt	Exempt	Not Exempt
Spouse employed by Spouse	Exempt	Exempt	Exempt

Step 1: Identify which taxes **must be paid** based on the employer-employee relationship (Chart 2).

The example is an Attendant who is the spouse of the Member. The Member holds the EIN. This is a Spouse Employed by a Spouse relationship.

The employer IS exempt from paying:

- Federal Insurance Contribution Act tax - Social Security and Medicare Taxes (FICA)
- Federal Unemployment Tax (FUTA)
- State Unemployment Tax (SUTA)

The employer is NOT exempt from paying:

- Workers' Compensation Insurance
- Colorado Sick Leave
- Colorado Family & Medical Insurance (FAMLI).

Step 2: Add up all of the taxes that you must pay for this Attendant (your spouse).

$$\begin{array}{r} 1.59\% \\ \text{Workers' Compensation} \end{array} + \begin{array}{r} 1.70\% \\ \text{Sick Leave} \end{array} + \begin{array}{r} 0.90\% \\ \text{FAMLI} \end{array} = 4.19\% \text{ (Your total Cost to You Tax)}$$

Remember: Think carefully about the employer-employee relationship to make sure you are adding up the correct taxes.

Step 3: Take the total percentage from step 2, divide it by 100, then add 1.

$$\begin{array}{l} 4.19\% \div 100 = 0.0419 \\ 0.0419 + 1 = 1.0419\% \end{array} \text{ (Your unique Cost to You percentage)}$$

Step 4: Take your Unique Cost to You percentage and multiply it by your total weekly service hours.

$$1.0419\% \times 20 = 20.838$$

Step 5: Now take your total weekly allocation and divide it by the number you calculated in step 4 to get the Maximum Hourly Wage for your spouse. *Always round to the second decimal.

$$\$497.35 \div 20.838 = \$23.86/\text{hour}^* \text{ (Your Attendant's Maximum Hourly Wage)}$$

Now you're ready! You've walked through the examples so you can now use your own CDASS Allocation to calculate the best rate for YOUR Attendant. First, revisit the key things to remember:

- Set pay rates that attract good Attendants AND keep you within your CDASS budget.
- Your Attendant must earn at least minimum wage (the Base Wage or Denver minimum wage).
- You should not choose a rate that exceeds your Maximum Cost to You (see Sec. A, step 3).
- If you pay a higher wage than your Maximum Cost to You allows, you MUST lower your service hours to remain in budget.
- Choose the right employer-employee relationship when calculating your Unique Cost to You.

Attendant Support Management Plan (ASMP) Budget Scratch Worksheet

Use this worksheet to set your own Attendant's Pay Rate

#1	My Monthly CDASS Allocation (see your CDASS Monthly Allocation Worksheet)	
#2	Divide by 4.3 (weeks in a month) My Weekly Allocation	
#3	Divide by your total number of service hours per week ____ My Maximum Cost to You (see your Task Worksheet)	

Remember: #3 is your Maximum Cost to You. It is NOT the highest wage you can pay your Attendant. Your Maximum Cost to You includes the employer taxes you must pay.

You will now need to look at your FMS Cost to You Worksheet (Section 2 of Training Manual) to find the wage range you can pay your Attendant. Write down a few hourly wages and their Cost to You rate amounts you think are good rates to set for your Attendant.

#4	#5
FMS Cost to You Rates (see your FMS Cost to You Worksheet)	My Attendant's Maximum Hourly Wages (see your FMS Cost to You Worksheet)

Remember: The Cost to You Rates you choose from your FMS's Cost to You Worksheet must be EQUAL TO OR LESS THAN the amount calculated in the yellow box above.

From the Maximum Hourly Wages you listed above, pick the one that works best for your care needs, gives you room for periodic raises, and you think will attract a quality Attendant. Transfer this amount to your ASMP to complete PART SIX – CDASS Monthly Budgeting Worksheet, as directed by your Consumer Direct Training Coordinator. Note: You will not have to send this Budget Scratch Worksheet to your Case Manager unless they request it.

For additional guidance and questions, please contact Consumer Direct for Colorado at InfoCDCO@ConsumerDirectCare.com / 1-844-381-4433 or your FMS provider.

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

Member Information				
Member Name:	Jane Doe	Medicaid ID #:	P123456	
Address:	123 Main St. Apt. 102	City:	Denver	Zip: 81601
Phone:	303-555-9595	E-mail:	janedoe@email.com	
Authorized Representative's (AR) Contact Information (optional)				
Rep Name:	John Doe	Relationship to Member:	Son	
Address:	123 Main St. Apt. 102	City:	Denver	Zip: 81601
Phone:	303-555-3232	E-mail:	joed@email.com	
Single Entry Point (SEP) Case Manager Contact Information				
SEP Case Manager Name:	Robert Manager	SEP Agency Name:	Agency Name	
Phone:	970-555-1234	E-mail:	robertmanager@email.com	
Financial Management Services Agency Selection				
FMS Agency (please check one): <input type="checkbox"/> Palco <input type="checkbox"/> Public Partnerships (PPL)				

<p><u>PART ONE - CARE NEEDS</u></p> <p>Information about me, my supports and my needs:</p> <p>I am a c5-c6 quadriplegic from a spinal cord injury. I am paralyzed from mid-chest down.</p> <p>I have limited use of my upper arms and wrists but, my fingers and hands are nonfunctional. I use a power wheelchair for mobility. I am completely dependent on attendants for help in all my activities of daily living. I need help checking my blood glucose levels 3x/day. My catheter is changed every 3 weeks and if necessary it has to be irrigated or changed PRN.</p> <p>Information about any support or accommodation I need for communication:</p> <p>Due to my disability I prefer email communication in addition to phone calls because I can sometimes respond to those quicker.</p>
--

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					10			10
Bathroom Cleaning					10			10
Kitchen Cleaning					10			10
Trash Removal					10			10
Meal Preparation	60	60	60	60	60	60	60	420
Dishwashing	30	30	30	30	30	30	30	210
Bed Making								
Laundry		30			30			60
Dusting					20			20
Shopping	60							60
Total daily Homemaker minutes:	150	120	90	90	180	90	90	Weekly Total 810
Personal Care Services: please list estimated time (in minutes) to be completed on tasks each day.								
Eating	30	30	30	30	30	30	30	210
Respiratory Assistance								
Skin Care Maintenance	10		10		10		10	40
Bladder/Bowel Care								
Hygiene	10	10	10	10	10	10	10	70
Dressing								
Transfers								
Mobility								
Positioning								
Medication Reminders								
Medical Equipment						40		40
Bathing								
Accompanying								
Protective Oversight								
Total daily Personal Care minutes:	50	40	50	40	50	80	50	Weekly Total 360

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	30	30	30	30	30	30	30	210
Nail Care						20		20
Mouth Care								
Dressing	45	45	45	45	45	45	45	315
Feeding								
Exercise				60				60
Transfers	20	20	20	20	20	20	20	140
Bowel Care	30		30		30		30	120
Bladder Care	20	20	20	20	20	20	20	140
Medical Management	30	30	30	30	30	30	30	210
Respiratory Care								
Medication Assistance	5	5	5	5	5	5	5	35
Bathing	60	60	60	60	60	60	60	420
Mobility	30	30	30	30	30	30	30	210
Accompanying						60		60
Positioning	10	10	10	10	10	10	10	70
Total daily Health Maintenance minutes:	280	250	280	310	280	330	280	Weekly Total 2010
Total Daily Minutes:	480	410	420	440	510	500	420	
Total Weekly Minutes: 3,180			Total Weekly Hours: 53.00					
<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 Members 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 the Case Manager.</p> <p>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 Member 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><u>Twice a year I go in for injections and I require increased support afterward due to pain and weakness.</u></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 checked="" type="checkbox"/> On-line web sites | <input type="checkbox"/> Local Publications |
| <input type="checkbox"/> Medical Facilities | <input type="checkbox"/> Other Bulletin Boards |
| <input checked="" type="checkbox"/> Word of Mouth | <input checked="" 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 Member:

_____ 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 Member's husband or wife through legal marriage or common law

** Family Member - all persons related to the Member 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:

If my main attendant can't come in I have a backup attendant I can call. If he can't come I live with my son who can provide unpaid assistance.

Life or Limb Emergency:

In an emergency I will call 911. My next door neighbor is a stay at home dad and is trained in CPR/First Aid, he has agreed to help until 911 comes.

Unexpected illness or flu:

If I am ill I will visit my doctor and follow his orders until well. I have reserved some of my allocation in case I need extra care with extended illness. I am stocked up on medicine that can help with cold/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?

I have prepared a plan for my home and family. I have stocked my pantry with supplies that will not spoil and have extra batteries for my wheelchair as well as a first aid kit.

Other (optional):

I have filled out an emergency contact and information form. My family, friends, and attendants all know where to find it.

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.					=	\$ 3,815.55	1
Attendant	Attendant's Hourly Rate	Your Cost Per Hour*		Hours Per Week		Total Per Week	
Jill	\$15.00	\$16.80	X	35.00	=	\$588.00	a.
Wanda	\$14.00	\$15.68	X	18.00	=	\$282.24	b.
Tim - Back up only	\$14.00	\$15.68	X	0.00	=	\$0.00	c.
			X		=		d.
			X		=		e.
			X		=		f.
Attendant Care Wages Per Week Total Add (a) through (f)						\$870.24	2
Attendant Care Wages Per Month Total Multiply Weekly Total (Box 2) by 4.3 (average weeks in a month)						\$3,742.03	3
<p>* Refer to the FMS "Cost to You" table in section 5 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 for Colorado. Additional information on overtime is also available through the Colorado Department of Labor and Employment.</p>							

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

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

Preferred CDASS Start Date

Alternate Start Date

PART EIGHT – Signatures

John Doe
Member / Authorized Representative Signature

3/26/2021
Date

Case Manager Signature

Date

Consumer Direct Comments

Reviewer'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

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

The purpose of this form is to make updates to your existing ASMP due to changes in condition or allocation. This form is not intended for use by first time CDASS Clients.

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)				

<u>PART ONE - Reason for ASMP update</u> <input type="checkbox"/> Due to a change in my needs identified on my CDASS Task Worksheet. <input type="checkbox"/> Overutilization of CDASS allocation has occurred. Mandatory retraining and budget changes performed to address these prior episodes of overutilization.
Information about how my needs have changed (if applicable) / Information on why overspending has occurred and what I am doing to correct it (if applicable):

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 Members 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 the 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 Member 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 style="text-align: center;">Please inform your Case Manager if your needs change.</p>								

PART THREE – 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 FOUR – Signatures

Plan Effective Date: _____

Member / Authorized Representative Signature

Date

Case Manager Signature

Date

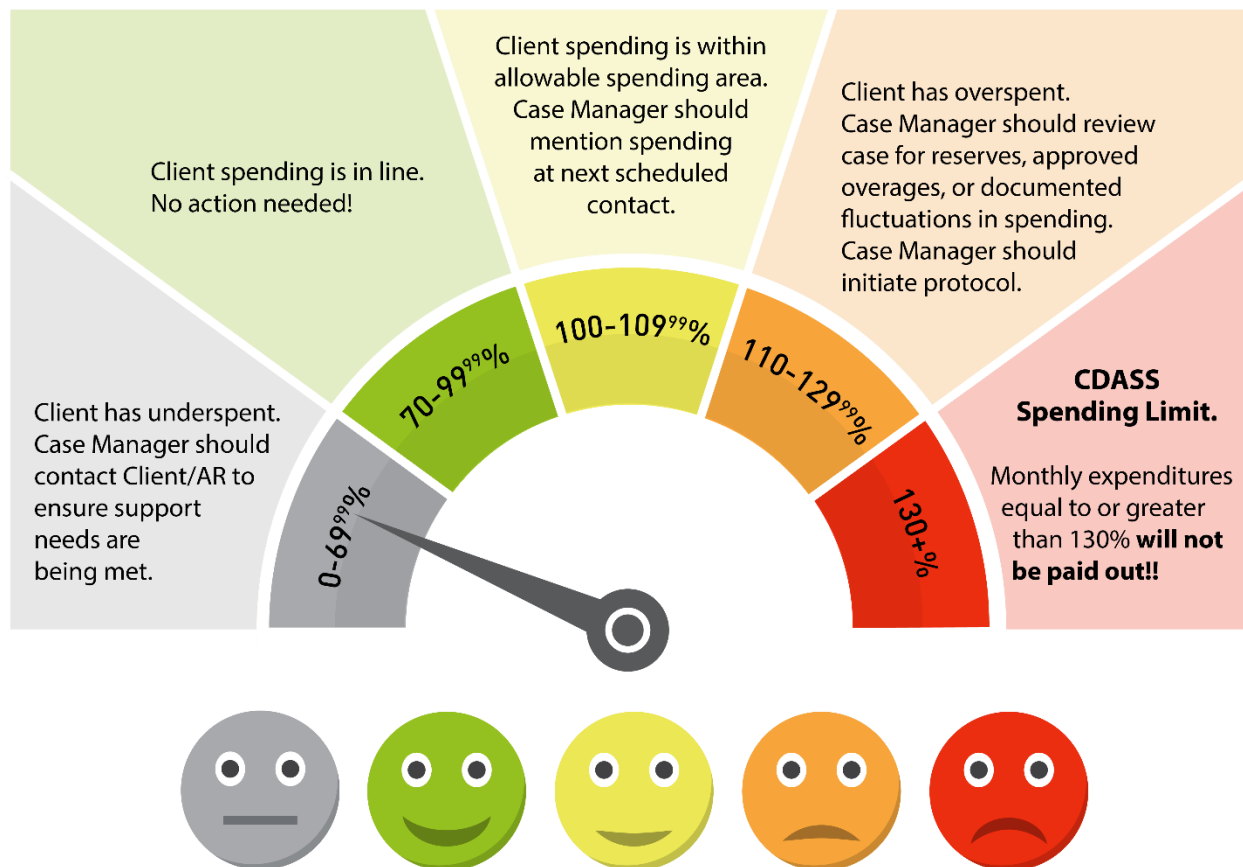


CDASS Overspending Protocol

*Created by Consumer Direct of Colorado and approved by
Colorado Department of Health Care Policy and Financing (HCPF)*

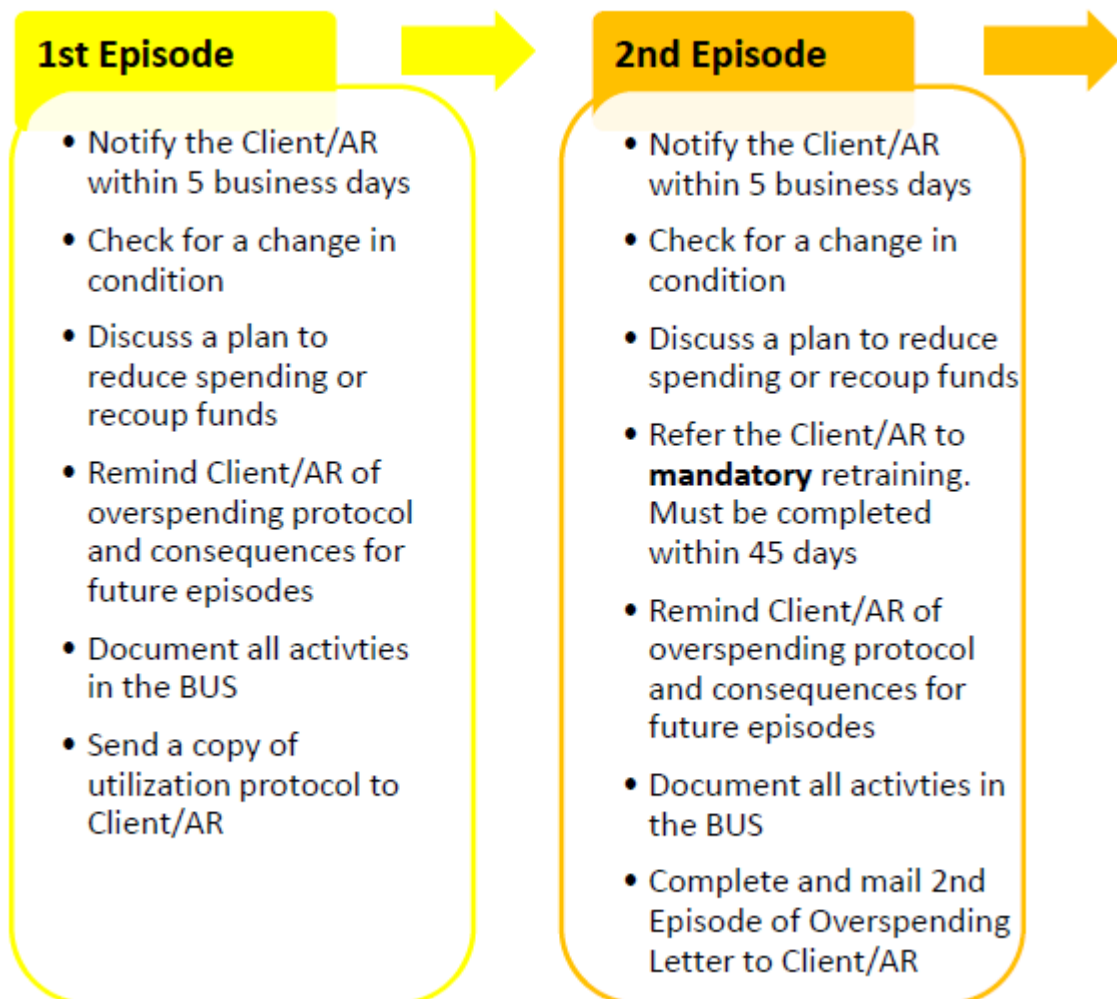
Case Managers and clients, or their Authorized Representatives should always review the full [CDASS Service Utilization Review & Allocation Management Protocol](#) located on the Consumer Direct of Colorado website.

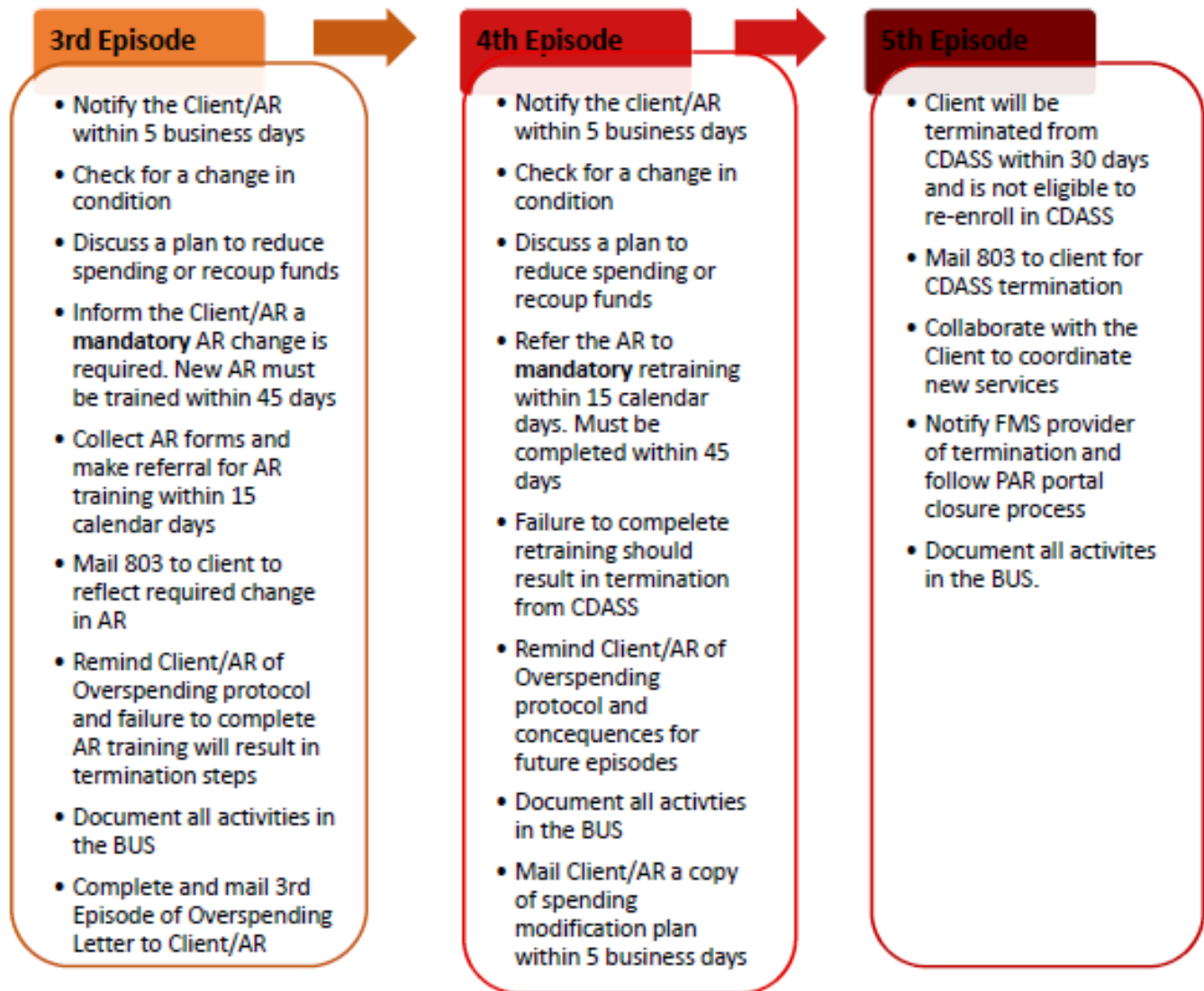
Overspending is defined as monthly expenditures exceeding 9.99% of the clients monthly allocation, with no reserve funds from prior months in the certification period, no prior approval for overspending by the Case Manager and/or no documented fluctuation in overspending approved on the clients ASMP.





For episodes of overspending that meet the definition, Case Managers should follow the steps below:





This protocol is continuous and applies to the duration of the client’s participation in CDASS. Previous over expenditure episodes expire three years from the date of the episode.

By signing below, I _____ attest that I have read this CDASS Utilization Protocol and understand the policy in its entirety. I further understand and agree that episodes of over expenditures will adhere to this protocol and formal action steps may include, but are not limited to, termination of the member from the CDASS delivery option.

Signature of Member or Authorized Representative: _____ Date: _____

For questions, contact Consumer Direct of Colorado via phone **(844) 381-4433** or via email at infocdco@consumerdirectcare.com. A copy of the full CDASS Utilization Protocol is available on Consumer Direct of Colorado website at <https://consumerdirectco.com/>

Electronic Visit Verification (EVV)

EVV is a technology solution that assures excellence of care for Members through mobile application, telephony, or web-based portal. The federal government requires that all state Medicaid agencies implement EVV. There are six specific data points required to be collected; they are:

- Date of the service
- Time of the service
- Type of service performed
- Location of service delivery
- Individual receiving the service
- Individual providing the service

Individual providing the service CDASS Members/Authorized Representatives are required to comply with EVV and all services submitted to HCPF through your Financial Management Service (FMS) vendor must have an EVV record. If you do not comply with EVV, this may impact your participation in CDASS and how your Attendant is paid. Some Attendants may qualify for a live-in caregiver exemption, which exempts them from submitting EVV records if the Attendant lives with the Member they provide services to. A live-in caregiver exemption form can be found on the HCPF website here: <https://hcpf.colorado.gov/electronic-visit-verification-resources> and should be sent to the FMS vendor and be updated annually to maintain the exemption. Those interested in requesting an American Disabilities Act (ADA) accommodation for yourself or an Attendant are encouraged to contact their FMS vendor and HCPF's ADA Coordinator at 303-866-6010 or hcpf504ada@state.co.us.

Each FMS provider has their own system for using EVV. Detailed tutorials (videos and/or pictures) are available on each of their websites to show AR's and Attendants how the entire process works.

- EVV can appear daunting and intimidating but it can be learned by those on CDASS.
- An opportunity for you and your Attendants to have more structure in their employment.
- Remember – EVV is required to protect the Member against fraud.
- When completed consistently and correctly, it can make documenting service hours fast and easy.

When getting started with EVV, it is encouraged the Member/AR sit down with the attendants to learn this process together. Support your attendants by:

- Communicate expectations clearly and promptly.

- Ensure your Attendants are clocking in and clocking out accurately.
- Trainings with Materials Available
- Monthly Consumer Direct Trainings
- Monthly FMS Trainings

Together, the Member/AR and the attendants can learn where the system allows for corrections, revisions, claims, and submissions to take place. This will help with preventing potential problems that can be created within the system.

For Example: **Submitting EVV Records & Claims Too Close Together**

Guidance: Wait at least 24 hours before submitting billed claim lines after a visit has been recorded or modified.

- EVV records are sent to the claims system nightly.
- Once “Verified” visits are in the claims system, EVV records can match to billed claim lines.
- If you fix an exception (modify record) and the visit becomes “Verified”, you still need to wait until the next day to bill for that claim.

EVV CDASS: What you need to know about EVV Compliance

- CDASS payroll is the basis for EVV records matching to claims.
- By missing FMS payroll deadlines, it results in missing time sensitive EVV deadlines.
- These untimely actions can lead to EVV non-compliance, and this can cause a strike



Consumer Directed Attendant Support Services Electronic Visit Verification Compliance Protocol

Effective February 1, 2022

Background: Electronic Visit Verification (EVV) is a technology solution that verifies service provision through mobile application, telephony, or web-based portal. EVV is used to ensure that home or community-based services are delivered to people needing those services by documenting the precise time service begins and ends.

Purpose: Section 12006 of the 21st Century Cures Act requires that all state Medicaid agencies implement an EVV solution and the Centers for Medicare & Medicaid Services (CMS) expect compliance with EVV to avoid reductions in federal funding. Due to the unique structure of the CDASS Delivery Option, this compliance protocol was developed collaboratively with employers/members or their authorized representatives (ARs), attendants, Financial Management Services (FMS) Vendors, and Consumer Direct of Colorado's (CDCO) input.

In order to ensure employer/member compliance with EVV, this protocol has been developed. It will be in place for the duration of an employer/member's participation in CDASS. CDASS employers/members must meet CDASS requirements, including ensuring monthly EVV compliance.

Protocol Terms:

- **Electronic Visit Verification (EVV)** - EVV means the use of technology, including mobile device, telephony, or web-based portal, to verify the required data elements related to the delivery of Health First Colorado Services as mandated by the 21st Century Cures Act and CCR 2505-10 Section 8.001.
- **Verified Visit** - A verified visit is an EVV record that does not contain any exceptions, meaning either no exceptions exist, or they have been fixed, making the visit eligible for claim matching.
- **Incomplete Visit** - An EVV visit is considered incomplete if it requires manual intervention before it can be considered closed, completed, or verified.
- **Manual Entry** - A manual EVV entry is when all verification points of data of an EVV record are manually entered through the web-based portal after the time of service.



- **Match Rate** - Monthly rate at which claims are matched to EVV records. This rate will be used to determine compliance.
- **Matched Visit** - A matched visit is an EVV record that has matched to a billed and paid claim. A matched visit requires a verified EVV record and a billed claim that has no other claim errors. Incomplete EVV records will not match. For a claim to match, it must have a verified EVV record logged at least the day before the FMS vendor submits claims.
- **Strike** - A strike is received by an employer/member when their monthly match rate is 79% or lower. Match rates are negatively impacted, and strikes may be produced by either no EVV records being documented or EVV records being incomplete.

Protocol Summary

Each month, 80% or more of a member's CDASS services must have a matching EVV record [based on the respective pay period\(s\)](#). If less than 80% of EVV claims have a matching EVV record the member will receive a strike. The protocol allows a maximum of five (5) strikes, with the option to remove a strike with satisfactory completion of a performance improvement plan. Employer/members will be given the opportunity to complete training to improve their compliance. Strikes reset to zero (0) on February 15th annually to accommodate timely filing. Failure to complete the requirements of a strike within a reasonable amount of time may result in additional strike(s).

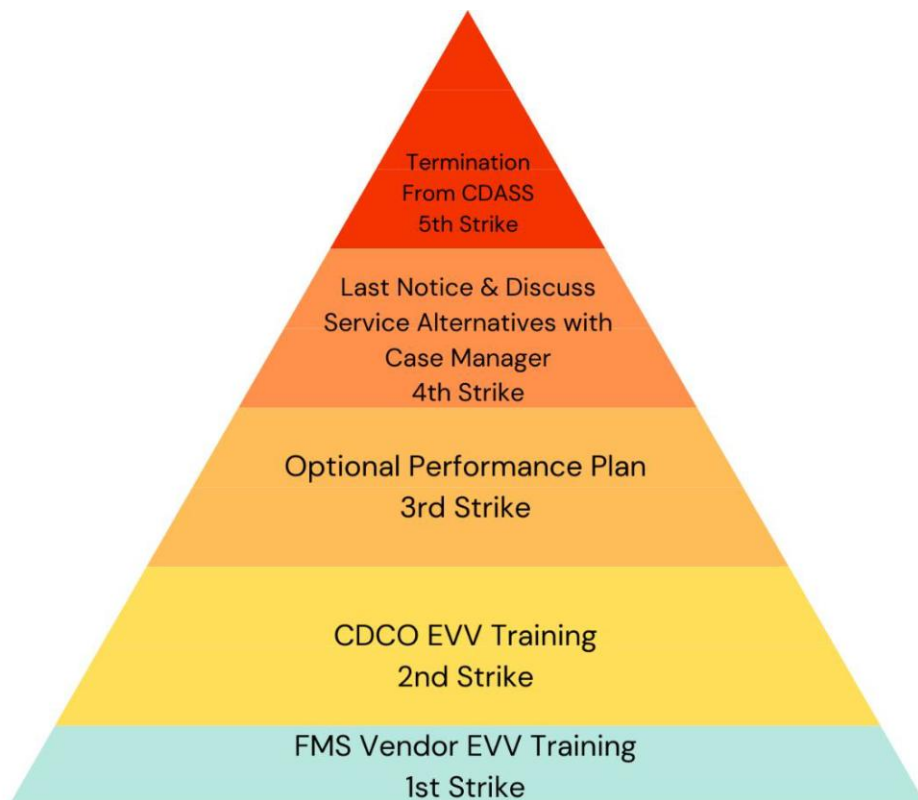
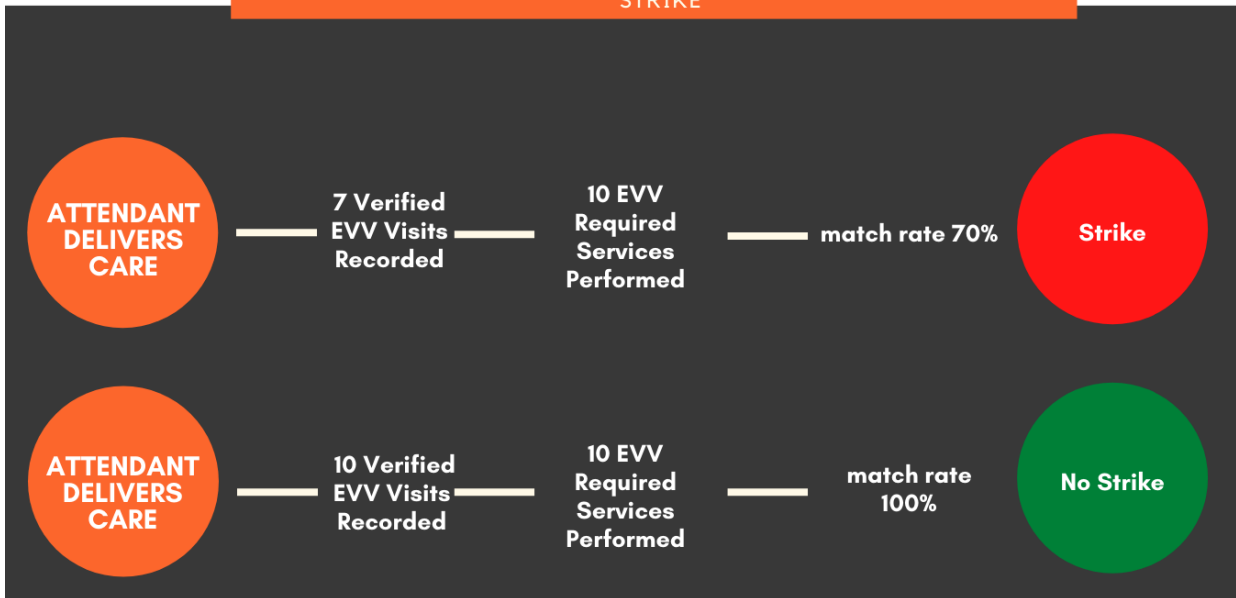
Notice: If a system issue occurs that prevents a member from recording EVV, they must report the issue by completing the [Participant Directed Programs Unit Feedback Form](#) and be able to verify through some form of documentation. Those who have limited access to the form may contact the Department's EVV team by calling 720-273-6967. System issues that are reported and can be verified will not count towards or result in a strike.

Additionally, at this time entering visits through the web portal by manually entering or modifying visits are both acceptable methods for recording EVV and will not result in a strike. While entering visits through the web portal is acceptable, it should only be used in rare circumstances and not as the sole method for recording EVV.

For full details of this protocol, see the [CDASS EVV Compliance Protocol Policy](#).

Match Rates

HOW MATCH RATES ARE CALCULATED AND HOW NOT TO GET A STRIKE



Below are the full details and requirements of each strike within the CDASS EVV Compliance Protocol

Strike 1:

- Notify employer/member within 7 business days of 1st strike and requirements.
- Employer/member required to complete FMS Vendor EVV Training within 30 days of receipt of strike notification.

Strike 2:

- Notify employer/member within 7 business days of 2nd strike and requirements.
- Employer/member required to complete CDCO EVV training within 30 days of strike notification

Strike 3:

- Notify employer/member within 7 business days of 3rd strike.
- [EVV Performance Improvement plan](#) (PIP): employer/member may complete optional EVV PIP, with satisfactory completion of the EVV PIP resulting in a one-time removal of a strike.
 - The EVV PIP is a form that can be completed online or over the phone that requires the employer/member to answer multiple choice questions, identify obstacles they're experiencing, and develop solutions for those obstacles.
 - Submit EVV PIP to Department before 1st of the following month by following the link above or contacting EVV Team, 720-273-6967.

Strike 4:

- Notify employer/member within 7 business days of 4th Strike and review EVV purpose and requirements.
- Notice to employer/member about possible termination from CDASS if 5th strike occurs.
- Discuss service alternatives with case manager

Strike 5:

- Notify employer/member within 7 business days of 5th strike.
- Employer/member will be terminated from CDASS within 30 days and will not be eligible to re-enroll in CDASS for 365 days.
 - Case manager will send an LTC-803 Notice of Action to the employer/member and will work with the member to find new services.

CDASS EVV COMPLIANCE PROTOCOL HIGHLIGHTS

	STRIKE 1	STRIKE 2	STRIKE 3	STRIKE 4	STRIKE 5
Notice to FMS & Member	✓	✓	✓	✓	✓
Required FMS Vendor Training	✓				
Required CDCO Re-training		✓			
Performance Improvement Plan			✓		
Discuss Service Alt. with Case Manager				✓	
Termination from CDASS					✓

By signing below, I _____, attest that I have read this CDASS EVV Compliance Protocol and understand the policy in its entirety. I further understand and agree that episodes of EVV non-compliance will follow the established protocol and formal action steps may include, but are not limited to, termination of the employer/member from the CDASS delivery option.

Employer/Member or Authorized Representative Signature:

Date: _____

If you would like to sign up for free Consumer Direct of Colorado (CDCO) training, call 844-381-4433.

If you have questions about how to properly record EVV or how to use your EVV Solution, please contact your FMS Vendor directly.

If you have questions about EVV requirements, contact the Department at evv@state.co.us or 720-273-6967 to reach Jillian Estes, EVV Policy Advisor.

Additional information can be found on the [Participant Directed Programs Page](#).

SUMMARY



Section 5: Attendant Support Management Plans and Budgeting

In CDASS, you are responsible for completing and managing your paperwork and budgeting. An ASMP is completed during enrollment and outlines your Attendant support based on Case Manager approved tasks and CDASS allocation. It is up to you to fill out the ASMP to match approved worksheets and to obtain Case Manager approval. ASMP updates are completed if your needs change and/or if retraining is required. To complete your ASMP, you must receive the approved worksheets from your Case Manager. If you do not receive them, please contact your Case Manager as soon as possible.

It is your responsibility to understand and maintain compliance with CDASS Protocols.

- **Overspending Protocol**
 - Monthly spending over 109.99% without: notifying your Case Manager, having reserve funds, and/or staying within fluctuations listed on your ASMP will result in an Overspending Episode.
 - Any time worked that exceeds 129.99% of your monthly allocation will be your responsibility to pay.
 - Upon the 5th episode, a Member/AR will be permanently terminated from CDASS.
 - Episodes expire every 3 years.
- **Electronic Visit Verification Compliance Protocol**
 - EVV records must have all 6 data points for visit to match a claim.
 - If 3 out of 6 data points matches, you have 50% Match Rate. An 80% Match Rate is required or the Member/AR will receive a strike.
 - Strikes expire each year on February 1st
 - Upon the 5th strike, a Member/AR will be terminated from CDASS for one year.

You can participate in additional online training courses to further your knowledge in these areas with Consumer Direct for Colorado or your FMS provider. If you do not have access to the internet, outreach your vendors for assistance.



 Consumer  Directed  Attendant  Support  Services

In the F/EA model, you are responsible for following employment laws. The following sections provide an overview of those responsibilities:

- Recruiting
- Interviewing
- Hiring
- Training
- Scheduling
- Supervision
- Performance Issues
- Termination
- Workers' Compensation
- Unemployment Insurance

You can participate in additional online training courses to further your knowledge in these areas. If you do not have access to the internet, your Consumer Direct for Colorado Training Coordinator can assist you.

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS) PROTOCOL

CDASS Two Attendant Requirement Protocol for FMS Vendors & Case Management Agencies Effective 1.1.2016

I. PURPOSE AND AUTHORITY

A. PURPOSE

The purpose of this protocol is to establish policy and procedures for Financial Management Service (FMS) vendors and Case Management Agencies (CMA) in meeting the requirement for a CDASS client to have two attendants employed with the client selected FMS vendor. Because CDASS clients are responsible for managing their homemaker, health maintenance and personal care services, it is imperative that clients have at least two employees. Two employees provides backup services in the event that the primary attendant is unavailable.

B. AUTHORITY

Consumer Directed Attendant Support Services, [10 CCR 2505-10 8.510](#).

II. DEFINITIONS

- A. Attendant means the individual who meets qualifications in § 8.510.8 who provides CDASS as determined by § 8.510.3 and is hired by the client or client authorized representative.
- B. Authorized Representative (AR) means an individual designated by the client or the legal guardian, if appropriate, who has the judgment and ability to direct CDASS on a client's behalf and meets the qualifications as defined at §8.510.6 and §8.510.7.
- C. Case Management Agency (CMA) means a Department approved agency within a designated service area where an applicant or client can obtain Long Term Services and Supports case management services.
- D. Case Manager means an individual who meets the qualifications to perform case management activities by contract with the Department.
- E. Consumer Directed Attendant Support Services (CDASS) means the delivery option for services that assist an individual in accomplishing activities of daily living when included as a waiver benefit that may include health maintenance, personal care, and homemaker activities.

- F. Department means the Colorado Department of Health Care Policy and Financing
- G. Financial Management Services (FMS) means an entity contracted with the Department and chosen by the client/AR to complete employment related functions for CDASS attendants and track and report on individual client allocations for CDASS.
- H. Training and Operations Vendor means the organization contracted by the Department to provide training to CDASS clients/authorized representatives, provide training to case managers on participant direction, and provide customer service related to participant direction.

III. POLICY OVERVIEW

The purpose of this protocol is to provide guidance to FMS vendors and case management agencies on how to monitor and report CDASS client employment contracts in the CDASS service delivery option. Attendant management is a key element of the CDASS service delivery model as it gives clients the choice and control to select and manage their CDASS attendants. Clients or their CDASS authorized representative are responsible for hiring, training, scheduling and managing attendants. Assuring back up coverage is an essential part of management of attendant services in any model. CDASS clients take responsibility for arranging their own backup care and therefore must always have a backup attendant available. Prior to the case manager and the FMS vendor determining a start date for CDASS, the client or authorized representative is required to establish the employment of two attendants through the client's selected FMS vendor. Maintaining employment of a minimum of two CDASS attendants is essential for the health and welfare of CDASS participants to ensure they are able to access attendant services timely and have their personal care, homemaker, and health maintenance service needs met. **While the client or authorized representative must have established employment with two CDASS attendants, it is the determination of the client or authorized representative whether to utilize one or more attendants to perform services during any pay period.**

This policy overview does not provide guidance for every situation, but rather provides standards for use by FMS vendors and case management agencies.

IV. PROTOCOL

- A. Each FMS vendor is responsible for running a monthly report to identify any clients who do not have an employment relationship with at least two CDASS attendants. When the

FMS vendor identifies a client who does not have two CDASS attendants, the client's FMS vendor shall:

1. Contact the client or client's authorized representative to inform them that the two attendant employment requirement is not being met.
 - a. This contact will be initiated by the client's FMS vendor within five business days of the identification of the client not meeting the requirement. The FMS vendor will mail or email (based on client communication preferences) the client or the client's authorized representative notification regarding noncompliance with the two attendant protocol. The notification will include the CDASS Two Attendant Requirement Protocol for FMS Vendors & Case Management Agencies and FMS employment applications for completion. Client will also be advised of the opportunity for voluntary training through the Department's contracted training and operations vendor regarding locating, interviewing and hiring new attendants. Upon request, the client's FMS vendor will provide the client or client authorized representative with a list of available attendants that are seeking employment.
 - b. The client's FMS vendor will notify the client's case manager regarding the two attendant protocol violation.
2. The client, or client authorized representative is required to submit a completed employee application to hire at least one additional attendant in order to be in compliance with the two attendant requirement.
 - a. The completed employee application must be submitted to the client's FMS vendor within 30 calendar days of FMS notification.
 - b. The client's FMS vendor has five business days to process the employee application and inform the client, or client authorized representative of the employment eligibility determination. The FMS vendor must identify all errors in the employment application within the first three business days and report any errors to the client or AR.
 - c. The client, or client authorized representative will be required to submit additional employment applications within 30 calendar days of notification of selected employee being ineligible for hire.

- d. The FMS vendor will notify the client's case manager upon receipt of the employment application and also upon determination of employment eligibility.
 - e. If a client submits incomplete applications and fails to correct them or continuously submits applications for ineligible employees resulting in no additional hires over a three month period, the client or AR will be required to attend mandatory retraining with the Department's contracted training and operations vendor.
3. If the client, or client authorized representative does not submit an employee application within the first 30 calendar days following FMS identification and notification of the client not meeting the two attendant requirement:
- a. The FMS vendor will notify the client's case manager within five business days of the requirement not being met.
 - b. Within five business days after notification from the client's FMS vendor, the case manager will refer the client or client authorized representative to the Department's contracted training and operations vendor for mandatory retraining. The case manager shall inform the client, or client authorized representative if applicable, that retraining must be completed within 45 days from the date the case manager contacts, and submits the retraining referral to the training and operations vendor. The case manager will send written notification to the client, or client authorized representative informing them of the mandatory training and the time frame for training to be completed.
 - c. The client, or client authorized representative will no longer be required to complete training if an eligible employee is hired before the established 45-day timeframe.
 - d. If the client or AR notifies the FMS with good cause for not complying and has made reasonable efforts to secure a second attendant the FMS will contact the Department to request an extension. The maximum extension is an additional 20 days.
4. If the client, or client authorized representative does not complete the required training through the training and operations vendor by the established 45-day timeframe and does not have two attendants approved for employment through the FMS vendor:

- a. The training and operations vendor will notify the client's case manager within five business days of the timeframe for retraining not being met.
 - b. The case manager will notify the client within five business days of notification from the training and operations vendor that the client is required to designate an authorized representative; or a new authorized representative will need to be designated if one is being utilized. The case manager will provide the client with written notification of the requirement and timeframe to designate an authorized representative or a new authorized representative. The authorized representative shall be identified and scheduled for training with the Department's contracted training and operations vendor within 15 calendar days. The authorized representative's training and paperwork with the CDASS training and operations vendor and the client selected FMS vendor shall be completed within 60 calendar days.
 - c. The client authorized representative will be required to submit a complete employment application within 30 calendar days of completing the required CDASS training and paperwork.
 - d. The client's FMS vendor has five business days to process the employee application and inform the client, or client authorized representative of the employment eligibility determination. The FMS vendor must identify all errors in the employment application within the first three business days. The authorized representative will be required to submit at least one additional employment applications within 30 calendar days of notification of the selected employee being ineligible for hire.
5. If the client does not designate an authorized representative or a new authorized representative, or the client authorized representative does not complete all required CDASS training and paperwork within 60 calendar days, the case manager shall:
- a. Inform the client and AR that the client will be terminated from the CDASS service delivery option in accordance with §8.510.12 and 8.510.9.C within 30 calendar days.
 - b. The case manager will work collaboratively with the client to secure IHSS or agency based waiver services.
 - c. The case manager shall provide the client with a Notice of Action, in accordance with §8.510.12.A.1 and §8.510.12.A.2. This notice provides the client with their appeal rights.

- d. The case manager shall notify the client FMS organization of the date on which the client is being terminated from CDASS.
- 6. If the client's authorized representative does not submit an employee application within 30 calendar days following training or does not have two attendants approved for employment through the FMS vendor within 60 calendar days following training, the case manager shall:
 - a. Inform the client and AR that the client will be terminated from the CDASS service delivery option in accordance with §8.510.12 and 8.510.9.C within 30 calendar days.
 - b. The case manager will work collaboratively with the client to secure IHSS or agency based waiver services.
 - c. The case manager shall provide the client with a Notice of Action, in accordance with §8.510.12.A.1 and §8.510.12.A.2. This notice provides the client with their appeal rights.
 - d. The case manager shall notify the client FMS organization of the date on which the client is being terminated from CDASS.

Colorado Law and the Fair Labor Standards Act (FLSA)

The U.S. Federal government amended the Fair Labor Standards Act (FLSA) to allow Attendants to be eligible for minimum wage and overtime requirements. Colorado Law requires compensation for Attendants who exceed twelve (12) hours in a single day, and FLSA requires compensation for working over forty (40) hours in a single week.

If an AR is the Employer of Record for two or more Members, and those Members share Attendants, the AR needs to monitor the Attendants' schedules carefully to avoid unnecessary overtime and travel time expenses. In CDASS, there is no method to reimburse for overtime costs incurred between two Members. This could lead to problems with the labor board if not monitored closely.

Example 1: An individual is the AR for two Members, David and Sandy. David and Sandy live in different towns but share an Attendant between them. The AR schedules the Attendant to work for David twenty (20) hours a week and for Sandy thirty (30) hours a week. Because the AR is the employer of record for both Members, the Attendant will need to be paid ten (10) hours of overtime for that week, because, in fact, the Attendant worked fifty (50) hours a week for the same employer of record (the AR). Paying overtime negatively affects the allocation of both Members.

It is the AR's responsibility to ensure that Attendants are scheduled to avoid overtime when an Attendant works for multiple Members.

In the following example, there is no overtime requirement:

Example 2: Betty and Susy are best friends who are both on CDASS and live in the same neighborhood. Both women are their own employers of record. Betty and Susy share the same Attendant, Carol, during the week. Carol is working twenty-five (25) hours for Betty and twenty-five (25) hours for Susy. Carol completes Betty's care in the morning and then drives to Susy's for the afternoon shift. Because both women (Betty and Susy) are their own employers of record, there are no overtime or travel time requirements for either woman to pay to Carol under the FE/A model. This is just like Carol working at Target for twenty-five (25) hours in a week and also working for Walmart twenty-five (25) hours in a week.

Equal Pay for Equal Work Act Information

The Equal Pay for Equal Work Act was created to ensure that employees with similar job duties are paid the same wage rate, regardless of gender. Pay may vary based on seniority, merit, education, training, or other specific factors but cannot vary based solely on gender. The law requires employers to disclose compensation information in job postings, to notify employees about advancement opportunities, and to keep track of job descriptions and wage rates.

Recruiting Attendants

Prior to recruiting an Attendant, you must consider what tasks need to be performed. Once the tasks are determined, you need to consider what knowledge or skills a person needs to complete the tasks. Finding the right Attendant takes time. The amount of time depends on your needs and preferences on your care.

Use all the resources available to you and consider whether you want to hire friends or family members. Using people you know can make the process easier but it can also be tough on your relationship with that person. You can also check the CDASS Attendant Directory. This is an online database managed by Consumer Direct that lists Attendants looking for work.

Recruiting is the most important step in the hiring process. Below are the steps in the order they will occur during your recruiting process. Use this as a checklist or outline; it is completely up to you.

- ☐ Create a job description.
- ☐ Create a job advertisement.
- ☐ Post a job advertisement.
- ☐ Check the CDASS Attendant Directory.
- ☐ Screen potential Attendants.
- ☐ Interview Attendants.
- ☐ Check references.
- ☐ Select employees.

TIPS



Remember, recruiting is an ongoing activity. As long as you are directing your Attendant services, you will need to recruit Attendants, both permanent and back up.

Create a job description that really works for you

A well-written job description will help you when screening and interviewing potential Attendants. Be sure to explain the job you are offering in detail and make sure your potential Attendants are comfortable with every aspect. List the skills and experience you want your Attendants to have. You can list qualities you prefer such as good physical condition or the ability to cook tasty food. It is essential to include specific requirements that will allow you to find the ideal Attendant. When identifying these requirements, you must be sure your job listing does not discriminate against possible applicants. See the section titled **Avoiding Discrimination** for details.

A good job description can:

- Help you to identify your needs.
- Be used as the basis for your job listing.
- Provide applicants with a list of daily physical needs.
- Help you and applicants ask careful questions during the interview.
- Provide a checklist of duties and responsibilities for your Attendants.
- Be used as an Attendant evaluation tool.
- Help solve disagreements between you and Attendants regarding their duties.

Creating a Productive Job Listing

The job description you develop becomes the foundation for your job listing. Begin by deciding how many people you would like to respond to your advertisement. The rule of thumb is less information brings more responses; more information brings fewer responses. You might think that it is better to have many people respond to your job listing. Remember, the more responses you get, the more people you have to screen and this will make your hiring process more involved. Concentrate on the ideal person you would like to respond to your listing. Identifying preferences that are important to you is a key component in writing your job description, i.e., non-smoker, timeliness, etc.

The primary purpose of a job listing is to identify people who are both qualified and interested in doing what you need done. A well-written listing can help screen out people who do not fit your needs and save you time up front.

The following are examples of a job posting:

PERSONAL CARE WORKER

Nonsmoker needed to work for adult with disabilities, assist with personal care and housekeeping. Schedule is negotiable. Pay will be \$13 per hour. If interested, call (719) 555-5555 or send email to: myemail@writeme.com

In the next example advertisement, a variety of people are likely to respond; however, people who do not want to work with women are not likely to respond. Each additional detail in your advertisement helps narrow the pool of candidates so you can find your ideal attendant.

PERSONAL CARE WORKER

Nonsmoker needed to work for adult female with disabilities, assist with personal care and housekeeping. Schedule is negotiable. Pay will be \$13 per hour. If interested, call (719) 555-5555 or send email to: myemail@writeme.com

Likewise, people who do not have experience working with severe disabilities or feel uncomfortable may not respond to the third example, below.

PERSONAL CARE WORKER

Nonsmoker needed to work for adult with disabilities, assist with personal care and housekeeping. Hours are midnight to 8am. Schedule is not negotiable. Pay will be \$13 per hour. If interested, call (719) 555-5555 or send email to: myemail@write.me.com

Regardless of your approach, you have the final decision as to what to put in your job listings. You might want to try posting several listings with different information in each one and see what works best for you. Think about your privacy, safety, and security as you create your job listing. For your safety, never include your name or home address in the posting. Be sure to include a way to contact you by phone, voice mail, or email. Whichever way you choose to be contacted, protect your privacy as much as possible.

TIPS



However, you decide to handle recruiting, respond quickly to people who have contacted you about the job. Good candidates could be hired by another employer if you do not respond to them in a timely manner.

Where to Post Your Job Ads

Colleges, Universities and Hospitals can be good places to post a listing. Students often look for part time and full-time work to gain experience, college credits and a source of income. Contact your local college or University Career Centers for more information on how to post a job listing.

Friends, family, neighbors, other employees, and area businesses can be good “word-of mouth” resources. Let personal contacts know you are looking for an Attendant but make it clear you will do the screening and hiring. Agencies that help people find jobs, such as Colorado Workforce Centers, can be good business resources. Other resources might include job service centers and vocational rehabilitation offices. Some of these businesses will have a place where you can post a job listing; be sure to ask if this is an option. You may also want to talk to other CDASS Members for suggestions of individuals who might be interested in picking up some additional hours. Other CDASS Members may also know of people who might suit your needs. There are also job boards facilitated by FMS providers that may be a good source for finding Attendants.

TIPS



Consumer Direct hosts the CDASS Attendant Directory, which is a great tool for finding Attendants. You can access the directory by going to consumerdirectco.com. Contact Consumer Direct for assistance.

Local publications can be a free or a low-cost resource. Local newspapers are usually less expensive than citywide newspapers and your listing will reach people in your specific area. If there is a cost, you may be charged by the word or line; therefore, make your listing concise with key words to describe your needs. Call a publication that you think might be helpful and ask for the classified department. Be sure to place your ad in the “Help Wanted” section. Current Members have found that local newspapers are good places to find Attendants in large urban areas.

Bulletin boards in high traffic areas, such as supermarkets, are good places to post job listings. This seems to be especially true in small towns where resources are limited. Other high traffic areas may include drug stores, coffee shops, places of worship, and community centers. Many community groups have newsletters in which you can post listings. Contact your local community center for more information.

Internet recruiting is another option. Some suggestions are care.com, local nursing school programs, the CDASS Attendant registry on Consumer Direct's website, or you can contact Consumer Direct for additional suggestions.

Attendants may not be with you forever, so stay on top of your recruiting skills and practices. You may have to be ready to recruit on very short notice. After posting a listing, be ready to respond to people who contact you. Have the job description close at hand. You might want a copy at your computer or placed by your phone.

TIPS



Always use caution and remain in control of the situation. You may want to consider having a friend or relative with you during the interview.

Screening Potential Attendants

Screening potential Attendants will assist you in finding the right people to meet your needs. It will also save you time and make the recruiting process a little easier for you. Not all applicants will meet your needs and these individuals will need to be taken off your list. You will need to call applicants on the telephone and ask them a few questions and get a feel for their personality.



Helpful Guidelines for Telephone Screening

Act quickly:

- Call people back as soon as possible. Remember, good people find jobs quickly.

Be Pleasant:

- Be friendly and pleasant on the phone.
- Provide some basic information about the job:
- Describe your basic needs for the people you screen.
- Let the applicant know the number of hours they would need to work, the schedule, and the hourly rate range they could earn.

Be Organized:

- Take notes and document all phone contact with the name and phone numbers of the applicant you spoke with.

Ask a Few Questions of the applicant:

- Why are you interested in this kind of work?
- What experience or training do you have?
- Do you smoke?
- If lifting and transferring are essential functions of this job, will you be able to perform these tasks?
- Occasionally, I might need you to work more hours than your normal schedule. Can you do that?

Other questions you may want to consider asking:

- Are you at least 16 years of age?
- What hours are you available?
- What days can you work?
- I have pets. Will you be comfortable performing services in my home?
- Are there any reasons you would not be able to travel to my neighborhood?
- Do you have a valid driver's license? (If driving is a part of the work)
- Do you have experience providing household services?
- Do you mind assisting in bathing, toileting, and dressing?
- There might be some heavy lifting involved in this job. Is this a task you will be able to perform?

If at the end of your phone screening you think you want to interview this person face to face, you can make those arrangements while you still have the person on

the phone. If you are not sure, then politely end the conversation by saying “Thank you for your time. I will be making my final selections by (date) and will notify my top choices on that day to set up an in-person interview. Thank you again. Good-bye.”

Warning Signs

- Applicant asks inappropriate questions during screening process i.e., address, medications, medical history, benefits.
- Unexplained gaps in employment.
- Reluctance to provide professional references.
- Inconsistencies in prior job responsibilities and employer information.

What if you don't want to interview someone?

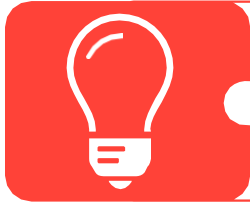
You are not obligated to interview anyone. Let each person know you are taking names and phone numbers and will call them back if you decide to interview them. You may find that you would like to interview someone later even though your initial reaction was not to. Taking everyone's name and address will insure you can get back in touch with people if you change your mind.

Interviewing Techniques

Have every person you are seriously considering give you a resume. People may seem great in a conversation, letter or e-mail, but you need more specific information about them before setting up an interview. A resume gives written record of the person's experience, qualifications, and references. What you discover on their resume may give you a different perspective about the applicant. You may also want to keep a list of former Attendants and people you liked but did not hire. They might make good back-up Attendants and might someday become your regular Attendants.

Once you have finished pre-screening and reviewed the resume, if you like the applicant, set up an interview. Take time to plan your interview. Interviews should be face-to-face meetings. Remember, the interview is when you and the applicant see if the situation will work for both of you. Do not hire anyone without interviewing them first. Most importantly, hold the interview when you are well rested and where you are least likely to be interrupted.

TIPS



If an applicant asks you for your home address during an interview, **do not give it to them**. Once the applicant is hired, you can disclose the exact address of the workplace.

Guidelines for Interviewing Face to Face

Be Safe

- Hold the interview in a location that is safe for you. Your local church, apartment building, coffee shop, or community library may have rooms available for you to conduct interviews if you do not want to use your home.
- You can invite a friend or family member to sit in. In addition to safety concerns, having a second person is a good idea because that person may notice things during the interview that you do not.

Setting the Tone of the Interview

- First impressions are important. Convey a sense that you are a capable individual able to direct your own care.
- If you have a friend present, make sure it is clear that you are the interviewer.
- Think about the location of the interview. If you choose to have the interview in your home, think about the location of the interview. The living room is a better choice than the bedroom, which can convey an image of dependence.
- Wear clothes that convey confidence. Do not wear sleepwear.
- Sit facing the applicant so that you can observe eye contact and body language.
- Eliminate distractions. Turn the TV and radio off. Make sure pets and children will not interrupt.

What if You are Nervous?

- Recognize that it is natural to feel nervous when interviewing.
- The prospective Attendant is probably nervous too.
- Breathing deeply is the quickest way to relieve anxiety.
- Being prepared for the interview will also lower your anxiety level.
- Having a friend or family member with you may help calm your nerves.

Be Prepared Before the Interview, Make Sure You Have:

- A job description.

- A checklist (if you are using one) of duties for the shift(s) you are hiring.
- Information about your disability.
- Information about special equipment you use.
- A list of the interview questions you will ask (see list of suggested questions we have included in this guide).

Planning the Interview Questions

- Decide ahead of time what questions you will ask and write them down.
- Frame your interview questions to give you the information you need. At the very least you want someone who is trustworthy, reliable, and responsible. Ask questions that will give you that information.
- By using the same list of questions for each applicant you will be able to compare their responses more easily.

When the Applicant Arrives:

- Take a good look at them. Do they look neat, clean, and presentable?
- Do they seem comfortable around you?
- Do you feel comfortable around them? Find out as much as you can about them.
- Make the applicant feel comfortable. You can ask, "Did you have any trouble finding the location?"
- Explain your disability to the applicant, but only to the point where you are still comfortable. You do not have to tell the applicant everything about you.

During the Interview:

- Describe the job requirements in detail.
- Ask work-related questions that need more than a "Yes" or "No" answer.
- Tell the person what you expect in an employee.
- Tell the person about the work schedule.
- Be frank and clear about duties that might make a person uncomfortable.
- Notice not only what the person says, but also how they say it.
- Let the person ask lots of questions and then reply with honest answers.
- Give the person general information about wages, benefits, and the workings of CDASS.
- Take notes. These will be a useful reference when you are reviewing the candidates you've interviewed.

Following are Some Other Useful Interview Questions You Can Use:

- What did you like most about your last job?

- What did you like least about your last job?
- Why did you leave your last job?
- Why are you interested in this job and what makes you a good candidate?
- Tell me about a past job where you had to make a tough decision. What were the circumstances? How did it turn out?
- Tell me about a past job where you made a big mistake. What was the situation and how did it turn out?

Avoiding Discrimination Questions

You can have strong feelings about the characteristics such as age, gender, or race; however, federal labor law prohibits you from discriminating. Be sure your job descriptions and other hiring materials reflect this nondiscrimination policy.

It Can Be Discriminatory to Ask:

- About children: number of, names, ages, childcare arrangements or marital status.
- General questions about disabilities or physical limitations. It is better to ask if they are able to perform the specific tasks you need.
- About being single, married, divorced, separated, widowed.
- Questions concerning pregnancy, birth control, children, or future childbearing plans.
- Direct or indirect questions which would indicate an applicant's ancestry, national origin, race, or color.
- Any questions that, if answered, would reveal religious affiliation, denomination, customs, holidays observed, or name of minister.
- Questions about age, except to ask if the person is of legal age to work as a CDASS Attendant (16).

Narrowing Your Candidates

As you near the end of the interview, ask the person if they are interested in the job. If the person seems like someone you would likely hire, ask for their references. Do not make your decision immediately but tell the person you will call them after you have checked their references. Generally, you will want to interview more than one person before making your decision.

Checking References

Checking references can give you important information. Some examples of information you might get from checking references are: whether the person is difficult to work with, work ethic, character, and reliability.

Here are some questions you should ask references:

- How long have you known the applicant?
- What are their strengths and limitations?
- How do they handle stress?
- Do you think they are honest?
- Do you think they are reliable?
- How well do they get along with others?

Who are good references? They are usually people who know your applicant as an employee. They know the person's work performance and habits. If your applicant has no prior caregiving experience, then other sources of reference are previous employers, teachers, and former co-workers. Try to avoid family members or friends as references. They will not know about the applicant's work habits and they are likely to tell you only the good things. When talking to a reference, explain the work the person will be doing. Remember to trust your initial instincts. Refer back to the notes you made to yourself during the interviews so you will not forget the impression each person made on you.

You may not get many answers from references. Some people do not want to say anything bad about another person or are unable to respond based on company policy. If a reference does not give you much information, be thankful for what you do get and move on. You cannot know why a reference gives you little information or if the lack of information means something bad. Remember, reference checks are just a way to get information you can use to decide about hiring someone.

If the reference is a former employer, ask the following questions:

- Were they dependable?
- Were they able to work independently?
- How often were they absent without notice?
- What was it like to supervise them?
- Can they handle doing a wide range of tasks?
- Why did they leave the job?
- Would you rehire them? If not, why?

Acting as a Reference

As an employer, other employers may contact you regarding your current or past employees' work history. They may ask questions similar to those listed above. Contact your FMS provider to discuss policies about what information you can disclose. You can also review [Title 8](#), Labor I, Article 2, Part 1 [C.R.S. 8-2-114](#) for additional information.

Selecting your Attendant

Now that you have narrowed the larger group of possible Attendants, you get to select the best possible people to work with you. Lay all your papers out in front of you so you can see all your questions and answers. In making your choice, think about these questions:

- What important skills and experience does each person have?
- What is your feeling or intuition about each person, based on the interview and reference checks?
- What useful information did you get from each person's references?
- Can you see yourself working with this person in your home?

Some qualities are hard to assess in people. Think about how comfortable you would feel giving directions or critique to each candidate. This is very important if you are going to hire a friend or relative. How will you feel spending a lot of time with the person? The lifestyle of an employee may bother you, but will it have anything to do with the quality of their work? Remember that safety, reliability, and quality work are the most important features for an employee to have.

CDASS has only a few requirements for Attendants.

- Must be at least 16 years of age.
- Must complete an Office of Inspector General (OIG), State of Colorado criminal background check, and Board of Nursing (BON) check on all Attendants.
- The Attendant must pass both the OIG and BON to be employable.
- You must follow all state and federal laws and regulations regarding hiring Attendant.

Making the Job Offer

Once you have completed the recruiting and interviewing process and have determined the appropriate candidate for the job there are a few additional things

that you might want to consider:

When you decide to hire an Attendant, you can:

- Hire them on a trial basis for a mutually agreed period of time.
- Hire them as a back-up Attendant.
- Hire them as a permanent Attendant.

When you decide to make a job offer to an Attendant, be sure you address the following:

- Essential elements in the job description.
- Terms of employment.
- Your guidelines for Attendants.
- The role of Consumer Direct and your selected FMS provider.
- Pay and benefits.
- Starting date and time along with the work schedule.
- Phone numbers for the Attendant and yourself in case of a change in plans or an emergency.

There is no standard process for setting rates of pay for your Attendants. However, there are some items to consider when deciding a rate of pay.

- What is your total budget?
- How many hours of support do you need?
- What is this Attendant's level of experience?
- What type of tasks will this Attendant perform?
- What is the living wage or average wage in the area where you live?

Also:

- Wages must be between Colorado State Minimum wage and the Medicaid Maximum wage.
- Consider budgeting for periodic raises to motivate Attendants.

Hiring

You and your new Attendant must work together to complete all your FMS provider's Attendant enrollment paperwork. It is you and your Attendant's responsibility to ensure the paperwork is completed accurately and timely. **Your Attendant is not allowed to start working until the FMS provider has provided notice that the Attendant is cleared to work. The most common delay in an Attendant starting to work is incomplete paperwork.**

HIRING



As a part of the hiring process, each Attendant you select must complete employment paperwork provided by the FMS provider. Your FMS provider is available to assist you in understanding the paperwork and the process required to complete the paperwork.

Background Checks

Each FMS provider has required employment paperwork that must be completed. The following forms are required for every Attendant. The FMS provider may have other required forms and will provide you with instructions on how to complete each form and how to submit the employment paperwork.

- Criminal Background and Board of Nursing Checks.
- Office of Inspector General (OIG) Check.
- I-9 Form.
- W-4 Form.



The Board of Nursing check is also run automatically. This does not affect most Attendants. The Board of Nursing check tells us if the Attendant's license or certification has been suspended or revoked as a health professional by the Colorado Board of Nursing. If the check reveals that their license or certification has been suspended or revoked, denied, or if they represent themselves as a licensed medical professional when employed, by state law they will not be able to work under CDASS.

NOTE



Per CDASS Rules and Regulations, a Nursing or CNA license is not required to provide CDASS services. However, if an individual has had a Nursing or CNA license suspended, revoked, or denied they are not eligible to provide services under CDASS.

Colorado Adult Protective Services (CAPS) Check

Members/ARs hiring a care provider through CDASS may also choose to run a check of the Colorado Adult Protective Services data system (CAPS) at their own expense. CDASS funds cannot be used for CAPS check fees, and Members/ARs are not required to run a CAPS check on applicants.

This check provides information about whether an applicant has substantiated allegations of physical abuse, sexual abuse, caretaker neglect, or exploitation of an at-risk adult. If you would like to access a CAPS check or would like more information, you can visit this website- Colorado.gov/ccu

Do you want to be more involved in shaping CDASS policy?

The **Participant-Directed Programs Policy Collaborative (PDPPC)** is a monthly joint meeting for stakeholders and the Colorado Department of Health Care Policy & Financing (HCPF) meeting.

The PDPPC is a place where stakeholders and HCPF work together, with transparency on issues relating to the Participant-Directed Programs administered by HCPF.

For more information and to join, contact:

John.R.Barry@state.co.us

or (303) 866-3173





COLORADO

Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

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. 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





COLORADO

Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

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



Office of Inspector General Check

The FMS providers must run an Office of Inspector General (OIG) check on all potential Attendants. This is required by law and an update is run every month. All Attendants, even those already hired, are compared to the list.

OIG's List of Excluded Individuals/Entities (LEIE) provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid, and all other Federal health care programs. Individuals and entities who have been reinstated are removed from the LEIE. The OIG imposes exclusions under the authority of sections 1128 and 1156 of the Social Security Act.

A list of all exclusions and their statutory authority can be found on the Exclusion Authorities page. Reinstatement of excluded entities and individuals is not automatic once the period of exclusion ends. Those wishing to again participate in the Medicare, Medicaid and all Federal health care programs must apply for reinstatement and receive authorized notice from OIG that reinstatement has been granted. Please use the contact information listed below as neither Consumer Direct, your FMS provider, nor HCPF has control over this data and is simply enforcing the law.

Office of Inspector General Contact Information:

HHS, OIG, OI
Exclusions Staff
7175 Security Boulevard, Suite 210
Baltimore, MD 21244
Phone: (410) 281-3060
Fax: (410) 265-6780
Email: sanction@oig.hhs.gov

I-9 Form

The purpose of this form is to document and verify that each new Attendant (both citizen and non-citizen) that you intend to hire is authorized to work in the United States. This form is required to complete the application with the FMS provider. It is your responsibility to certify that you have:

1. Examined the documents presented by the Attendant.
2. Ensured the documents appear to be genuine and relate to the Attendant.
3. Validated to the best of your knowledge the Attendant is authorized to work in the United States.

You will receive additional instructions and assistance with completing the I-9 form from your FMS provider.

W-4 Form

An Attendant must complete a W-4 form so the FMS provider can appropriately withhold Federal and State income taxes.

You will receive additional instructions and assistance with completing the W-4 form from your FMS provider.

Training

If you choose an Attendant who already knows you, your needs, and preferences, they may require less training on your specific needs. However, if you hire an Attendant who doesn't know you, training is essential in making sure you receive the necessary supports. You are in control of training Attendants on your needs, likes and dislikes. In addition to general training, you should tailor your training to match the Attendants job description. If your Attendants are going to be a backup for each other, you will need to train each on all of your needs.

The FMS provider will have specific training materials and resources they will require be reviewed by both you and the Attendant. Some standard training topics that you should cover include the following:

Orientation to your house – Everyone has certain “house rules,” such as wiping their feet before entering or if everyone enters through the backdoor. You should explain those rules to the Attendant to avoid any issues or misunderstanding.

Equipment – If they are required to use certain equipment, such as a lift, you must properly train them on how to use the equipment to ensure both your and their safety. Attendants under the age of 18 are not permitted to operate mechanical lifts.

Bloodborne Pathogens and Needle Sticks – Needle stick injuries and other sharps-related injuries which expose workers to blood borne pathogens continues to be an important public health concern. Attendants in many different occupations are at risk of exposure to blood borne pathogens, including Hepatitis B, Hepatitis C, and HIV/AIDS. First aid team members, housekeeping personnel in some settings, nurses and other healthcare providers are examples of workers who may be at risk of exposure. Some ways to help reduce exposure are:

- Attendants agree to promptly dispose of used needles in appropriate sharps disposal containers.
- Attendants agree to avoid recapping needles.
- Attendants agree to get hepatitis B vaccinations.
- Attendants agree to report any hazards to you.
- You agree to provide a sharps container for proper disposal of needles.
- You agree to provide a blood spill cleanup kit.

Refer to the Blood Borne Pathogen Fact Sheet at the end of this section for additional information. If you need help finding medical supplies such as a sharps container, contact your Case Manager for assistance.

TIPS



If an exposure occurs, you should report it to your FMS provider immediately.

HIPAA - HIPAA is the Health Insurance Portability and Accountability Act of 1996. This law protects the privacy of a person's medical information and makes sure that it is treated confidentially. The information includes the reason the person is sick, the treatments and medications they receive, Social Security Number, and any other personal information. Do not pass this information on unless it involves information professional staff need to know to do their jobs.

Tips for training your Attendants to safeguard your information:

- Watch what you say, where you say it and to whom.
- Close doors when talking about private information.
- Do not talk about health information in front of others.
- If someone asks you a question involving personal information, make sure that person has a “need to know” before answering.
- Do not leave medical records lying around or in an area where others can see them.
- Do not leave private information on an answering machine.

Refer to the HIPAA fact sheet in **Appendix C** for additional information.

NOTE



If you believe protected health information has been shared without authorization, you should report it to your FMS provider.

Lifting and Moving - Numerous workers suffer back injuries each year, and back injuries account for many workplace injuries. Back injuries cause a great deal of pain and suffering to employees. Most of these injuries occur while the employee is lifting improperly. Your FMS Provider will have materials available on proper lifting and moving techniques.

HEALTH



Properly trained Attendants reduce the risk of injury to both of you. If an Attendant is injured, they may file a workers' compensation claim and/or may not be able to work for you for an extended period of time.

Fraud

It is everyone's responsibility to guard against fraud. The following activities are examples of behaviors that would be considered fraudulent:

- Approving time that an Attendant didn't work.
- Allowing Attendants to approve time each pay period.
- Billing for services while someone is in the hospital or nursing home.
- Billing for services not approved by the Case Manager.

False Claims Laws

One of the primary purposes of false claims laws is to combat fraud and abuse in government health care programs. False claims laws do this by making it possible for the government file civil actions against individuals to recover damages and penalties when individuals submit false claims. The Federal False Claims Act, the Program Fraud Civil Remedies Act of 1986, and Colorado law all address fraud and abuse in the Colorado Medicaid program.

Federal False Claims Act

Under the Federal False Claims Act (FCA), any person or entity that knowingly submits false or fraudulent claims, causes such claims to be submitted, makes a false record or statement in order to obtain payment from a federally funded program for such a claim, or conspires to get such claim allowed or paid is liable for significant penalties and fines. The civil fines include a penalty of up to three times the cost of the claim, plus penalties ranging from \$5,500 to \$11,000 per false claim, and the costs of the civil action against the person or entity that submitted the false claims.

The FCA also allows a private person with knowledge of a false claim to bring a civil action on behalf of the United States Government. The person who initiates the lawsuit is generally referred to as the "whistleblower". If the suit is ultimately successful, the whistleblower that initially brought the lawsuit may be awarded a percentage of the funds recovered. The FCA also contains a provision that protects a whistleblower from retaliation by his or her employer. If an employee is discharged, demoted, suspended, threatened, harassed, or discriminated against in terms and conditions of employment because of bringing false claims action, that employee may bring an action in federal court seeking reinstatement, two times the amount of back pay plus interest, and other costs, damages, and fees.

Federal Program Fraud Civil Remedies Act of 1986

The Federal Program Fraud Civil Remedies Act of 1986 (PFCRA) provides for administration remedies against any person who presents or causes to be presented a claim or written statement that the person knows or has reason to know is false, fictitious, or fraudulent due to an assertion or omission to certain federal agencies (including the Department of Health and Human Services). A violation of the PFCRA may result in a maximum civil penalty of \$5,000 per claim plus an assessment of up to twice the amount of each false or fraudulent claim.

Colorado Law

Colorado has adopted a Medicaid anti-fraud statute that is intended to prevent the submission of false and fraudulent claims to the Colorado Medicaid program. The statute makes it unlawful for any person to make a false representation of material fact, present a false claim for payment or approval, or present a false cost document in connection with a claim for payment or reimbursement from the Colorado Medicaid program. Violations of this law will result in significant monetary civil penalties.

Reporting Fraud

Suspected fraud should be reported to your FMS provider. You can also report to Consumer Direct or to the Department of Health Care Policy and Financing:

- Call toll free: 855-375-2500
- Send an email to ReportProviderFraud@hcpf.state.co.us
- Send a fax to 303-866-4411, or
- Mail information to:
Department of Health Care Policy and Financing
Attn: Program Integrity Section
1570 Grant Street
Denver, Colorado 80213

Workers' Compensation

In the F/EA model, your FMS provider is responsible for ensuring your Attendants have workers' compensation coverage. This coverage provides Attendants with insurance coverage and compensates them for loss of wages if they are injured while working with you. It is your responsibility to ensure they are trained to

perform any tasks in a safe manner. You and your Attendants are responsible for reporting any workplace injury within 24 hours. The report should be made to the FMS provider. Each FMS provider will share information regarding their workers' compensation program, how to report an injury and resources to assist in the processing of any claims.

Additionally, see the state of Colorado Workers' Compensation posters in AppendixC or visit the Colorado Department of Labor and Employment website for additional information at <https://www.colorado.gov/cdle/dwc>.

Supervision

As a supervisor you should maintain an employee file for all of your Attendants. Making one file folder for each Attendant you have will assist you with organization. Keep a copy of their initial Employee Packet. This file can hold copies of timecards, Attendant reviews that both of you have signed or anything else pertaining to that specific person.

Think about the HIPAA guidelines and plan where you are going to store your files. Keep them put away but in a place that you can access them if questions arise. Remember you have important information, such as date of birth, social security number and bank account information. You can make notes to yourself or track an Attendant's time and then keep it in the file for when you fill out timecards. It is completely up to you so make it organized but easy for yourself.

The FMS provider is also required to maintain a copy of the Attendants employment paperwork. Because they are responsible for paying Attendants, it is important they are kept up to date on address or phone number changes.

The FMS provider will also issue W-2s to your Attendants on your behalf. To ensure the W-2 reaches the Attendant in a timely fashion, it is their responsibility to ensure the FMS provider has their current address. The FMS provider may have a process for address, phone, and email changes for both you and your Attendants. This information will be available from the FMS provider.

Attendant Performance

Many times it is difficult to evaluate a person you are working with, especially when you have to place such trust in an Attendant and work with them so closely.

One way to avoid making this an unpleasant situation for you is to plan for regular evaluations. Think about what situations you would like to praise an employee for and what areas you would like to see improvement in. This can be any item you would like so it is specific to your exact care needs.

After you think about the areas you would like to cover with your Attendants, come up with some questions that pinpoint the areas you want to document. Below is a list of possible questions. These are merely suggestions and you can develop any format you want. You could just write them up and have your employees sign and date it along with you indicating everyone agrees.

Another important part of being an employer is providing feedback to your Attendant. Attendant evaluations allow for you and your attendant to discuss the current employment arrangement. This discussion should be open and honest, and you should document the discussion and keep record in the employee file. During this discussion, you should let the Attendant know what they are doing well and what areas need improvement. You should work with the Attendant to make improvements and create a positive work environment. You should also allow the Attendant to express concerns and let you know what is going well and what areas may need improvement. It is suggested that you conduct an evaluation on a monthly basis, or at least a minimum of two times per year.

As with any employment arrangement, you should be evaluating and coaching your Attendants. This process includes tracking absences, late arrivals, and no call/no shows. You should track these items in the Attendants employee file with dates and details of the occurrences.

It is suggested that you give Attendants a verbal warning and written warnings before terminating an Attendant. You are the managing employer and the employer of record and should have a process for addressing performance issues. If you have questions or need assistance, your FMS provider will be able to help you through the process. It is very important to document all interactions with Attendants and keep them in their employee file or submit them to your FMS provider for storage. Attendants should always be given the chance to improve less than desirable behaviors.

You need to use the same form for **all** Attendants. This makes it easier to compare the performance of different people on the same scale. Again, it will assist you in making sure your care needs are being met in the best manner possible.

- Are there any tasks which you perform that could be done in a different way?
- What do you enjoy about your position? How can we make it better?
- Is there a task that you would rather not do and how do we change that?
- Are the hours working for you and if not, can we alter them?
- I value your help and it makes my day possible. How would you like to receive my appreciation?

Attendant Dismissal

Unfortunately, at some point, you may have to dismiss an Attendant. It is a good idea to follow some guidelines during their employment, which will make it easier when you need to let them go. Make sure to:

- Document verbal warnings about issues you have with the employee in that employee's file.
- Keep a record of written warnings that have been discussed, and signed, by both you and the Attendant.
- Develop and file a corrective action plan with your employee. The action plan should be detailed with specific timelines and requested changes in their performance.

As soon as you dismiss an employee, you need to inform your FMS provider according to their process and submit the Attendant's final timesheet. There are Federal and state labor laws that require the final check to be processed within this timeframe.

NOTE



Remember: If it is not documented, it did not happen!

Unemployment Insurance

Employers have an unemployment account and file unemployment taxes based on wages paid to their employees.

Unemployment benefits may be available to workers who have lost their job through no fault of their own. An Attendant can file for an unemployment claim by going to: <https://www.colorado.gov/pacific/cdle/start-a-claim>

For additional information regarding Unemployment Insurance, please contact your FMS provider. In the F/EA model, you are the Employer of Record. Your FMS provider establishes an unemployment account and contributes unemployment taxes on your behalf. In the F/EA model unemployment claims will impact your unemployment experience rating by the state.

Unemployment claims impact the unemployment rate that is charged to your allocation by your FMS provider as part of the employer related tax rate or “Cost to you”.

See the state of Colorado unemployment poster in **Appendix C** or visit the Colorado Department of Labor and Employment website for additional information. <https://www.colorado.gov/pacific/cdle/unemployment>

Sick Time

Attendants earn 1 hour of sick time for every 30 hours worked. Attendants can earn up to a maximum of 48 hours in a year. Sick time rolls over year to year but cannot exceed the 48-hour maximum. If an Attendant separates from employment they are not entitled to be paid the value of their unused sick time; however, if they return to work for the Member within six (6) months, their time is restored. It is at the discretion of the Member/AR to approve sick time. If you are approving sick time, please have your Attendant submit a request for sick time with your FMS provider. Sick time cannot be used as holiday or vacation time for your Attendant.

The Colorado Healthy Families and Workplaces Act

The Colorado Healthy Families and Workplaces Act (HFWA) requires Colorado employers to provide two types of paid sick leave to their employees: public health emergency (PHE) and accrued leave. HFWA was passed and effective January 1, 2023.

Family and Medical Leave Insurance

The State of Colorado introduced a new paid Family and Medical Leave Insurance (FAMLI) program effective January 1, 2023. Through the FAMLI program, most Colorado workers will be eligible for up to 12 weeks of paid family and medical leave starting in **January 2024**. For the CDASS program, the FAMLI program is funded by premiums made by the employer for the full 0.9% across the board regardless of employee count. If there are changes to this approach, Members will be notified by their FMS or HCPF. To learn more, please review the FAQs for both Palco and PPL on their websites or visit FAMLI.Colorado.gov.

Protecting Opportunities and Workers Rights Act

The Protecting Opportunities and Workers Rights Act (POWR) passed in the 2023 legislative session. POWR addresses discriminatory or unfair employment practices pursuant to Colorado's anti-discrimination laws.

Member Experience: Rick, Meridian

“When our daughter was ten months old, she became very ill. We took her to the hospital. They said she had the flu and sent us home with directions to take Tylenol and drink a lot of liquid. She was later diagnosed with spinal meningitis. Since no treatment was given, our daughter has devastating and lasting consequences. She has a seizure disorder, cerebral palsy, and learning disabilities.

At the age of eighteen months, she entered her first developmental center. From five years old to twenty-one, she attended public school before entering into adult centers. Because she was not enjoying life in these centers, we decided to go Self-Direct. Since making the decision, we have been honored to know many children and adults with disabilities in Self-Direct Services.

It is important for people with disabilities to have control and “say” in how they spend each and every day. Our daughter is happy when she wakes up and looks forward to her day. We are making sure she is doing what makes her happy.”



Section 6: Being an Employer

- A well-developed job description based on your Task Worksheet will assist in developing a job listing, ad, or job description.
- There are many ways you can post a job listing. Be creative!
- Be safe! When interviewing:
 - Do not share your address with a potential Attendant.
 - Meet in a public location and bring a friend.
 - Check the prospective Attendant's references.
- Remember do not ask interview questions that are discriminatory in nature.
- Together with the FMS provider, you will support your Attendants in completing the necessary employment paperwork provided by the FMS provider. Attendants cannot start working until the FMS provider has given notice they are cleared to work.
- All Attendants must successfully pass criminal background, Board of Nursing, and OIG checks. Your FMS provider will complete these checks on your behalf.
- Train for Success:
 - You are responsible for training Attendants on your needs, preferences, house rules, and required health and safety tasks.
 - HIPAA – as part of training emphasize that your Attendants should not share your private information.
 - Regular feedback for Attendants is important to having a successful employment relationship.
- Document! If you have concerns or issues regarding your Attendant, such as attendance, tardiness, or behavior, you should discuss it with the Attendant and document the occurrence and a summary of your discussion.
- Everyone is responsible for preventing fraud. Be sure you:
 - Verify timesheets reflect the actual service and time provided before you sign off on them.
 - Do not pre-sign timesheets.
 - Don't schedule Attendants if you are in the hospital or nursing home.
 - Report any concerns to your FMS provider, Case Manager, Consumer Direct or HCPF.
- If an Attendant is injured while working with you, you and your Attendant must report it within 24 hours to your FMS provider.



 Consumer  Directed  Attendant  Support  Services

This section will provide you with information intended to keep you safe from health-related emergencies, abuse, neglect or exploitation, and community-wide disasters.

Your Health

Recognizing Health Care Warning Signs

As a Member/AR, you are in control of your services. You will need to monitor your health and communicate your needs to your Attendants. You must make sure you and your Attendants know how to spot health problems and know what to do about them.

Here are some questions to consider about your health:

- Do you tend to have certain illnesses or health problems?
- Can you monitor those symptoms yourself? If not, have you trained your Attendants to assist in monitoring? Do you know what to do if those symptoms show up?
- What happens when you do not deal with health issues?
- Do you take any medications that might have side effects? Do you know how to watch for those side effects? Do you know what to do if you experience such side effects?

- Do your Attendants understand your medications?
- Are there any routine medical procedures that health care professionals have managed in the past for you? Do you have a plan to handle those procedures? What is that plan?
- What is your plan for handling emergency health problems?
- Have you trained your Attendants what to do in case of emergencies when you are not able to provide direction?

Recognizing Health-Related Emergencies

As an important part of managing your health you should know how to recognize when you might be having a life-threatening medical emergency. Here are some typical indicators:

- Chest pain
- Shortness of breath
- Severe bleeding
- Worsening infection.
- Color change or drainage of a sore

HEALTH



If you experience a health-related emergency, **dial 911 immediately.**

Acute Episodes

An acute health need is a short-term care need that arises from such things as a sudden downturn of a chronic illness, a wound, a serious infection, or the need for care after surgery.

As a CDASS Member, you could experience an acute episode which could cause you to need care from a hospital or home care agency. If you have an acute care need while receiving CDASS your regular Medicaid benefits will cover this need. It will not be covered as part of CDASS.

If an acute care need requires hospitalization, **your Attendants will NOT be paid while you are hospitalized.** Your Attendant cannot work in your home while you are hospitalized, or be paid to assist you in the hospital. This rule also applies if

you are admitted to a long-term care facility (such as a Skilled Care, Acute Rehab, or an Assisted Living Facility).

HEALTH



Be sure to contact your Case Manager and your FMS provider if you are hospitalized or go into a nursing home. Calling them both protects you from potential fraud and allows your case management agency to better serve you.

The fee paid for hospitalizations or stays at other long-term care facilities includes the care that Attendants perform for you in CDASS. Therefore, services cannot be provided by CDASS Attendants while you are inpatient at a hospital or other facility. If you or your AR allow an Attendant to be paid while you are an inpatient in a hospital or other long-term care facility, it will be considered misuse of the monthly allocation and you will be at risk for involuntary termination from CDASS.

NOTE



To be approved for increased Medicaid coverage, additional care must be authorized by a physician and cannot continue past 60 days. If it continues beyond 60 days, it becomes a long-term care need.

If you are hospitalized, you must inform the Discharge Planner that you receive CDASS prior to your hospital discharge. The Discharge Planner will want to know the kind of support you have available to you, including your Attendant services through CDASS. Upon the physician's recommendation, the Discharge Planner will help to arrange any additional short-term support services you may require. Examples of this are skin issues, wound care, catheter care, etc.

If the condition leading to your need for acute care does not improve and becomes an additional long-term need (beyond 60 days), you must contact your Case Manager to reassess your level of care and long-term needs. This may result in an increase in your CDASS monthly allocation. Your Case Manager will reassess your needs and submit a new authorization to the CDASS Case Manager for approval. Upon approval of request, you are responsible to direct this additional Attendant care including training your Attendants to perform any new tasks you require them to complete.

Upon approval of the CDASS allocation increase, you or your AR must also complete an updated ASMP.

Planning Your Backup Care

Planning for unexpected circumstances is essential when receiving consumer directed services. A written plan may help you think about what to do when you need Attendant care right away. This plan may be a simple call list of your backup Attendants or a more complex decision tree that can assist you to problem solve and find an Attendant immediately. We will provide you with an example of a plan for backup care in the form of a decision tree. You can use or adopt this tool based on your needs and preferences. You can find a decision tree further in this section, after the Health Care Emergency Form.

The following is a list of tips and issues to consider when making your plan.

If you live in a rural area, the emergency response number may be different from 911. Contact your local police department to find out the local emergency number.

If your Attendant does not arrive when scheduled, think about how long you will wait before calling the Attendant, or a backup Attendant. Make sure all Attendants know about your policy concerning lateness, cancellations, and no-shows.

If at first you do not succeed in arranging for a backup Attendant, try calling each one a second time and explain that none of the others are available. If possible, you may consider offering additional payment as an incentive to an Attendant to come during an emergency. Consider whether the situation might become dangerous and at what point you need to call 911 or another emergency number. Remember that calling 911 is for emergencies and not routine care.

Is there information that you wish police officers, fire fighters, paramedics and other 911 responders to know when they respond to your call?

In the City of Denver, you can provide voluntary disability-related emergency information to the Denver Police Department by calling 720-913-2000.

In other communities, contact your local police department to find out how to provide disability-related information to 911 responders or other emergency responders.

Preparing Your Health Care Backup Plan Form

With a health care emergency form, you can tell Attendants, paramedics and/or physicians how to provide your care if an emergency occurs and you cannot direct them. Review the guide with current and new Attendants as needed. Update the instructions when any changes occur. An example of a change that would require you to update your health care backup plan would be if you change doctors, or if you change your representative.

You can complete the following Health Care Backup Plan Form and customize it to fit your specific needs. Additional copies can be found on the Consumer Direct website forms page.

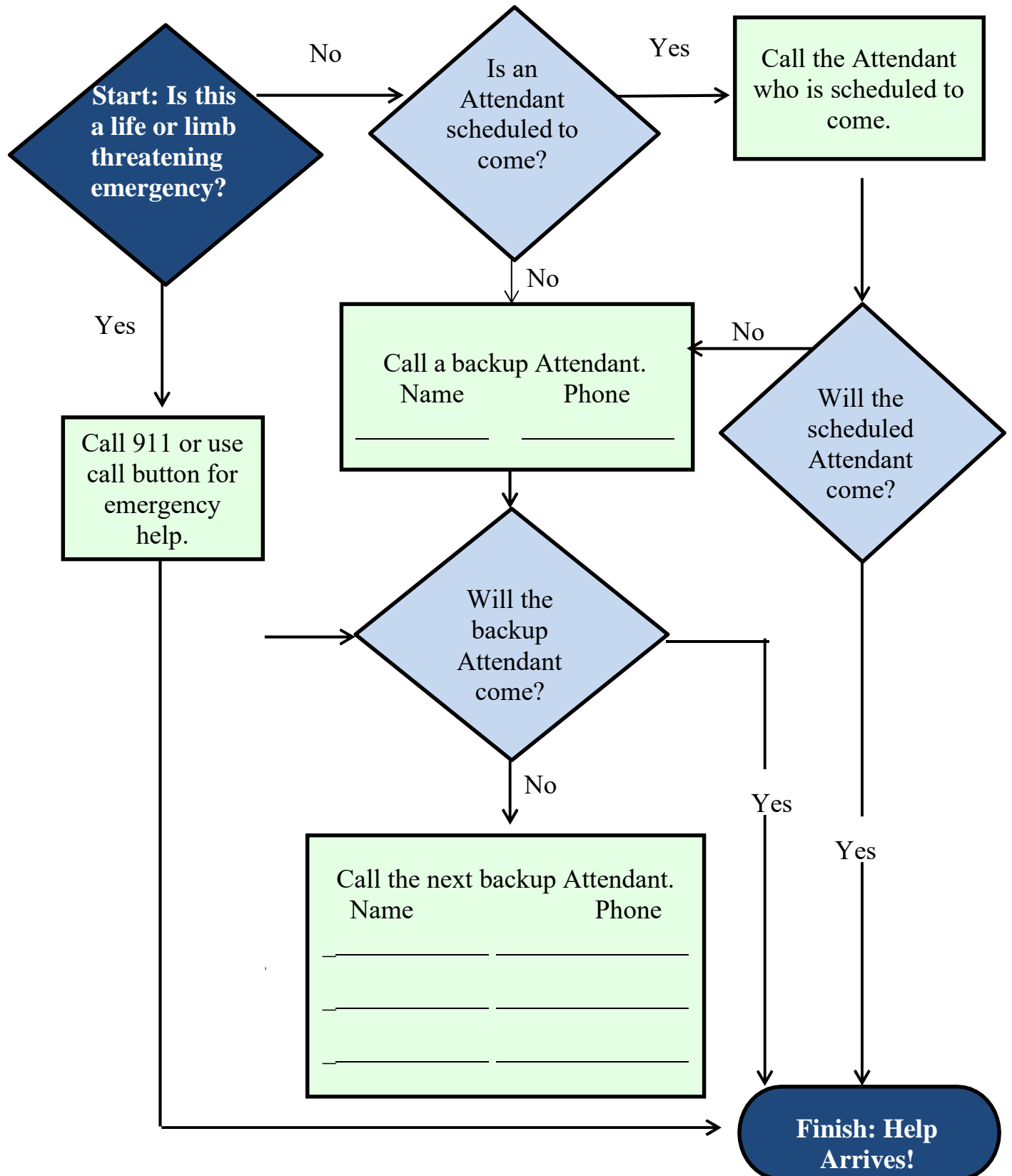
Member Experience: Darren, Missoula

“I grew up in the small town of Eureka, Montana. From birth, I have lived with cerebral palsy and have enjoyed the relaxed comfort of a wheelchair for my travels. Growing up, my mom and dad helped me with bathing, dressing, eating, and other tasks.

My first experience with home care services was when I started college. For the first time I had to rely on caregivers, whom I didn’t know, to help me with these activities. It was scary! Now I self-direct my services and hire and manage my caregivers. I love it! I can hire who I want and I’m in control of my life.

I like to go on walks, watch movies, and perform stand-up (sit-down) comedy.”

Decision Tree – What to do when you need an Attendant FAST!



As a handy resource, keep this list posted near the telephone. Fill in phone numbers for your local:

Police Department	
Fire Department	
Neighbor	
Neighbor	
District Attorney	
Case Manager	
Victim Assistance	
Advocacy Group	
Independent Living Center	
Other	
Other	
Other	
Other	
Other	

Some Toll-free Resources in Colorado:

Telephone Triage Program

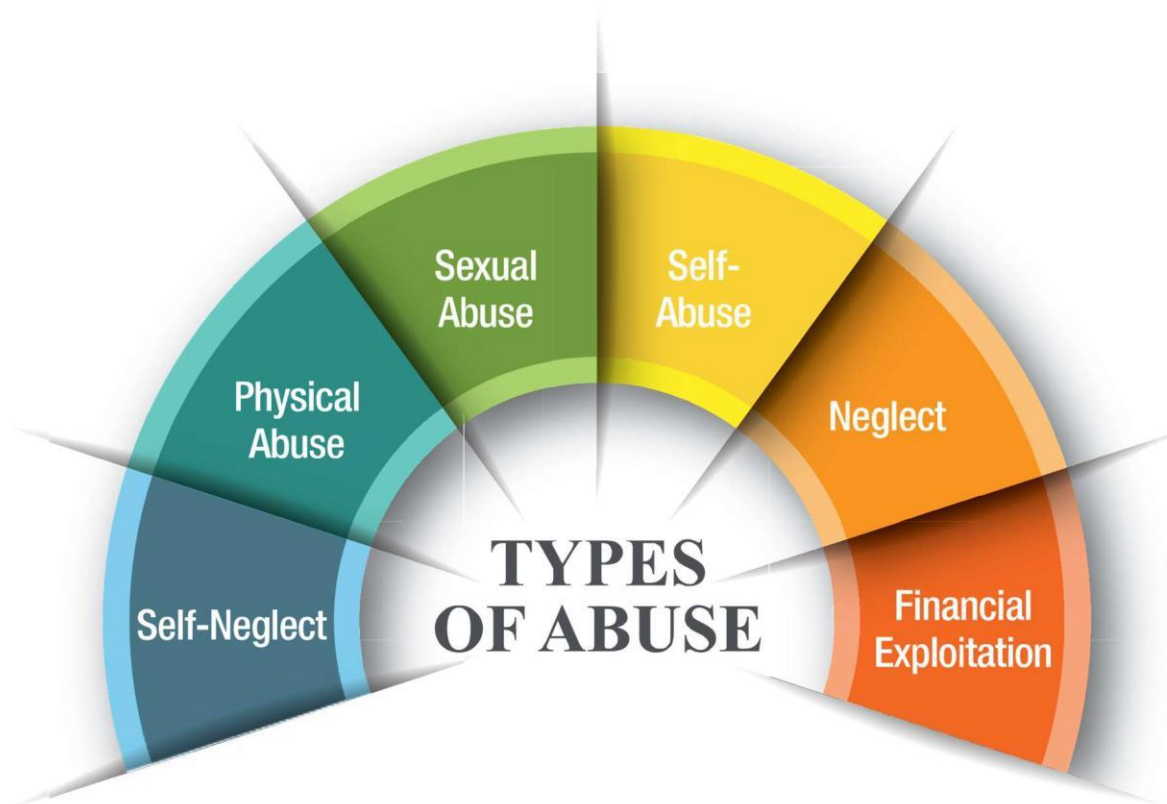
Colorado Medicaid 24 hour registered nurse telephone help line: 1-800-283-3221

211 Colorado

Dial 211 and receive access to health and human services information and referrals

An additional listing of emergency contacts can be found on Consumer Direct's website at <http://consumerdirectco.com/Memberforms/>

Mistreatment, Abuse, Neglect, and Exploitation (MANE)



While we want to concentrate on the positive aspects of the CDASS Program, there are factors you must consider regarding your personal safety. Even if you have done everything you can to ensure the quality of your Attendants, there are times when you might encounter dangerous situations while working with your Attendants. While such events are rare, you must consider the possibilities and take action to ensure your safety.

Mistreatment includes physical, emotional or sexual abuse, caretaker neglect or exploitation, and other harmful acts committed by another person against an at-risk individual.

Below we will review these types of mistreatments and signs to look out for.

Physical Abuse includes:

- Hitting, Kicking, or Punching
- Shoving, Shaking or Moving out of the way
- Slapping, Pinching or Burning

- Confining or Restraining movements
- Force-feeding and/or physical punishment

Signs of injuries include:

- Bruising
- Welts
- Burns
- Lacerations or abrasions
- Fractures

Sexual Abuse is sexual activity, or contact performed without consent or understanding. To include:

- Unwanted Touching or Sodomy
- Sexually Explicit Photographing
- Coerced Nudity

Signs are:

- Sudden behavior changes
- Withdrawal
- Self-reported sexual misconduct

Psychological or emotional abuse is verbal and nonverbal acts that cause pain or distress to a person. It includes:

- Verbal Assaults
- Insults
- Threats
- Intimidation
- Humiliation
- Harassment

Signs are:

- Sudden behavior changes
- Withdrawal

Self-Abuse is the infliction of injury to the person by his or her own hand.

Signs are:

- Head injuries
- Hair loss from pulling
- Self-inflicted cuts or bruises

Neglect is a lack of physical care or concern for a person's needs by a caregiver.

Signs are:

- Improper administration of medications other drugs, and/or alcohol to

“control” the adult

- Malnourishment
- Dehydration
- Unclean physical appearance, soiled clothing, bedsores
- Unsanitary living conditions

Financial Exploitation is using an at-risk adult’s money/property for another’s benefit.

Signs are:

- Unpaid monthly bills
- Missing personal items
- Transfer of assets
- Abuse of a Power of Attorney
- Denied access to funds

Self-Neglect occurs when an at-risk person cannot or does not care for him or herself. Choice of lifestyle, by itself, is not proof of self-neglect.

Signs are:

- Non-compliance with or inability to take medicines as prescribed
- Malnutrition and/or dehydration
- Inadequate or inappropriate diet
- Unclean physical appearance, soiled clothing, decayed teeth, broken glasses, overgrown nails
- Unsanitary conditions in the home
- Wandering or getting lost
- Confusion, disorientation, or memory impairment

How to Recognize Potential Mistreatment, Abuse, Neglect and Exploitation

If you answer “yes” to any of the following questions, there may be potential for abuse, neglect, and exploitation.

- Do you sense that your Attendant is deliberately ignoring your instructions and requests?
- Does your Attendant make mistakes and then blame you or other people?
- Does your Attendant ask personal questions unrelated to your care, such as how you manage your finances?
- Does your Attendant eat your food without asking?
- Does your Attendant make unwanted comments about your appearance, weight, clothing, speech, eating habits, disability, etc.?

- Do you sometimes find less money in your wallet than you expected?
- Are there unfamiliar charges on your checking or credit card accounts?
- Is your Attendant eager to access your car or credit card?
- Does your Attendant want to work all your shifts?
- Does your Attendant want to control your choices such as what you wear and what you eat?
- Do your Attendant place items you need out of your reach?
- Does your Attendant try to isolate you from your family and friends or restrict your contact?
- Does your Attendant make unwanted comments about your family, friends, or choice of activity?
- Does your Attendant look around your home or through your personal belongings without your permission?
- Does your Attendant use your computer without your permission?
- Are you uncomfortable asking your Attendant to do routine tasks?
- Does your Attendant take naps, watch TV, or talk on the phone instead of providing your care?
- Are any of your medications missing?
- Has your Attendant tried to gain access or control of your medications?

How to Prevent Mistreatment, Abuse, Neglect and Exploitation

Here are some tips on how to prevent and stop mistreatment, abuse, neglect, and exploitation:

- Do not become overly dependent on any one Attendant.
- Do not allow your relationship with your Attendant personal beyond your comfort.
- Do not allow your Attendant to make choices for you such as what to wear or what to eat.
- Connect with family members, friends, and other people directing your care for support in addressing and preventing critical incidents.
- Seek help or advice if you suspect a situation may be harmful.
- Make a list or take photographs of personal belongings such as jewelry, antiques, silverware, and other valuables.
- Inventory controlled medications after each Attendant leaves.
- Do not leave cash or medication lying around.

- Use a password to restrict access to your computer.
- If you rent your home, consider purchasing renter's insurance.
- Find a local self-defense class and talk with the instructor about the possibility of adapting the class to your disability.
- Carefully screen potential employees. Require references and check them before hiring.
- With anyone – employee, friend, family member or stranger – you **ALWAYS** have the right to say **NO** or **STOP** if they do anything wrong or uncomfortable.

HEALTH



If you are in immediate danger, you should always call **911**.

Reporting Mistreatment, Abuse, Neglect and Exploitation

As in all life experiences, there are risks. Participating in the self-direction of your services is no different. If any type of abuse is happening to you, you need to report this immediately to someone who can help you. This could be:

- Your AR.
- Your Case Manager.
- Your Peer Trainer.
- Your Training Coordinator.
- A friend or family member.
- Office for Victims Programs.
1-888-282-1080 (Outside Denver Area)
303-239-5719 (Inside Denver Area)
Website: <http://dcj.ovp.state.co.us/>

Recognizing and Reporting Critical Incidents

As mentioned above, your Case Manager can be a resource for you in addressing issues of abuse, neglect, or exploitation. However, you need to report these incidents to your Case Manager even if you have already dealt with the situation and no longer feel you are in danger. While CDASS affords Members a great deal of freedom in how they choose to receive services, it is still subject to the same quality oversight as other service delivery methods. The state is responsible for identifying and addressing instances of abuse, neglect, or exploitation and trying to

prevent them. To do this, you need to report critical incidents to your Case Manager. These may include:

- Suspected Abuse/Neglect/Exploitation
- Serious illness
- Hospitalizations
- Injury to yourself
- Damage to, or theft of your property
- Medication management issues

Reporting a critical incident does not mean that you would necessarily be removed from CDASS or that your allocation would change. It is a means of ensuring you are receiving the support and follow-up necessary to keep you safe.

Adult Protection Services

In addition to the previously mentioned resources, Adult Protection Services is a valuable resource for reporting abuse, neglect, and exploitation.

The purpose of the Adult Protection Service is to protect adults who cannot protect themselves. These adults are known as “at-risk adults.”

In the Colorado Adult Protection Services statute (law), an at-risk adult is defined as “an individual eighteen years of age or older who is susceptible to mistreatment or self-neglect because the individual is unable to perform or obtain services necessary for the individual’s health, safety, or welfare or lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the individual’s person or affairs.”

Adults who might meet the definition of an at-risk adult include:

- Adults who are being mistreated or exploited.
- Adults with a developmental disability, acquired brain injury, Alzheimer’s, dementia, or neurological or cognitive defect.
- Adults with major mental illness or physical disability.
- Frail or elderly persons who are unable to perform typical activities of daily living.

Reporting to Adult Protection Services

All Colorado citizens are urged to immediately report suspected mistreatment or self-neglect of an at-risk adult (18 years or older). Individuals may self-report or

report on the behalf of another.

Certain occupational groups are required by state law to report the mistreatment and/or self-neglect of an at-risk elder (70 years or older). Mandatory reporters include:

- Physicians, surgeons, physicians' assistants.
- Medical examiners or coroners.
- Hospital and nursing home personnel.
- Psychologists and other mental health professionals.
- Dentists, pharmacists.
- Law enforcement officials and Fire Protection personnel.
- Court-appointed guardians and conservators. Community Centered Board staff.
- Personnel of banks and other financial institutions.
- State and local long-term care ombudsmen.
- Any caretaker, staff member, employee, volunteer, consultant for any licensed care facility, agency, home, or governing board.

NOTE



A complete list of Adult Protection Services (APS) county intake numbers is available in **Appendix B**

What to Report

When making a report to Adult Protection Services (APS), provide as much information as possible about the adult and the alleged perpetrator, including:

- The Adult's Information:
 - Name, address, and phone,
 - Date of birth, or estimated age.
 - Medical and/or disabling condition(s).
 - Family members, friends, neighbors, or caregivers.
- The Adult's Situation
 - Specific concerns (allegations).
 - History of previous safety concerns.
 - Names and contact information of family, friends or other persons who might be of assistance during the investigation.
- The Alleged Perpetrator's Information:
 - Name, address, and phone number.

- Relationship to/history with the at-risk adult.

Confidentiality

All issues pertaining to APS cases are confidential, including the identity of the reporter(s), your information and APS response orders.

HIPAA and Your Safety

HIPAA is the Health Insurance Portability and Accountability Act of 1996. This law protects the privacy of a person's medical information and makes sure that it is treated confidentially. The information includes the reason the person is sick, the treatments and medications they receive, Social Security Number and any other personal information. Do not pass this information on unless it involves information which professional staff need to know to complete their jobs.

You need to trust your Attendants before you share any personal information with them. Attendants will need this information in certain circumstances to provide the best possible care. You need to tell your Attendants that once they have this information, it is to be kept private. You should also share that this information cannot be given without your permission. More information on HIPAA and Attendants is provided in **Section 6: Being an Employer**.

See **Appendix B** for more information about protecting yourself from abuse, neglect, and exploitation.

Preparing for a Community Wide Disaster

If you have a disability and rely on Attendant services, you may want to make plans before a community-wide disaster occurs. By planning ahead of time, you can be ready to solve some of the problems that might arise in the event of a disaster. Preparing for a disaster will help you to cope and recover more quickly.

The following list may help you to plan for possible disasters. You can adapt this list to reflect your own needs and preferences. Review and revise your plans as needed.

What kinds of disasters may occur in Colorado and your local area? Many Coloradans try to prepare for events such as severe winter storms, blizzards, tornadoes, landslides, flash floods, wildfires, and civic emergencies such as crime or terrorism. People with disabilities may want to take extra steps to prepare for community-wide disasters.

How a Community-Wide Disaster May Affect Your Attendant Services

Suggested Preparations

Attendant Transportation:

An Attendant may not be able to reach your home.

- Develop a list of back-up Attendant names and phone numbers, perhaps organized order of how close each one is to your home.
- Make contact with a neighbor who owns a four-wheel drive vehicle and arrange for transportation for your Attendants if needed.

Utilities:

If utilities go out, you may not be able to use your heating system, water, electronic appliances, life-sustaining electrical equipment, or adaptive devices.

- Arrange for backup power sources and/or additional Attendant services until utilities return.
- Consider finding another place to stay if the utilities will be out for a long period of time.
- Consider getting a backup generator if you rely on a ventilator or other life sustaining equipment.

Telephone Service:

Telephone service may be disrupted, preventing you from calling Attendants using your home phone.

- Consider purchasing a cellular phone and make sure your Attendants entire phone numbers are programmed into it.
- Decide with a neighbor who has a cellular phone to check on you.

Transportation:

You may not be able to use your usual forms of transportation because of closed roads or interrupted public transportation.

- Stock adequate water, groceries, critical medication, and other supplies so that you can survive for several days without leaving your home.
- If you must leave, seek out alternative means of transportation. For example,

you might ask your local ambulance service if they provide transportation during natural disasters.

Evacuation:

You may need to evacuate your home or workplace.

- Plan how you would safely and quickly evacuate your home. If necessary, decide with at least one Attendant to assist you. Some emergency shelters require that you have Attendants available to assist you.
- Inform your Case Manager as soon as possible of your evacuation and need for Attendant care.
- At your workplace, be included in the decisions on evacuation procedures and the specialized evacuation equipment that may be purchased and installed. Arrange evacuation procedures with your coworkers as necessary. Practice the evacuation plan through regular drills.
- Consider writing brief, clear, and specific instructions for rescue personnel. Include critical health info and emergency contacts.

Contact your city or county government for information on disaster preparedness.

The American Red Cross has developed a disaster preparedness manual for people with disabilities and a complete list of what items to include in a home emergency kit and a shelter kit. For more information, call (866) GET-INFO (866-438-4636) or go to: <http://www.redcross.org/prepare/location/home-family/disabilities>.

Additional Resources for Emergency Preparedness are available in **Appendix D**.

SUMMARY



Section 7: Health & Safety

- Your health and safety are important.
 - Be aware of any signs that your health maybe at risk and train your Attendants to do the same.
 - Dial 211 for health and human services information.
 - If it is an emergency call 911.
 - Everyone, including family and friends should know the signs of abuse and neglect and know where and how to report concerns.
- Be prepared!
 - You will never know exactly when something might happen, such as an Attendant having car trouble or a weather-related event.
 - Create a backup plan, share the plan, review frequently and update it as needed.
 - Stock up – when possible have extra can goods, water, and medication on hand.
- Know the Rules –
 - The rules that govern CDASS are in place to increase choice, flexibility, and control over the services you receive and maintain your health and safety.
 - Ensure Medicaid funds are used responsibly.
 - Preserve the CDASS option for the future.





 Consumer  Directed  Attendant  Support  Services

You will have ongoing needs while on CDASS. Listed below are some common topics that you may have questions about as you participate in CDASS. Consumer Direct is available to assist you with your problem or direct you to someone who can best support you.

Supplemental Training Opportunities

Consumer Direct will have a variety of additional trainings available to you. These trainings range from a review of hiring practices to addressing performance issues with Attendants. To learn more about the trainings and how to access them, please contact Consumer Direct for assistance.

Change in Need or Plan Changes

Your needs may change throughout your time on CDASS. As a result of your changing needs, you may need to adjust your ASMP. Your Case Manager will be key in determining changes and will need to review your ASMP for final approval. Please contact your Case Manager for additional information on how to best approach these changes.

Attendant Paperwork

You may need to hire additional Attendants at some point. You must complete new hire paperwork for each Attendant prior to them working. The FMS provider is responsible for processing the employment related paperwork on your behalf.

Because your FMS provider is responsible for processing employment related paperwork on your behalf as an Employer of Record, you will need to work directly with your FMS provider to obtain an Attendant enrollment packet or to address any questions you may have.

Attendant Payroll Questions

Your FMS provider is responsible for processing the payroll of your Attendants. You and your Attendant are also responsible for ensuring employment paperwork is completed accurately and submitted prior to scheduling your Attendant to work. You must receive notice from your FMS provider that the employee is cleared to begin working. If there is an issue or concern regarding payroll you should contact your FMS provider to work through those issues.

Tax Questions

Your FMS provider is responsible for processing Attendant taxes based on how they completed their W-4. The FMS provider issues your Attendant's W-2 form to report wages earned. They are also responsible for filing taxes on your behalf as an Employer of Record. If you have issues or concerns on these tax topics, it is your responsibility to contact the FMS provider.

Information About Taxes in the CDASS Program

When it comes to the CDASS program, it is very important to understand the terminology associated taxes. Also important is to note the key difference between “employer” taxes and “employee” taxes. Below are some terms that can apply to the CDASS Program.

Your FMS Provider can assist by explaining how your current program is set up according to the paperwork filled out during enrollment. I.E. What exemptions/exclusions are being applied, if any. The information provided to you by the FMS can be taken to a Tax Advisor for guidance on filing taxes, earnings, how it effects income, etc. **NOTE: Neither CDCO or the FMS can provide tax**

advice or act as a tax professional.

Key Tax Terms and Definitions

- Federal Employer Identification Number (FEIN)
- Employer of Record (EOR): All CDASS EOR's are set up as a domestic employer. This means they are not a revenue earning company. They do not suffer from revenue loss nor gain from profits.
- Established at initial FMS enrollment
- Employer taxes based on Attendant relationship to the EOR
 - FICA (Social Security & Medicare)
 - FUTA (Federal Unemployment)
 - SUTA (State Unemployment)
 - Social Security Insurance & Unemployment implications
- Exclusion: Exclusions remove revenues from certain activities that were never intended to be part of a tax base. Excluded amounts generally are not included in a taxpayer's reported revenues, and therefore not taxed.
- Exemption: Exemptions refer to receipts from taxable activities or goods that, for policy purposes, are not subject to tax collection.

It is important to note that if an Attendant and their Employer are not paying into a tax, they do not receive the services of that tax. If you are exempt from paying Social Security, your Attendant is not earning Social Security qualifying quarters. If your Attendant does not pay into FUTA/SUTA, they can't claim unemployment.

Difficulty of Care Exclusion

Difficulty of Care (DOC): Attendants who live with the Member they provide Personal Care services to are excluded from federal and state income taxes.

Multiple Attendants living in the same house with the Member may each be eligible. Ex. Parents providing care for a child.

Attendants are asked to identify during enrollment whether they qualify for the DOC exclusion by listing themselves as excluded on their IRS Form W-4.

- DOC cannot be excluded through a W4 Form only, there must be a separate completed DOC form as well.

Income taxes are NOT employment taxes. If an Attendant is exempt from income taxes, that does not equate to being exempt from employment tax. DOC payments are subject to FICA, FUTA, and SUTA unless the Attendant is already

employment tax exempt due to a qualifying familial relationship to the EOR.

Receiving DOC payments means an Attendant has zero earnings for the calendar year. **No W-2 will be issued unless they receive paid sick leave.** Sick leave payments are considered wages and subject to state income tax.

- DOC only becomes active from the day it is processed, so if you earned income before filling out the DOC form it will be reported on the W-2.
- Attendants with paid sick leave wages will receive a W-2. They must document these wages and applicable taxes.

For more information about Difficulty of Care please speak with a tax advisor and visit: <https://www.irs.gov/individuals/certain-medicaid-waiver-payments-may-be-excludable-from-income>.

What Does My FMS Do For My Employer Taxes?

They represent the EOR for tax filing purposes. In other words, they calculate and deposit the owed employer taxes. With these deposits, they are properly reporting earnings from Attendants and taxes paid by the EOR.

It is sometimes easier to think of an FMS as a payroll company when it comes to payroll and properly reporting not only EOR taxes, but Attendant taxes.

Other Tax Notes

Federal and state taxation rules change frequently. Attendants and Employers of Record are encouraged to consult with a tax advisor to assess the impact of these rules on their taxes. **The FMS, Consumer Direct, and HCPF are not able to provide any tax advice.**

- If Attendants discover that their tax situation has changed during the year, they may submit a revised W-4 for withholding adjustments on future pay. The most current versions of this document can be obtained from your FMS.
- Any address changes must be reported promptly to avoid mis-sent W-2s and refund checks.

The CDCO Training Manual can help you with some of the terms that exist with taxes, and some scenarios that may apply to your program

You can call your FMS to see what your paperwork says exists on your program that was filled out during enrollment. I.E. Difficulty of Care Exclusions, Employer Related Exemptions for spouse, etc.

Take the information provided to you by the FMS to a tax advisor to see how to proceed and what it means for income and earnings during tax season.

General CDASS Questions or Assistance

Consumer Direct is here to support you in navigating through the CDASS program requirements. Please contact us with any questions. If we are unable to answer your question directly because it is related to a Case Management function or is an FMS provider's area of responsibility, we will assist you in contacting them or gather the necessary information to answer your question.

Reporting Issues and Providing Feedback

As a Member on CDASS, you have several avenues to for reporting issues and/or providing meaningful feedback. If you have feedback or concerns here are a just a few avenues available to you:

Vendors

CDASS Training and Operations Vendor

Consumer Direct for Colorado (CDCO)

Phone: 844-381-4433

Fax: 866-924-9072

Email: InfoCDCO@consumerdirectcare.com

Consumer Direct CO Website

Financial Management Service (FMS) Vendors

- Palco, Inc.
 - Phone: 866-710-0456 and select the option for Colorado
 - Email: CO-CDASS@palcofirst.com
 - Palco Website
- Public Partnerships, LLC (PPL)
 - Phone: 888-752-8250
 - Email: ppcdass@pplfirst.com
 - PPL Website

Participant Directed (PDP) Unit Resources and Contact Information

- [Participant-Directed Programs \(PDP\) Unit Issues and Feedback Report Form](#)

- Email the PDP Unit at HCPF_PDP@state.co.us
- Call Unit staff:
 - Contractor/Contractual Questions: 303-866-3504
 - CDASS Questions: 303-866-6138
 - IHSS Question: 303-866-4666

Participant Directed Programs Policy Collaborative (PDPPC) – Participate with other Stakeholders on policy issues.

Questions or comments about the PDPPC may be sent to John.Barry@state.co.us or 303-866-3173.

Or the PDPPC co-chair (CDASS issues) Curt Wolff at curtisl.wolff@gmail.com or 720-220-9020 or (IHSS issues) Kevin Smith at kevin.smith@pascohh.com or 303-748-8936

Electronic Visit Verification (EVV) – If you have questions or feedbacks regarding EVV please contact:

Provider Services Call Center - 1-844-235-2387

EVV Help Desk – 1-855-871-8780 / COCustomerCare@sandata.com
HCPF EVV Inbox - EVV@state.co.us

Stakeholder Feedback
Complete [EVV Feedback Form](#)
OR contact
HCPF EVV Inbox - EVV@state.co.us
303-866-2741 or 720-273-6967
Mon-Fri 8 a.m. - 4 p.m.

Case Management Division

<https://hcpf.colorado.gov/case-management-agency-resources>

Other Member Supports

In addition to the AR, there can be situations where other individuals can serve to support you. These situations are described here.

Court Appointed Legal Guardians

A court appointed legal guardian is a person or agency responsible for making decisions on behalf of someone who is unable to make or communicate responsible decisions about his/her own life. The person for whom a guardian is appointed is called a ward. Without being the guardian, a person cannot legally make decisions for a child or at-risk adult.

Before having a guardian appointed, the court must find by “clear and convincing evidence” that the person is incapacitated. Colorado law defines an incapacitated person as “an individual, other than a minor, who is unable to effectively receive and evaluate information or make or communicate decisions to such an extent that the individual lacks the ability to satisfy essential requirements for physical health, safety, or self-care, even with appropriate and reasonably available technological assistance.” (C.R.S. 15-14-102(5))

TIPS



There are several types of guardianship that may be acknowledged in CDASS under Colorado law. If any of the listed guardianships apply to you as a CDASS Member, the appropriate documentation must be on file with the FMS.

Limited Guardianship

Under limited guardianship, a person is only responsible for specific matters with which the ward may need assistance, for example, money management and/or medical decisions. The ward remains responsible for all other decisions.

Conservatorship

A conservatorship is a court appointment for an adult who is incapacitated, missing, detained or unable to return to the United States. The appointment of a conservator gives a person or organization the responsibility to prevent waste or dissipation of the protected person’s assets or to obtain or provide for the support, care, education or welfare of the protected person or someone entitled to support the protected person.

NOTE



Court documents designating a legal guardian, conservatorship and/or power of attorney must be on file with your chosen FMS provider to obtain information.

Power of Attorney

With a Power of Attorney, a person appoints another person or organization to act on his/her behalf in all matters as designated in the court-appointed document. The person must have the capacity to understand the consequences of the directives outlined in the document provided by the courts.

TIPS



“Durable” means the authority continues if the principal becomes incapacitated. To be durable the document must contain wording such as "this power of attorney shall not be affected by the subsequent incapacity or disability of the principal.

In Colorado, there are two types of durable Power of Attorney:

- Medical Durable Power of Attorney includes medical and personal decision-making authority which may be limited or broad.
- General or Financial Durable Power of Attorney includes decisions about money and property and can include other matters, except medical decisions.

As a guardian, a person must know and care about all aspects of the well-being of a ward. It is the guardian’s responsibility to make arrangements for, keep informed about, and maintain documentation of a ward’s current situation regarding finances, living arrangements and caregivers, health and medical care, education and training, personal needs, preferences and desires, employment, recreation, and leisure time.

It is important for a guardian to get acquainted with the people who are significant in a ward’s life, for example, family, doctors, nurses, recreation directors, case workers, employers, therapists, teachers, friends, and neighbors.

SUMMARY



Section 8: Ongoing Support

- Additional training opportunities are available to ensure your success in CDASS. Consumer Direct for Colorado will assist you with accessing a variety of topics, such as hiring, firing, or budgeting.
- Your FMS provider is here to help with any Attendant paperwork or payroll questions you or your Attendant may have.
- Don't hesitate to contact your Case Manager if there is a change in your health or service needs.
- Court documents designating a legal guardian, conservatorship and/or power of attorney must be on file with your chosen FMS provider.

Do you want to be more involved?

The Participant-Directed Programs Policy Collaborative (PDPPC) is a monthly joint meeting for stakeholders and the Colorado Department of Health Care Policy & Financing (HCPF) meeting.

The PDPPC is a place where stakeholders and HCPF work together, with transparency, on issues relating to the Participant-Directed Programs administered by HCPF (<https://www.colorado.gov/pacific/hcpf/participant-directed-programs-policy-collaborative>).

For more information and to join, contact John Barry, at John.R.Barry@state.co.us or (303) 866-3173



8.510 CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES

8.510.1 DEFINITIONS

- A. Adaptive Equipment means one or more devices used to assist with completing activities of daily living.
- B. Allocation means the funds determined by the Case Manager in collaboration with the Client and made available by the Department through the Financial Management Service (FMS) vendor for Attendant support services available in the Consumer Directed Attendant Support Services (CDASS) delivery option.
- C. Assessment means a comprehensive evaluation with the Client seeking services and appropriate collaterals (such as family members, advocates, friends and/or caregivers) conducted by the Case Manager, with supporting diagnostic information from the Client's medical provider to determine the Client's level of functioning, service needs, available resources, and potential funding sources. Case Managers shall use the Department's prescribed tool to complete assessments.
- D. Attendant means the individual who meets qualifications in 8.510.8 who provides CDASS as described in 8.510.3 and is hired by the Client or Authorized Representative through the contracted FMS vendor.
- E. Attendant Support Management Plan (ASMP) means the documented plan described in 8.510.5, detailing management of Attendant support needs through CDASS.
- F. Authorized Representative (AR) means an individual designated by the Client or the Client's legal guardian, if applicable, who has the judgment and ability to direct CDASS on a Client's behalf and meets the qualifications contained in 8.510.6 and 8.510.7.
- G. Case Management Agency (CMA) means a public or private entity that meets all applicable state and federal requirements and is certified by the Department to provide case management services for Home and Community-based Services waivers pursuant to §§ 25.5-10-209.5 and 25.5-6-106, C.R.S., and has a current provider participation agreement with the Department.
- H. Case Manager means an individual employed by a Case Management Agency who is qualified to perform the following case management activities: determination of an individual Client's functional eligibility for one or more Home and Community-based Services (HCBS) waivers, development and implementation of an individualized and person-centered care plan for the Client, coordination and monitoring of HCBS waiver services delivery, evaluation of service effectiveness, and periodic reassessment of Client needs.
- I. Consumer-Directed Attendant Support Services (CDASS) means the service delivery option that empowers Clients to direct their care and services to assist them in accomplishing activities of daily living when included as a waiver benefit. CDASS benefits may include assistance with health maintenance, personal care, and homemaker activities.
- J. CDASS Certification Period Allocation means the funds determined by the Case Manager and made available by the Department for Attendant services for the date span the Client is approved to receive CDASS within the annual certification period.
- K. CDASS Task Worksheet: A tool used by a Case Manager to indicate the number of hours of assistance a Client needs for each covered CDASS personal care services, homemaker services, and health maintenance activities.

- L. CDASS Training means the required CDASS training and comprehensive assessment provided by the Training and Operations Vendor to a Client or Authorized Representative.
- M. Department means the Colorado Department of Health Care Policy and Financing, the Single State Medicaid Agency.
- N. Electronic Visit Verification (EVV) means the use of technology, including mobile device technology, telephony, or Manual Visit Entry, to verify the required data elements related to the delivery of a service mandated to be provided using EVV by the “21st Century Cures Act,” P.L. No. 114-255, or this rule.
- O. Family Member means any person related to the Client by blood, marriage, adoption, or common law as determined by a court of law.
- P. Financial Eligibility means the Health First Colorado financial eligibility criteria based on Client income and resources.
- Q. Financial Management Services (FMS) vendor means an entity contracted with the Department and chosen by the Client or Authorized Representative to complete employment-related functions for CDASS Attendants and to track and report on individual Client CDASS Allocations.
- R. Fiscal/Employer Agent (F/EA) provides FMS by performing payroll and administrative functions for Clients receiving CDASS benefits. The F/EA pays Attendants for CDASS services and maintains workers’ compensation policies on the Client-employer’s behalf. The F/EA withholds, calculates, deposits and files withheld Federal Income Tax and both Client-employer and Attendant-employee Social Security and Medicare taxes.
- S. Functional Eligibility means the physical and cognitive functioning criteria a Client must meet to qualify for a Medicaid waiver program, as determined by the Department’s functional eligibility assessment tool.
- T. Home and Community-based Services (HCBS) means a variety of supportive services delivered in conjunction with Colorado Medicaid Waivers to Clients in community settings. These services are designed to help older persons and persons with disabilities to live in the community.
- U. Inappropriate Behavior means offensive behavior toward Attendants, Case Managers, the Training and Operations Vendor or the FMS, and which includes documented verbal, sexual and/or physical abuse. Verbal abuse may include threats, insults or offensive language.
- V. Licensed Medical Professional means the primary care provider of the Client, who possesses one of the following licenses: Physician (MD/DO), Physician Assistant (PA) and Advanced Practicing Nurse (APN), as governed by the Colorado Medical Practice Act and the Colorado Nurse Practice Act.
- W. Prior Authorization Request (PAR) means the Department-prescribed process used to authorize HCBS waiver services before they are provided to the Client.
- X. Notification means a communication from the Department or its designee with information about CDASS. Notification methods include but are not limited to announcements via the Department’s CDASS web site, Client account statements, Case Manager contact, or FMS vendor contact.
- Y. Stable Health means a medically predictable progression or variation of disability or illness.

- Z. Training and Operations Vendor means the organization contracted by the Department to provide training and customer service for self-directed service delivery options to Clients, Authorized Representatives, and Case Managers.

8.510.2 ELIGIBILITY

- 8.510.2.A. To be eligible for the CDASS delivery option, the Client shall meet the following eligibility criteria:
1. Choose the CDASS delivery option.
 2. Meet HCBS waiver functional and financial eligibility requirements.
 3. Demonstrate a current need for covered Attendant support services.
 4. Document a pattern of stable Client health indicating appropriateness for community-based services and a predictable pattern of CDASS Attendant support.
 5. Provide a statement, at an interval determined by the Department, from the Client's primary care physician, physician assistant, or advanced practice nurse, attesting to the Client's ability to direct their care with sound judgment or a required AR with the ability to direct the care on the Client's behalf.
 6. Complete all aspects of the ASMP and training and demonstrate the ability to direct care or have care directed by an AR.
 - a. Client training obligations
 - i. Clients and ARs who have received training through the Training and Operations Vendor in the past two years and have utilized CDASS in the previous six months may receive a modified training to restart CDASS following an episode of closure. The Case Manager will review the allocation and attendant management for the Client's previous service utilization and consult with the Department to determine whether full retraining is required, or an abbreviated training based on history of managing allocation and services is needed.
 - ii. A Client who was terminated from CDASS due to a Medicaid financial eligibility denial that has been resolved may resume CDASS without attending training if they had received CDASS in the previous six months.

8.510.3 COVERED SERVICES

- 8.510.3.A. Covered services shall be for the benefit of only the Client and not for the benefit of other persons.
- 8.510.3.B. Services include:
1. Homemaker: General household activities provided by an Attendant in a Client's home to maintain a healthy and safe environment for the Client. Homemaker activities shall be provided only in the primary living space of the Client and multiple Attendants may not be reimbursed for duplicating homemaker tasks. Tasks may include the following activities or teaching the following activities:

- a. Housekeeping, such as dusting, vacuuming, mopping, and cleaning bathroom and kitchen areas;
 - b. Meal preparation;
 - c. Dishwashing;
 - d. Bed making;
 - e. Laundry;
 - f. Shopping for necessary items to meet basic household needs.
2. Personal Care: Services furnished to an eligible Client in the community or in the Client's home to meet the Client's physical, maintenance, and supportive needs. Personal care tasks may include:
- a. Eating/feeding, which includes assistance with eating by mouth using common eating utensils such as spoons, forks, knives, and straws;
 - b. Respiratory assistance with cleaning or changing oxygen equipment tubes, filling distilled water reservoirs, and moving a cannula or mask from or to the Client's face;
 - c. Preventive skin care when skin is unbroken, including the application of non-medicated/non-prescription lotions, sprays, and/or solutions, and monitoring for skin changes.
 - d. Bladder/Bowel Care:
 - i) Assisting Client to and from the bathroom;
 - ii) Assistance with bed pans, urinals, and commodes;
 - iii) Changing incontinence clothing or pads;
 - iv) Emptying Foley or suprapubic catheter bags, but only if there is no disruption of the closed system;
 - v) Emptying ostomy bags;
 - vi) Perineal care.
 - e. Personal hygiene:
 - i) Bathing, including washing and shampooing;
 - ii) Grooming;
 - iii) Shaving with an electric or safety razor;
 - iv) Combing and styling hair;
 - v) Filing and soaking nails;

- vi) Basic oral hygiene and denture care.
 - f. Dressing assistance with ordinary clothing and the application of non-prescription support stockings, braces and splints; and the application of artificial limbs when the Client is able to assist or direct.
 - g. Transferring a Client when the Client has sufficient balance and strength to reliably stand and pivot and assist with the transfer. Adaptive and safety equipment may be used in transfers, provided that the Client and Attendant are fully trained in the use of the equipment and the Client can direct and assist with the transfer.
 - h. Mobility assistance when the Client has the ability to reliably balance and bear weight or when the Client is independent with an assistive device.
 - i. Positioning when the Client is able to verbally or non-verbally identify when their position needs to be changed, including simple alignment in a bed, wheelchair, or other furniture.
 - j. Medication Reminders when the medications have been preselected by the Client, a Family Member, a nurse or a pharmacist, and the medications are stored in containers other than the prescription bottles, such as medication minders and:
 - i) Medication minders are clearly marked with the day, time, and dosage and kept in a way as to prevent tampering;
 - ii) Medication reminding includes only inquiries as to whether medications were taken, verbal prompting to take medications, handing the appropriately marked medication minder container to the Client and opening the appropriately marked medication minder if the Client is unable to do so independently.
 - k. Cleaning and basic maintenance of durable medical equipment.
 - l. Protective oversight when the Client requires supervision to prevent or mitigate disability-related behaviors that may result in imminent harm to people or property.
 - m. Accompanying includes going with the Client, as indicated in the care plan, to medical appointments and errands, such as banking and household shopping. Accompanying the Client to provide one or more personal care services as needed during the trip. Attendant may assist with communication, documentation, verbal prompting, and/or hands-on assistance when tasks cannot be completed without the support of the Attendant.
3. Health Maintenance Activities: Health maintenance activities include routine and repetitive health-related tasks furnished to an eligible Client in the community or in the Client's home, which are necessary for health and normal bodily functioning that a person with a disability is physically unable to carry out. Services may include:

- a. Skin care, when the skin is broken, or a chronic skin condition is active and could potentially cause infection and the Client is unable to apply creams, lotions, sprays, or medications independently due to illness, injury or disability. Skin care may include: wound care, dressing changes, application of prescription medicine, and foot care for people with diabetes when directed by a Licensed Medical Professional.
- b. Nail care in the presence of medical conditions that may involve peripheral circulatory problems or loss of sensation; includes soaking, filing and trimming.
- c. Mouth care performed when health maintenance level skin care is required in conjunction with the task, or:
 - i) There is injury or disease of the face, mouth, head or neck;
 - ii) In the presence of communicable disease;
 - iii) When the Client is unable to participate in the task;
 - iv) Oral suctioning is required;
 - v) There is decreased oral sensitivity or hypersensitivity;
 - vi) Client is at risk for choking and aspiration.
- d. Dressing performed when health maintenance-level skin care or transfers are required in conjunction with the dressing, or:
 - i) The Client is unable to assist or direct care;
 - ii) Assistance with the application of prescribed anti-embolic or pressure stockings is required;
 - iii) Assistance with the application of prescribed orthopedic devices such as splints, braces, or artificial limbs is required.
- e. Feeding is considered a health maintenance task when the Client requires health maintenance-level skin care or dressing in conjunction with the task, or:
 - i) Oral suctioning is needed on a stand-by or intermittent basis;
 - ii) The Client is on a prescribed modified texture diet;
 - iii) The Client has a physiological or neurogenic chewing or swallowing problem;
 - iv) Syringe feeding or feeding using adaptive utensils is required;
 - v) Oral feeding when the Client is unable to communicate verbally, non-verbally or through other means.
- f. Exercise prescribed by a Licensed Medical Professional, including passive range of motion.

- g. Transferring a Client when they are not able to perform transfers independently due to illness, injury or disability, or:
 - i) The Client lacks the strength and stability to stand, maintain balance or bear weight reliably;
 - ii) The Client has not been deemed independent with adaptive equipment or assistive devices by a Licensed Medical Professional;
 - iii) The use of a mechanical lift is needed.
- h. Bowel care performed when health maintenance-level skin care or transfers are required in conjunction with the bowel care, or:
 - i) The Client is unable to assist or direct care;
 - ii) Administration of a bowel program including but not limited to digital stimulation, enemas, or suppositories;
 - iii) Care of a colostomy or ileostomy that includes emptying and changing the ostomy bag and application of prescribed skin care products at the site of the ostomy.
- i. Bladder care performed when health maintenance-level skin care or transfers are required in conjunction with bladder care, or;
 - i) The Client is unable to assist or direct care;
 - ii) Care of external, indwelling and suprapubic catheters;
 - iii) Changing from a leg to a bed bag and cleaning of tubing and bags as well as perineal care.
- j. Medical management as directed by a Licensed Medical Professional to routinely monitor a documented health condition, including but not limited to: blood pressures, pulses, respiratory rate, blood sugars, oxygen saturations, intravenous or intramuscular injections.
- k. Respiratory care:
 - i) Postural drainage;
 - ii) Cupping;
 - iii) Adjusting oxygen flow within established parameters;
 - iv) Suctioning mouth and/or nose;
 - v) Nebulizers;
 - vi) Ventilator and tracheostomy care;
 - vii) Assistance with set-up and use of respiratory equipment.

- I. Bathing assistance is considered a health maintenance task when the Client requires health maintenance-level skin care, transfers or dressing in conjunction with bathing.
 - m. Medication assistance, which may include setup, handling and administering medications.
 - n. Accompanying includes going with the Client, as necessary according to the care plan, to medical appointments, and errands such as banking and household shopping. Accompanying the Client to provide one or more health maintenance tasks as needed during the trip. Attendant may assist with communication, documentation, verbal prompting and/or hands on assistance when the task cannot be completed without the support of the Attendant.
 - o. Mobility assistance is considered a health maintenance task when health maintenance-level transfers are required in conjunction with the mobility assistance, or:
 - i) The Client is unable to assist or direct care;
 - ii) When hands-on assistance is required for safe ambulation and the Client is unable to maintain balance or to bear weight reliably due to illness, injury, or disability; and/or
 - iii) The Client has not been deemed independent with adaptive equipment or assistive devices ordered by a Licensed Medical Professional
 - p. Positioning includes moving the Client from the starting position to a new position while maintaining proper body alignment, support to a Client's extremities and avoiding skin breakdown. May be performed when health maintenance level skin care is required in conjunction with positioning, or;
 - i) The Client is unable to assist or direct care, or
 - ii) The Client is unable to complete task independently
- 4. Services that may be directed by the Client or their selected AR under the Home and Community-based Supported Living Services (HCBS-SLS) waiver are as follows:
 - a. Homemaker services, as defined at Section 8.500.94.
 - b. Personal care services, as defined at Section 8.500.94.
 - c. Health maintenance activities as defined at Section 8.500.94.

8.510.4 EXCLUDED SERVICES

- 8.510.4.A. CDASS Attendants are not authorized to perform services and payment is prohibited:
 - 1. While Client is admitted to a nursing facility, hospital, a long-term care facility or incarcerated;
 - 2. Following the death of Client;

3. That are duplicative or overlapping. The Attendant cannot be reimbursed to perform tasks at the time a Client is concurrently receiving a waiver service in which the provider is required to perform the tasks in conjunction with the service being rendered;

Companionship is not a covered CDASS service.

8.510.5 ATTENDANT SUPPORT MANAGEMENT PLAN

8.510.5.A. The Client/AR shall develop a written ASMP after completion of training but prior to the start date of services, which shall be reviewed by the Training and Operations Vendor and approved by the Case Manager. CDASS shall not begin until the Case Manager approves the plan and provides a start date to the FMS. The ASMP is required following initial training and retraining and shall be modified when there is a change in the Client's needs. The plan shall describe the Client's:

1. Needed Attendant support;
2. Plans for locating and hiring Attendants;
3. Plans for handling emergencies;
4. Assurances and plans regarding direction of CDASS Services, as described at 8.510.3 and 8.510.6, if applicable.
5. Plans for budget management within the Client's Allocation.
6. Designation of an AR, if applicable.
7. Designation of regular and back-up employees proposed or approved for hire.

8.510.5.B. If the ASMP is disapproved by the Case Manager, the Client or AR has the right to review the disapproval. The Client or AR shall submit a written request to the CMA stating the reason for the review and justification of the proposed ASMP. The Client's most recently approved ASMP shall remain in effect while the review is in process.

8.510.6 CLIENT/AR RESPONSIBILITIES

8.510.6.A. Client/AR responsibilities for CDASS Management:

1. Complete training provided by the Training and Operations Vendor. Clients who cannot complete trainings shall designate an AR.
2. Develop an ASMP at initial enrollment and at time of an Allocation change based on the Client's needs.
3. Determine wages for each Attendant not to exceed the rate established by the Department. Wages shall be established in accordance with Colorado Department of Labor and Employment standards including, but not limited to, minimum wage and overtime requirements. Attendant wages may not be below the state and federal requirements at the location where the service is provided.
4. Determine the required qualifications for Attendants.
5. Recruit, hire and manage Attendants.

6. Complete employment reference checks on Attendants.
 7. Train Attendants to meet the Client's needs. When necessary to meet the goals of the ASMP, the Client/AR shall verify that each Attendant has been or will be trained in all necessary health maintenance activities prior to performance by the Attendant.
 8. Terminate Attendants when necessary, including when an Attendant is not meeting the Client's needs.
 9. Operate as the Attendant's legal employer of record.
 10. Complete necessary employment-related functions through the FMS vendor, including hiring and termination of Attendants and employer-related paperwork necessary to obtain an employer tax ID.
 11. Ensure all Attendant employment documents have been completed and accepted by the FMS vendor prior to beginning Attendant services.
 12. Follow all relevant laws and regulations applicable to the supervision of Attendants.
 13. Explain the role of the FMS vendor to the Attendant.
 14. Budget for Attendant care within the established monthly and CDASS Certification Period Allocation. Services that exceed the Client's monthly CDASS Allocation by 30% or higher are not allowed and cannot be authorized by the Client or AR for reimbursement through the FMS vendor.
 15. Authorize Attendant to perform services allowed through CDASS.
 16. Ensure all Attendants required to utilize EVV are trained and complete EVV for services rendered. Timesheets shall be reviewed and reflect time worked that all required data points are captured to maintain compliance with 8.001.
 17. 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.
 18. Review and submit approved Attendant timesheets to the FMS by the established timelines for Attendant reimbursement.
 19. Authorize the FMS vendor to make any changes in the Attendant wages.
 20. Understand that misrepresentations or false statements may result in administrative penalties, criminal prosecution, and/or termination from CDASS. Client/AR is responsible for assuring timesheets submitted are not altered in any way and that any misrepresentations are immediately reported to the FMS vendor.
 21. Completing and managing all paperwork and maintaining employment records.
 21. Select an FMS vendor upon enrollment into CDASS.
- 8.510.6.B. Client/AR responsibilities for Verification:
1. Sign and return a responsibilities acknowledgement form for activities listed in 8.510.6 to the Case Manager.

8.510.6.C. Clients utilizing CDASS have the following rights:

1. Right to receive training on managing CDASS.
2. Right to receive program materials in accessible format.
3. Right to receive advance Notification of changes to CDASS.
4. Right to participate in Department-sponsored opportunities for input.
5. Clients using CDASS have the right to transition to alternative service delivery options at any time. The Case Manager shall coordinate the transition and referral process.
6. A Client/AR may request a reassessment if the Client's level of service needs have changed.
7. A Client/AR may revise the ASMP at any time with Case Manager approval.

8.510.7 AUTHORIZED REPRESENTATIVES (AR)

8.510.7.A. A person who has been designated as an AR shall submit an AR designation affidavit attesting that he or she:

1. Is least eighteen years of age;
2. Has known the eligible person for at least two years;
3. Has not been convicted of any crime involving exploitation, abuse, or assault on another person; and
4. Does not have a mental, emotional, or physical condition that could result in harm to the Client.

8.510.7.B. CDASS Clients who require an AR may not serve as an AR for another CDASS Client.

8.510.7.C. An AR shall not receive reimbursement for CDASS AR services and shall not be reimbursed as an Attendant for the Client they represent.

8.510.7.D. An AR must comply with all requirements contained in 8.510.6.

8.510.8 ATTENDANTS

8.510.8.A. Attendants shall be at least 16 years of age and demonstrate competency in caring for the Client to the satisfaction of the Client/AR.

1. Minor attendants will not be permitted to operate floor-based vertical powered patient/resident lift devices, ceiling-mounted vertical powered patient/resident lift devices, and powered sit-to-stand patient/resident lift devices (lifting devices).

8.510.8.B. Attendants may not be reimbursed for more than 24 hours of CDASS service in one day for one or more Clients collectively.

8.510.8.C. An AR shall not be employed as an Attendant for the same Client for whom they are an AR.

- 8.510.8.D. Attendants must be able to perform the tasks on the ASMP they are being reimbursed for and the Client must have adequate Attendants to assure compliance with all tasks on the ASMP.
- 8.510.8.E. Attendant timesheets submitted for approval must be accurate and reflect time worked.
- 8.510.8.F. Attendants shall not misrepresent themselves to the public as a licensed nurse, a certified nurse's aide, a licensed practical or professional nurse, a registered nurse or a registered professional nurse.
- 8.510.8.G. Attendants shall not have had his or her license as a nurse or certification as a nurse aide suspended or revoked or his or her application for such license or certification denied.
- 8.510.8.H. Attendants shall receive an hourly wage based on the rate negotiated between the Attendant and the Client/AR not to exceed the amount established by the Department. The FMS vendor shall make all payments from the Client's Allocation under the direction of the Client/AR within the limits established by the Department.
- 8.510.8.I. Attendants are not eligible for hire if their background check identifies a conviction of a crime that the Department has identified as a barrier crime that can create a health and safety risk to the Client. A list of barrier crimes is available through the Training and Operations Vendor and FMS vendors.
- 8.510.8.J. Attendants may not participate in training provided by the Training and Operations Vendor. Clients may request to have their Attendant, or a person of their choice, present to assist them during the training based on their personal assistance needs. Attendants may not be present during the budgeting portion of the training.

8.510.9 FINANCIAL MANAGEMENT SERVICES (FMS)

- 8.510.9.A. FMS vendors shall be responsible for the following tasks:
1. Collect and process timesheets submitted by attendants within agreed-upon timeframes as identified in FMS vendor materials and websites.
 2. Conduct payroll functions, including withholding employment-related taxes such as workers' compensation insurance, unemployment benefits, withholding of all federal and state taxes, and compliance with federal and state laws regarding overtime pay and minimum wage.
 3. Distribute paychecks in accordance with agreements made with Client/AR and timelines established by the Colorado Department of Labor and Employment.
 4. Submit authorized claims for CDASS provided to an eligible Client.
 5. Verify Attendants' citizenship status and maintain copies of I-9 documents.
 6. Track and report utilization of Client allocations.
 7. Comply with Department regulations and the FMS vendor contract with the Department.

8.510.9.B. In addition to the requirements set forth at 8.510.9.A, the FMS vendor operating under the F/EA model shall be responsible for obtaining designation as a Fiscal/Employer Agent in accordance with Section 3504 of the Internal Revenue Code (2021). This statute is hereby incorporated by reference. The incorporation of these statutes excludes later amendments to, or editions of the referenced material. Pursuant to Section 24-4-103(12.5), C.R.S., the Department maintains copies of this incorporated text in its entirety, available for public inspection during regular business hours at 1570 Grant Street, Denver, CO, 80203. Certified copies of incorporated materials are provided at cost upon request.

8.510.10 SELECTION OF FMS VENDORS

8.510.10.A. The Client/AR shall select an FMS vendor at the time of enrollment into CDASS from the vendors contracted with the Department.

8.510.10.B. The Client/AR may select a new FMS vendor during the designated open enrollment periods. The Client/AR shall remain with the selected FMS vendor until the transition to the new FMS vendor is completed.

8.510.11 START OF SERVICES

8.510.11.A. The CDASS start date shall not occur until all of the requirements contained in 8.510.2, 8.510.5, 8.510.6 and 8.510.8 have been met.

8.510.11.B. The Case Manager shall approve the ASMP, establish a service period, submit a PAR and receive a PAR approval before a Client is given a start date and can begin CDASS.

8.510.11.C. The FMS vendor shall process the Attendant's employment packet within the Department's prescribed timeframe and ensure the Client has a minimum of two approved Attendants prior to starting CDASS. The Client must maintain employment relationships with two Attendants while participating in CDASS.

8.510.11.D. The FMS vendor will not reimburse Attendants for services provided prior to the CDASS start date. Attendants are not approved until the FMS vendor provides the Client/AR with employee numbers and confirms Attendants' employment status.

8.510.11.E. If a Client is transitioning from a hospital, nursing facility, or HCBS agency services, the Case Manager shall coordinate with the discharge coordinator to ensure that the Client's discharge date and CDASS start date correspond.

8.510.12 SERVICE SUBSTITUTION

8.510.12.A. Once a start date has been established for CDASS, the Case Manager shall establish an end date and discontinue the Client from any other Medicaid-funded Attendant support including Long-term Home Health, homemaker and personal care services effective as of the start date of CDASS.

8.510.12.B. Case Managers shall not authorize PARs with concurrent payments for CDASS and other waiver service delivery options for Personal Care services, Homemaker services, and Health Maintenance Activities for the same Client.

8.510.12.C. Clients may receive up to sixty days of Medicaid Acute Home Health services directly following acute episodes as defined by 8.523.11.K.1. CDASS service plans shall be modified to ensure no duplication of services.

8.510.12.D. Clients may receive Hospice services in conjunction with CDASS services. CDASS service plans shall be modified to ensure no duplication of services.

8.510.13 FAILURE TO MEET CLIENT/AR RESPONSIBILITIES

8.510.13.A. If a Client/AR fails to meet their CDASS responsibilities, the Client may be terminated from CDASS. Prior to a Client being terminated from CDASS the following steps shall be taken:

1. Mandatory re-training conducted by the contracted Training and Operations Vendor.
2. Required designation of an AR if one is not in place, or mandatory re-designation of an AR if one has already been assigned.

8.510.13.B. Actions requiring retraining, or appointment or change of an AR include any of the following:

1. The Client/AR does not comply with CDASS program requirements including service exclusions.
2. The Client/AR demonstrates an inability to manage Attendant support.
3. The Client no longer meets program eligibility criteria due to deterioration in physical or cognitive health as determined by the Client's physician, physician assistant, or advance practice nurse.
4. The Client/AR spends the monthly Allocation in a manner causing premature depletion of funds without authorization from the Case Manager or reserved funds. The Case Manager will follow the service utilization protocol.
5. The Client/AR exhibits Inappropriate Behavior as defined at 8.510.1 toward Attendants, Case Managers, the Training and Operations Vendor, or the FMS vendor.
6. The Client/AR authorizes the Attendant to perform services while the Client is in a nursing facility, hospital, a long-term care facility or while incarcerated.

8.510.14 IMMEDIATE INVOLUNTARY TERMINATION

8.510.14.A. Clients may be involuntarily terminated immediately from CDASS for the following reasons:

1. A Client no longer meets program criteria due to deterioration in physical or cognitive health AND the Client refuses to designate an AR to direct services.
2. The Client/AR demonstrates a consistent pattern of overspending their monthly Allocation leading to the premature depletion of funds AND the Case Manager has determined that attempts using the service utilization protocol to assist the Client/AR to resolve the overspending have failed.
3. The Client/AR exhibits Inappropriate Behavior as defined at 8.510.1 toward Attendants, Case Managers, the Training and Operations Vendor or the FMS vendor, and the Department has determined that the Training and Operations Vendor has made attempts to assist the Client/AR to resolve the Inappropriate Behavior or assign a new AR, and those attempts have failed.

4. Client/AR authorized the Attendant to perform services for a person other than the Client, authorized services not available in CDASS, or allowed services to be performed while the Client is in a hospital, nursing facility, a long-term care facility or while incarcerated and the Department has determined the Training and Operations Vendor has made adequate attempts to assist the Client/AR in managing appropriate services through retraining.
5. Intentional submission of fraudulent CDASS documents or information to Case Managers, the Training and Operations Vendor, the Department, or the FMS vendor.
6. Instances of proven fraud, abuse, and/or theft in connection with the Colorado Medical Assistance program.
7. Client/AR fails to complete retraining, appoint an AR, or remediate CDASS management per 8.510.13.A.
8. Client/AR demonstrates a consistent pattern of non-compliance with EVV requirements determined by the EVV CDASS protocol.
 - a. Members experiencing FMS EVV systems issues must notify the FMS Vendor and/or Department of the issue within 5 business days. In the event of a confirmed FMS EVV system outage or failure impacting EVV submissions, the Department will not impose strikes or pursue termination, as appropriate, as outlined in the EVV Compliance protocol.

8.510.15 ENDING THE CDASS DELIVERY OPTION

- 8.510.15.A. If a Client chooses to use an alternate care option or is terminated involuntarily, the Client will be terminated from CDASS when the Case Manager has secured an adequate alternative to CDASS in the community.
- 8.510.15.B. In the event of discontinuation of or termination from CDASS, the Case Manager shall:
1. Complete the Notice Services Status (LTC-803) and provide the Client or AR with the reasons for termination, information about the Client's rights to fair hearing, and appeal procedures. Once notice has been given for termination, the Client or AR may contact the Case Manager for assistance in obtaining other home care services or additional benefits, if needed.
 2. The Case Manager has thirty (30) calendar days prior to the date of termination to discontinue CDASS and begin alternate care services. Exceptions may be made to increase or decrease the thirty (30) day advance notice requirement when the Department has documented that there is danger to the Client. The Case Manager shall notify the FMS vendor of the date on which the Client is being terminated from CDASS.
- 8.510.15.C. Clients who are involuntarily terminated pursuant to 8.510.14.A.2., 8.510.14.A.4., 8.510.14.A.5, 8.510.14.A.6., and 8.510.14.A.7. may not be re-enrolled in CDASS as a service delivery option.
- 8.510.15.D. Clients who are involuntary terminated pursuant to 8.510.14.A.1. are eligible for enrollment in CDASS with the appointment of an AR or eligibility documentation as defined at 8.510.2.A.5. The Client or AR must have successfully completed CDASS training prior to enrollment in CDASS.

8.510.15.E. Clients who are involuntary terminated pursuant to 8.510.14.A.3 are eligible for enrollment in CDASS with the appointment of an AR. The Client must meet all CDASS eligibility requirements with the AR completing CDASS training prior to enrollment in CDASS.

8.510.15.F. Clients who are involuntarily terminated pursuant to 8.510.14.A.8 are eligible for enrollment in CDASS 365 days from the date of termination. The Client must meet all eligibility requirements and complete CDASS training prior to enrollment in CDASS.

8.510.16 CASE MANAGEMENT FUNCTIONS

8.510.16.A. The Case Manager shall review and approve the ASMP completed by the Client/AR. The Case Manager shall notify the Client/AR of ASMP approval and establish a service period and Allocation.

8.510.16.B. If the Case Manager determines that the ASMP is inadequate to meet the Client's CDASS needs, the Case Manager shall work with the Client/AR to complete a fully developed ASMP.

8.510.16.C. The Case Manager shall calculate the Allocation for each Client who chooses CDASS as follows:

1. Calculate the number of personal care, homemaker, and health maintenance activities hours needed on a monthly basis using the Department's prescribed method. The needs determined for the Allocation should reflect the needs in the Department-approved assessment tool and the service plan. The Case Manager shall use the Department's established rate for personal care, homemaker, and health maintenance activities to determine the Client's Allocation.
2. The Allocation should be determined using the Department's prescribed method at the Client's initial CDASS enrollment and at reassessment. Service authorization will align with the Client's need for services and adhere to all service authorization requirements and limitations established by the Client's waiver program.
3. Allocations that exceed care in an institutional setting cannot be authorized by the Case Manager without Department approval. The Case Manager will follow the Department's over-cost containment process and receive authorization prior to authorizing a start date for Attendant services.

8.510.16.D. Prior to training or when an Allocation changes, the Case Manager shall provide written Notification of the Allocation to the Client and the AR, if applicable.

8.510.16.E. A Client or AR who believes the Client needs a change in Attendant support, may request the Case Manager to perform a review of the CDASS Task Worksheet and Allocation for services. Review should be completed within five (5) business days.

1. If the review indicates that a change in Attendant support is justified, the following actions will be taken:
 - a. The Case Manager shall provide notice of the Allocation change to the Client/AR utilizing a long-term care notice of action form within ten (10) business days regarding their appeal rights in accordance with Section 8.057, et seq.

- b. The Case Manager shall complete a PAR revision indicating the increase in CDASS Allocation using the Department's Medicaid Management Information System and FMS vendor system. PAR revisions shall be completed within five (5) business days of the Allocation determination.
 - c. The Client/AR shall amend the ASMP and submit it to the Case Manager.
 - 2. The Training and Operations Vendor is available to facilitate a review of services and provide mediation when there is a disagreement in the services authorized on the CDASS Task Worksheet.
 - 3. The Case Manager will notify the Client of CDASS Allocation approval or disapproval by providing a long-term care notice of action form to Clients within ten (10) business days regarding their appeal rights in accordance with Section 8.057, et seq.
- 8.510.16.F. In approving an increase in the Client's Allocation, the Case Manager shall consider all of the following:
 - 1. Any deterioration in the Client's functioning or change in availability of natural supports, meaning assistance provided to the Client without the requirement or expectation of compensation.
 - 2. The appropriateness of Attendant wages as determined by Department's established rate for equivalent services.
 - 3. The appropriate use and application of funds for CDASS services.
- 8.510.16.G. In reducing a Client's Allocation, the Case Manager shall consider:
 - 1. Improvement of functional condition or changes in the available natural supports.
 - 2. Inaccuracies or misrepresentation in the Client's previously reported condition or need for service.
 - 3. The appropriate use and application of funds for CDASS services.
- 8.510.16.H. Case Managers shall cease payments for all existing Medicaid-funded personal care, homemaker, health maintenance activities and/or Long-Term Home Health as defined under the Home Health Program at Section §8.520 et seq. as of the Client's CDASS start date.
- 8.510.16.I. For effective coordination, monitoring and evaluation of Clients receiving CDASS, the Case Manager shall:
 - 1. Contact the CDASS Client/AR once a month during the first three months to assess their CDASS management, their satisfaction with Attendants, and the quality of services received. Case Managers may refer Clients/ARs to the FMS vendor for assistance with payroll and to the Training and Operations Vendor for training needs, budgeting, and supports.
 - 2. Contact the Client/AR quarterly after the first three months to assess their implementation of Attendant services, CDASS management issues, quality of care, Allocation expenditures, and general satisfaction.
 - 3. Contact the Client/AR when a change in AR occurs and contact the Client/AR once a month for three months after the change takes place.

4. Review monthly FMS vendor reports to monitor Allocation spending patterns and service utilization to ensure appropriate budgeting and follow up with the Client/AR when discrepancies occur.
 5. Utilize Department overspending protocol when needed to assist CDASS Client/AR.
 6. Follow protocols established by the Department for case management activities.
- 8.510.16.J. Reassessment: The Case Manager will follow in-person and phone contact requirements based on the Client's waiver program. Contacts shall include a review of care needs, the ASMP, and documentation from the physician, physician assistant, or advance practice nurse stating the Client's ability to direct care.
- 8.510.16.K. Case Managers shall participate in training and consulting opportunities with the Department's contracted Training and Operations Vendor.

8.510.17 ATTENDANT REIMBURSEMENT

- 8.510.17.A. Attendants shall receive an hourly wage not to exceed the rate established by the Department and negotiated between the Attendant and the Client/AR hiring the Attendant. The FMS vendor shall make all payments from the Client's Allocation under the direction of the Client/AR. Attendant wages shall be commensurate with the level of skill required for the task and wages shall be justified in the ASMP.
- 8.510.17.B. Attendant timesheets that exceed the Client's monthly CDASS Allocation by 30% or more are not allowed and cannot be authorized by the Client or AR for reimbursement through the FMS vendor.
- 8.510.17.C. Once the Client's yearly Allocation is used, further payment will not be made by the FMS vendor, even if timesheets are submitted. Reimbursement to Attendants for services provided when a Client is no longer eligible for CDASS or when the Client's Allocation has been depleted are the responsibility of the Client/AR.
- 8.510.17.D. Allocations that exceed the cost of providing services in a facility cannot be authorized by the Case Manager without Department approval.

8.510.18 REIMBURSEMENT TO FAMILY MEMBERS

- 8.510.18.A. Family Members/legal guardians may be employed by the Client/AR to provide CDASS, subject to the conditions below.
- 8.510.18.B. The family member or legal guardian shall be employed by the Client/AR and be supervised by the Client/AR.
- 8.510.18.C. The Family Member and/or legal guardian being reimbursed as a personal care, homemaker, and/or health maintenance activities Attendant shall be reimbursed at an hourly rate with the following restrictions:
1. A Family Member and/or legal guardian shall not be reimbursed for more than forty (40) hours of CDASS in a seven-day period from 12:00 am on Sunday to 11:59 pm on Saturday.
 2. Family Member wages shall be commensurate with the level of skill required for the task and should not deviate from that of a non-Family Member Attendant unless there is evidence of that the Family Member has a higher level of skill.

3. A member of the Client's household may only be paid to furnish extraordinary care as determined by the Case Manager. Extraordinary care is determined by assessing whether the care to be provided exceeds the range of care that a Family Member would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age, and which is necessary to assure the health and welfare of the Client and avoid institutionalization. Extraordinary care shall be documented on the service plan.
- 8.510.18.D. A Client/AR who chooses a Family Member as a care provider, shall document the choice on the ASMP.

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS) PROTOCOL

CDASS Two Attendant Requirement Protocol for FMS Vendors & Case Management Agencies Effective 1.1.2016

I. PURPOSE AND AUTHORITY

A. PURPOSE

The purpose of this protocol is to establish policy and procedures for Financial Management Service (FMS) vendors and Case Management Agencies (CMA) in meeting the requirement for a CDASS client to have two attendants employed with the client selected FMS vendor. Because CDASS clients are responsible for managing their homemaker, health maintenance and personal care services, it is imperative that clients have at least two employees. Two employees provides backup services in the event that the primary attendant is unavailable.

B. AUTHORITY

Consumer Directed Attendant Support Services, [10 CCR 2505-10 8.510](#).

II. DEFINITIONS

- A. Attendant means the individual who meets qualifications in § 8.510.8 who provides CDASS as determined by § 8.510.3 and is hired by the client or client authorized representative.
- B. Authorized Representative (AR) means an individual designated by the client or the legal guardian, if appropriate, who has the judgment and ability to direct CDASS on a client's behalf and meets the qualifications as defined at §8.510.6 and §8.510.7.
- C. Case Management Agency (CMA) means a Department approved agency within a designated service area where an applicant or client can obtain Long Term Services and Supports case management services.
- D. Case Manager means an individual who meets the qualifications to perform case management activities by contract with the Department.
- E. Consumer Directed Attendant Support Services (CDASS) means the delivery option for services that assist an individual in accomplishing activities of daily living when included as a waiver benefit that may include health maintenance, personal care, and homemaker activities.

- F. Department means the Colorado Department of Health Care Policy and Financing
- G. Financial Management Services (FMS) means an entity contracted with the Department and chosen by the client/AR to complete employment related functions for CDASS attendants and track and report on individual client allocations for CDASS.
- H. Training and Operations Vendor means the organization contracted by the Department to provide training to CDASS clients/authorized representatives, provide training to case managers on participant direction, and provide customer service related to participant direction.

III. POLICY OVERVIEW

The purpose of this protocol is to provide guidance to FMS vendors and case management agencies on how to monitor and report CDASS client employment contracts in the CDASS service delivery option. Attendant management is a key element of the CDASS service delivery model as it gives clients the choice and control to select and manage their CDASS attendants. Clients or their CDASS authorized representative are responsible for hiring, training, scheduling and managing attendants. Assuring back up coverage is an essential part of management of attendant services in any model. CDASS clients take responsibility for arranging their own backup care and therefore must always have a backup attendant available. Prior to the case manager and the FMS vendor determining a start date for CDASS, the client or authorized representative is required to establish the employment of two attendants through the client's selected FMS vendor. Maintaining employment of a minimum of two CDASS attendants is essential for the health and welfare of CDASS participants to ensure they are able to access attendant services timely and have their personal care, homemaker, and health maintenance service needs met. **While the client or authorized representative must have established employment with two CDASS attendants, it is the determination of the client or authorized representative whether to utilize one or more attendants to perform services during any pay period.**

This policy overview does not provide guidance for every situation, but rather provides standards for use by FMS vendors and case management agencies.

IV. PROTOCOL

- A. Each FMS vendor is responsible for running a monthly report to identify any clients who do not have an employment relationship with at least two CDASS attendants. When the

FMS vendor identifies a client who does not have two CDASS attendants, the client's FMS vendor shall:

1. Contact the client or client's authorized representative to inform them that the two attendant employment requirement is not being met.
 - a. This contact will be initiated by the client's FMS vendor within five business days of the identification of the client not meeting the requirement. The FMS vendor will mail or email (based on client communication preferences) the client or the client's authorized representative notification regarding noncompliance with the two attendant protocol. The notification will include the CDASS Two Attendant Requirement Protocol for FMS Vendors & Case Management Agencies and FMS employment applications for completion. Client will also be advised of the opportunity for voluntary training through the Department's contracted training and operations vendor regarding locating, interviewing and hiring new attendants. Upon request, the client's FMS vendor will provide the client or client authorized representative with a list of available attendants that are seeking employment.
 - b. The client's FMS vendor will notify the client's case manager regarding the two attendant protocol violation.
2. The client, or client authorized representative is required to submit a completed employee application to hire at least one additional attendant in order to be in compliance with the two attendant requirement.
 - a. The completed employee application must be submitted to the client's FMS vendor within 30 calendar days of FMS notification.
 - b. The client's FMS vendor has five business days to process the employee application and inform the client, or client authorized representative of the employment eligibility determination. The FMS vendor must identify all errors in the employment application within the first three business days and report any errors to the client or AR.
 - c. The client, or client authorized representative will be required to submit additional employment applications within 30 calendar days of notification of selected employee being ineligible for hire.

- d. The FMS vendor will notify the client's case manager upon receipt of the employment application and also upon determination of employment eligibility.
 - e. If a client submits incomplete applications and fails to correct them or continuously submits applications for ineligible employees resulting in no additional hires over a three month period, the client or AR will be required to attend mandatory retraining with the Department's contracted training and operations vendor.
- 3. If the client, or client authorized representative does not submit an employee application within the first 30 calendar days following FMS identification and notification of the client not meeting the two attendant requirement:
 - a. The FMS vendor will notify the client's case manager within five business days of the requirement not being met.
 - b. Within five business days after notification from the client's FMS vendor, the case manager will refer the client or client authorized representative to the Department's contracted training and operations vendor for mandatory retraining. The case manager shall inform the client, or client authorized representative if applicable, that retraining must be completed within 45 days from the date the case manager contacts, and submits the retraining referral to the training and operations vendor. The case manager will send written notification to the client, or client authorized representative informing them of the mandatory training and the time frame for training to be completed.
 - c. The client, or client authorized representative will no longer be required to complete training if an eligible employee is hired before the established 45-day timeframe.
 - d. If the client or AR notifies the FMS with good cause for not complying and has made reasonable efforts to secure a second attendant the FMS will contact the Department to request an extension. The maximum extension is an additional 20 days.
- 4. If the client, or client authorized representative does not complete the required training through the training and operations vendor by the established 45-day timeframe and does not have two attendants approved for employment through the FMS vendor:

- a. The training and operations vendor will notify the client's case manager within five business days of the timeframe for retraining not being met.
 - b. The case manager will notify the client within five business days of notification from the training and operations vendor that the client is required to designate an authorized representative; or a new authorized representative will need to be designated if one is being utilized. The case manager will provide the client with written notification of the requirement and timeframe to designate an authorized representative or a new authorized representative. The authorized representative shall be identified and scheduled for training with the Department's contracted training and operations vendor within 15 calendar days. The authorized representative's training and paperwork with the CDASS training and operations vendor and the client selected FMS vendor shall be completed within 60 calendar days.
 - c. The client authorized representative will be required to submit a complete employment application within 30 calendar days of completing the required CDASS training and paperwork.
 - d. The client's FMS vendor has five business days to process the employee application and inform the client, or client authorized representative of the employment eligibility determination. The FMS vendor must identify all errors in the employment application within the first three business days. The authorized representative will be required to submit at least one additional employment applications within 30 calendar days of notification of the selected employee being ineligible for hire.
5. If the client does not designate an authorized representative or a new authorized representative, or the client authorized representative does not complete all required CDASS training and paperwork within 60 calendar days, the case manager shall:
- a. Inform the client and AR that the client will be terminated from the CDASS service delivery option in accordance with §8.510.12 and 8.510.9.C within 30 calendar days.
 - b. The case manager will work collaboratively with the client to secure IHSS or agency based waiver services.
 - c. The case manager shall provide the client with a Notice of Action, in accordance with §8.510.12.A.1 and §8.510.12.A.2. This notice provides the client with their appeal rights.

- d. The case manager shall notify the client FMS organization of the date on which the client is being terminated from CDASS.
- 6. If the client's authorized representative does not submit an employee application within 30 calendar days following training or does not have two attendants approved for employment through the FMS vendor within 60 calendar days following training, the case manager shall:
 - a. Inform the client and AR that the client will be terminated from the CDASS service delivery option in accordance with §8.510.12 and 8.510.9.C within 30 calendar days.
 - b. The case manager will work collaboratively with the client to secure IHSS or agency based waiver services.
 - c. The case manager shall provide the client with a Notice of Action, in accordance with §8.510.12.A.1 and §8.510.12.A.2. This notice provides the client with their appeal rights.
 - d. The case manager shall notify the client FMS organization of the date on which the client is being terminated from CDASS.

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS) PROTOCOL
CDASS Service Utilization Review & Allocation Management Protocol for Case Management
Agencies Effective **8/1/2019 Revised 4/2/2021**

I. PURPOSE AND AUTHORITY

A. PURPOSE

The purpose of this protocol is to establish policies and procedures for Case Management Agencies (CMA) in the utilization review of services rendered through the Consumer Directed Attendant Support Services (CDASS) delivery option to ensure appropriate, timely and effective management of CDASS Member service and allocation utilization.

Previous over expenditure episodes expire three years from the date of the episode, except for episode five resulting in termination. This protocol is continuous and applies to the duration of the Member's participation in CDASS.

B. AUTHORITY

Consumer Directed Attendant Support Services, [10 CCR 2505-10 8.510](#).

Questions about the application or enforcement of this protocol can be directed to the Colorado CDASS Training and Operations vendor or the Department of Health Care Policy and Financing.

II. DEFINITIONS

- A. Allocation - means the funds determined by the Case Manager in collaboration with the Member and made available by the Department through the Financial Management Services (FMS) vendor for attendant support services available in the CDASS delivery option.
- B. Attendant Support Management Plan (ASMP) - means the documented plan at 8.510.5, detailing management of attendant support needs through CDASS.
- C. Authorized Representative (AR) - means an individual designated by the Member or the Member's legal guardian, if applicable, who has the judgment and ability to direct CDASS on a Member's behalf and meets the qualifications contained in 8.510.6 and 8.510.7.
- D. Benefits Utilization System (BUS) - means the web-based data system maintained by the Department for recording case management activities associated with Long Term Care (LTC) services.
- E. Case Management Agency (CMA) - means a public or private entity that meets all applicable state and federal requirements and is certified by the Department to provide case management services for Home and Community Based Services

waivers pursuant to §§ 25.5-10-209.5 and 25.5-6-106, C.R.S., and has a current provider participation agreement with the Department.

- F. Case Manager - means an individual employed by a Case Management Agency who is qualified to perform the following case management activities: determination of an individual Member's functional eligibility for one or more Home and Community Based Services (HCBS) waivers, development and implementation of an individualized and person-centered care plan for the Member, coordination and monitoring of HCBS waiver service delivery, evaluation of service effectiveness, and periodic reassessment of Member needs.
- G. Consumer Directed Attendant Support Services (CDASS) - means the service delivery option that empowers Members to direct their care and services to assist them in accomplishing activities of daily living when included as a waiver benefit. CDASS benefits may include health maintenance, personal care and homemaker services. In addition, if the Member is on the SLS waiver their services may include Enhanced Homemaker.
- H. Continued Stay Review (CSR) - means a comprehensive evaluation with the individual seeking services and appropriate collaterals (such as family members, advocates, friends and/or caregivers) conducted by the Case Manager, with supporting diagnostic information from the Member's medical provider to determine the Member's level of functioning, service needs, available resources, and potential funding resources.
- I. CDASS Certification Period Allocation - means the funds determined by the Case Manager and made available by the Department for attendant services for the date span the Member is approved to receive CDASS within the annual certification period.
- J. CDASS Training - means the required CDASS training and comprehensive assessment provided by the Training and Operations Vendor to a Member or Authorized Representative.
- K. Department - means the Colorado Department of Health Care Policy and Financing, the Single State Medicaid Agency.
- L. Financial Management Services (FMS) - vendor means an entity contracted with the Department and chosen by the Member or Authorized Representative to complete employment-related functions for CDASS attendants and to track and report on individual Member CDASS allocations.
- M. Long Term Care Certification Period - means the designated period of time in which a Member is functionally eligible to receive services not to exceed one year.
- N. Monthly Member Expenditure Statement (MMES) - is a report that details all service utilization during the month. This statement is produced by the FMS vendor and includes all payments made to attendants during the month. The statement

summarizes expenditures for the month and the remaining yearly allocation amount. The statement reflects payment that has been processed through the date the statement is generated by the FMS. Late timesheets will not be reflected in the account statement until they are approved and processed by the FMS.

- O. Reassessment - means a review of the Assessment, to determine and document a change in the Member's condition or the Member's service needs.
- P. Allocation Reserves - are funds that remain unspent when a Member spends less than the average monthly allocation from the start date of the certification period to the current month of expenditure.
- Q. Training and Operations Vendor - means the organization contracted by the Department to provide training and customer service for self-directed service delivery options to Members, Authorized Representatives and Case Managers.

III. POLICY OVERVIEW

The purpose of this policy is to provide guidance to Case Managers on how to conduct utilization and allocation reviews of services provided through the CDASS delivery option. This policy overview does not provide guidance for every situation, but rather provides standards for use by Case Managers.

Allocation management is a key element of the CDASS delivery model, allowing for increased Member choice and control. Flexibility in how CDASS is utilized enables Members to manage the services they need to live independently and to more fully participate in their communities. CDASS covered service tasks as defined in 8.510.3 and 8.510.94.B are health maintenance, personal care and homemaker services; with Enhanced Homemaker being an additional service available through the SLS waiver. The allocation shall only be used for covered CDASS tasks within the flexibility of the ASMP.

Upon enrollment, at the time of the CSR, or on request of the Member/Authorized Representative, the Case Manager assesses the Member's needs and identifies services to address those needs. CDASS allocations are authorized utilizing the CDASS Task Worksheet based on the Member's need for services and adhere to all service authorization requirements and limitations established by the Member's waiver program. If the Member experiences a change in condition the Case Manager may determine (as set forth in 8.510.16.E) during the service plan year that a reassessment is necessary. If a reassessment is completed and indicates that a change in Attendant support is necessary, the Case Manager shall follow Department guidelines to adjust the service plan. **Previous utilization should not determine an increase or a decrease to the Member's CDASS allocation.**

Each month, the FMS vendor shall notify each CMA when the MMES is available. The Case Manager shall review the MMES for appropriate utilization of services within the allocated amount. CDASS monthly utilization can fluctuate due to factors including but not limited to short term changes in individual needs and attendant turnover. A member is

not allowed to exceed their authorized monthly allocation by more than 29.99% even if reserves are present. Exceeding the monthly allocation by 30% or higher will result in denial of attendant payment. Amounts up to 129.99% of the monthly allocation will be paid out to the attendant if funds are present.

IV. PROTOCOL FOR OVER EXPENDITURE

The Member's assigned Case Manager will review the MMES provided by the Member's FMS vendor on a monthly basis to obtain the percentage of the monthly allocation that the Member/AR spent for the month. Members receiving CDASS through the Elderly, Blind and Disabled (EBD) waiver, Spinal Cord Injury (SCI) waiver, Brain Injury (BI) waiver, or Community Mental Health Supports (CMHS) waiver will have one budget to manage each month. However, Members receiving CDASS through the Supported Living Services (SLS) waiver may have two budgets they will manage each month. The SPAL budget is for personal care, homemaker and enhanced homemaker services while the HMA budget is for health maintenance activities. For these Members, overspending in either budget (or both) will result in one overspending episode.

The Case Manager is expected to discuss CDASS expenditures at each scheduled Member contact to discuss overall spending and budget management. Expenditures exceeding up to 9.99% percent of the Member's average monthly allocation are allowable and do not require the Case Manager to perform immediate follow up. Expenditures which exceed 10% to 29.99% of the average monthly allocation are allowed **if** the Member has allocation reserves that fully cover the expenditure or has received prior authorization from the Case Manager. If prior authorization is granted by the Case Manager, but the Member's remaining annual allocation does not cover the over expenditure, the Case Manager is not responsible as the Member, or their AR, is the legal Employer of Record it is their responsibility to ensure their annual allocation covers the attendants services provided. Prior authorization requires Case Management approval documented in the Service Plan, ASMP or BUS log notes. CDASS expenditures which exceed the Member's monthly CDASS Allocation by 30% or higher are not allowed, even with allocation reserves.

FORMAL ACTION STEPS FOR OVER-EXPENDITURE

If review of the MMES shows expenditures which exceed 10% to 29.99% of the average monthly allocation without reserves available or prior-authorization, the following formal action steps should be taken using the Member/AR preferred communication method:

1. First episode of over expenditure without reserves or prior-authorization:
 - a. The Case Manager shall contact the Member/AR within five business days of receipt of the MMES to:
 1. Request information from the Member/AR on what caused the over expenditure and remind Member/AR to outreach Case Manager for prior-authorization in the future.
Determine if the Member experienced a change in

condition (short-term or long-term) resulting in the need for additional services. Discuss with the Member/AR whether the current Task Worksheet is accurate based on change in condition. Evaluate whether additional care needs will continue and if they will be met through natural supports, CDASS, another state plan or waiver benefit; or a combination thereof without duplication of services rendered.

2. Discuss the over expenditure and develop a plan to reduce expenditures for a period of time within the certification period to support the Member to stay within their annual allocation.
 3. Refer the Member/AR to review their ASMP and offer additional training through the Department contracted Training and Operations Vendor if the Member/AR reports difficulty with managing the allocation. Additional training at this point is advised but not a requirement to continue participation in CDASS.
- b. The Case Manager shall document all activity in the BUS log notes including any training referral submission. The Case Manager will send the Member and AR, if applicable, a copy of this protocol and advise it is also available on the Training and Operations Vendor webpage. In addition, the Member and AR, if applicable, will receive a letter from the Case Manager summarizing the conversation within five business days of the discussion.
2. Second episode of over expenditure without reserves or prior-authorization:
 - a. The Case Manager shall contact the Member/AR within five business days of receipt of the MMES to:
 1. Request information from the Member/AR on what caused the over expenditure and remind Member/AR to outreach Case Manager for prior-authorization in the future. Determine if the Member experienced a change in condition (short-term or long-term) resulting in the need for additional services. Discuss with the Member /AR whether the current Task Worksheet is accurate based on change in condition. Evaluate whether additional care needs will continue and if they will be met through natural supports, CDASS, another state plan or waiver benefit; or a combination thereof without duplication of services rendered.
 2. Discuss the over expenditure and develop a plan to reduce expenditures for a period of time within the certification period to support the Member to stay within their annual

allocation.

3. Inform the Member/AR that mandatory retraining is required utilizing the Department contracted Training and Operations Vendor.
- b. The Case Manager will send the Member and AR, if applicable, a letter summarizing the conversation and the referral for additional retraining within five business days of the discussion.
- c. Refer the Member/AR for **mandatory** training through the Department contracted Training and Operations Vendor.
 1. The Member/AR training shall be completed within 45 calendar days from the date of the referral to the Training and Operations Vendor.
 2. At completion of training the Member/AR must complete an ASMP Update for Case Manager approval to document a plan for service utilization and allocation management, and sign an acknowledgement of this allocation management protocol during the training session.
 3. Failure to complete Member/AR training within designated timelines requires case management action. The Case Manager will issue a Notice of Action (803) to the Member stating CDASS participation is being terminated.
 4. The Case Manager will document in the BUS log notes the discussion and date of training referral submission.
3. Third episode of over expenditure without reserves or prior-authorization:
 - a. The Case Manager shall contact the Client/AR within five business days of receipt of the MMES to:
 1. Request information from the Member/AR on what caused the over expenditure and remind Member/AR to outreach Case Manager for prior-authorization in the future. Determine if the Member experienced a change in condition (short-term or long-term) resulting in the need for additional services. Discuss with the Member/AR whether the current Task Worksheet is accurate based on change in condition. Evaluate whether additional care needs will continue and if they will be met through natural supports, CDASS, another state plan or waiver benefit; or a combination thereof without duplication of services rendered.

2. Discuss the over expenditure and develop a plan to reduce expenditures for a period of time within the certification period to support the Member to stay within their annual allocation.
 3. Inform the Member/AR that a **mandatory** change in AR or use of an AR is required. The AR shall be identified and scheduled for training with the Department contracted Training and Operations Vendor within 15 calendar days.
- b. Mail Member a Notice of Action (803) for requirement to change or appoint an AR.
 - c. Mail Member a copy of the spending modification plan in a letter sent to the Member and AR within five business days of the discussion.
 - d. Refer the new Member/AR for **mandatory** training through the Department contracted Training and Operations Vendor within 15 calendar days.
 1. The Member/AR training shall be completed within 45 calendar days from the date of the referral to the Training and Operations Vendor.
 2. At completion of training the Member/AR must complete an ASMP for Case Manager approval to document a plan for service utilization and allocation management, and sign an acknowledgement of this allocation management protocol during the training session.
 3. Failure to complete Member/AR training within designated timelines requires case management action. The Case Manager will issue a Notice of Action (803) to the Member stating CDASS participation is being terminated.
 - e. The Case Manager will document in the BUS log notes the discussion and date of training referral submission.
4. Fourth episode of over expenditure without reserves or prior-authorization:
 - a. The Case Manager shall contact the Member/AR within five business days of receipt of the MMES to:
 1. Request information from the Member/AR on what caused the over expenditure and remind Member/AR to outreach Case Manager for prior-authorization in the future. Determine if the Member experienced a change in condition (short-term or long-term) resulting in the need

for additional services. Discuss with the Member/AR whether the current Task Worksheet is accurate based on change in condition. Evaluate whether additional care needs will continue and if they will be met through natural supports, CDASS, another state plan or waiver benefit; or a combination thereof without duplication of services rendered.

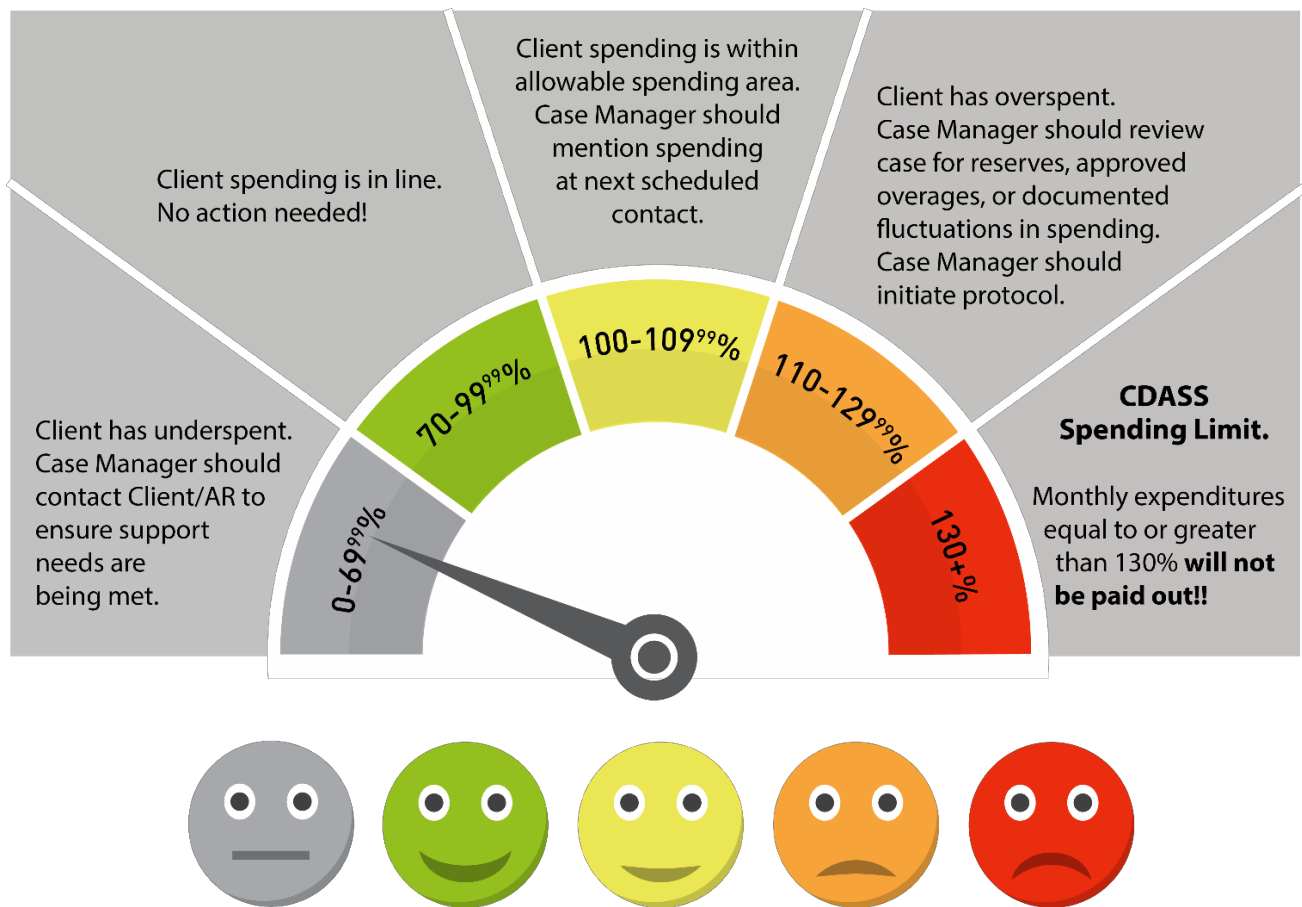
2. Discuss the over expenditure and develop a plan to reduce expenditures for a period of time within the certification period to support the Member to stay within their annual allocation.
 3. Inform the Member/AR that mandatory retraining is required utilizing the Department contracted Training and Operations Vendor.
- b. Refer the Member/AR for **mandatory** retraining through the Department contracted Training and Operations Vendor.
1. The Member/AR training shall be completed within 45 calendar days from the date of the referral to the Training and Operations Vendor.
 2. At completion of training the Member/AR must complete an ASMP Update for Case Manager approval to document a plan for service utilization and allocation management, and sign an acknowledgement of this allocation management protocol during the training session.
 3. Failure to complete Member/AR training within designated timelines requires case management action. The Case Manager will issue a Notice of Action (803) to the Member stating CDASS participation is being terminated.
- c. The Case Manager will send the Member and AR, if applicable, a letter summarizing the conversation and the referral for additional training within five business days of the discussion.
- d. The Case Manager will document in the BUS log notes the discussion and date of training referral submission.
5. Fifth episode of over expenditure without reserves or prior-authorization:
- a. The Case Manager shall contact the Member/AR within five business days of receipt of the MMES to inform the Member/AR that the

Member will be terminated from the CDASS service delivery option in accordance with 8.510.12 within 30 calendar days.

- b. Case Manager will mail Notice of Action (803) to Member for CDASS termination. Member is not eligible for re-enrollment in the service delivery option.
- c. The Case Manager will work collaboratively with the Member and their support system to secure agency-based waiver and/or state plan services. If the Case Manager determines that the Member cannot be safely served given the type or amount of services available, the Case Manager shall comply with all provisions of 8.393.25. A.2. The Case Manager shall provide the Member with a Notice of Action (803), in accordance with 8.510.13.A.2
- d. The Case Manager shall notify the FMS vendor of the date on which the Member is being terminated from CDASS.
- e. The Case Manager shall document all activities in the BUS log notes and close the Member's service authorization in the FMS portal.

C. PROTOCOL FOR UNDER EXPENDITURE

If the MMES indicates that expenditures are 30% below the Member's average monthly allocation the Case Manager will contact the Member/AR to review service utilization reasons such as; health and safety supports are being met, experienced a change in condition or support needs, or hospitalization. Case Manager shall offer support through the Departments contracted Training and Operations Vendor for hiring and/or budgeting assistance, if needed, and document all activities in the BUS log notes. **Underutilization should not determine a decrease to a CDASS allocation for current certification period or future certification period.**





Consumer Directed Attendant Support Services Electronic Visit Verification Compliance Protocol

Effective February 1, 2022

Background: Electronic Visit Verification (EVV) is a technology solution that verifies service provision through mobile application, telephony, or web-based portal. EVV is used to ensure that home or community-based services are delivered to people needing those services by documenting the precise time service begins and ends.

Purpose: Section 12006 of the 21st Century Cures Act requires that all state Medicaid agencies implement an EVV solution and the Centers for Medicare & Medicaid Services (CMS) expect compliance with EVV to avoid reductions in federal funding. Due to the unique structure of the CDASS Delivery Option, this compliance protocol was developed collaboratively with employers/members or their authorized representatives (ARs), attendants, Financial Management Services (FMS) Vendors, and Consumer Direct of Colorado's (CDCO) input.

In order to ensure employer/member compliance with EVV, this protocol has been developed. It will be in place for the duration of an employer/member's participation in CDASS. CDASS employers/members must meet CDASS requirements, including ensuring monthly EVV compliance.

Protocol Terms:

- **Electronic Visit Verification (EVV)** - EVV means the use of technology, including mobile device, telephony, or web-based portal, to verify the required data elements related to the delivery of Health First Colorado Services as mandated by the 21st Century Cures Act and CCR 2505-10 Section 8.001.
- **Verified Visit** - A verified visit is an EVV record that does not contain any exceptions, meaning either no exceptions exist, or they have been fixed, making the visit eligible for claim matching.
- **Incomplete Visit** - An EVV visit is considered incomplete if it requires manual intervention before it can be considered closed, completed, or verified.
- **Manual Entry** - A manual EVV entry is when all verification points of data of an EVV record are manually entered through the web-based portal after the time of service.



- **Match Rate** - Monthly rate at which claims are matched to EVV records. This rate will be used to determine compliance.
- **Matched Visit** - A matched visit is an EVV record that has matched to a billed and paid claim. A matched visit requires a verified EVV record and a billed claim that has no other claim errors. Incomplete EVV records will not match. For a claim to match, it must have a verified EVV record logged at least the day before the FMS vendor submits claims.
- **Strike** - A strike is received by an employer/member when their monthly match rate is 79% or lower. Match rates are negatively impacted, and strikes may be produced by either no EVV records being documented or EVV records being incomplete.

Protocol Summary

Each month, 80% or more of a member's CDASS services must have a matching EVV record [based on the respective pay period\(s\)](#). If less than 80% of EVV claims have a matching EVV record the member will receive a strike. The protocol allows a maximum of five (5) strikes, with the option to remove a strike with satisfactory completion of a performance improvement plan. Employer/members will be given the opportunity to complete training to improve their compliance. Strikes reset to zero (0) on February 15th annually to accommodate timely filing. Failure to complete the requirements of a strike within a reasonable amount of time may result in additional strike(s).

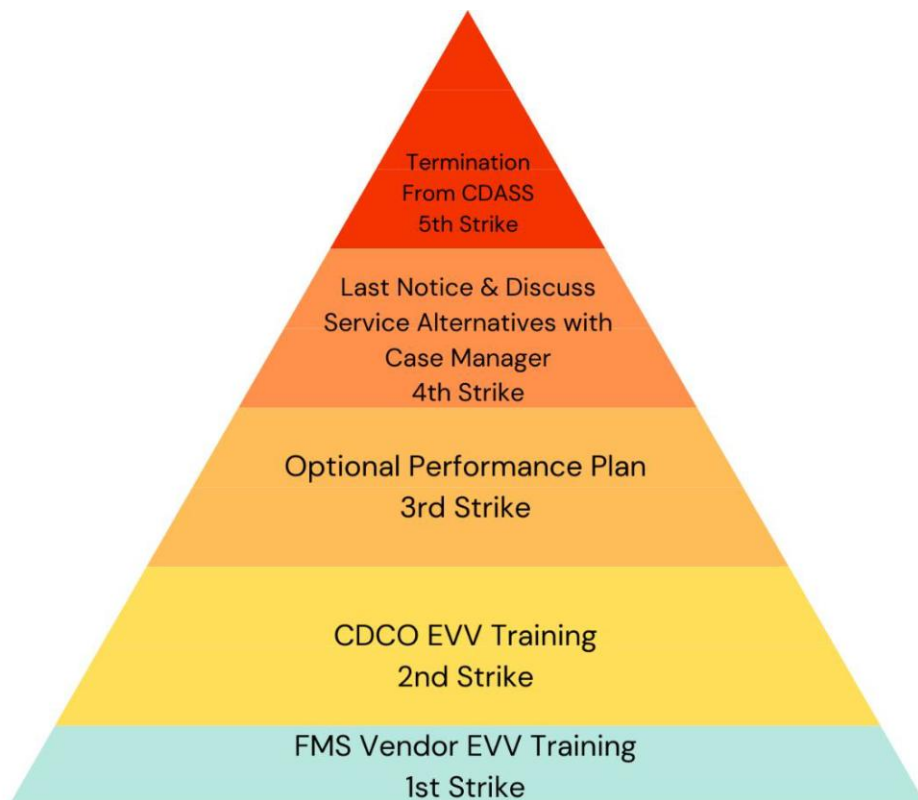
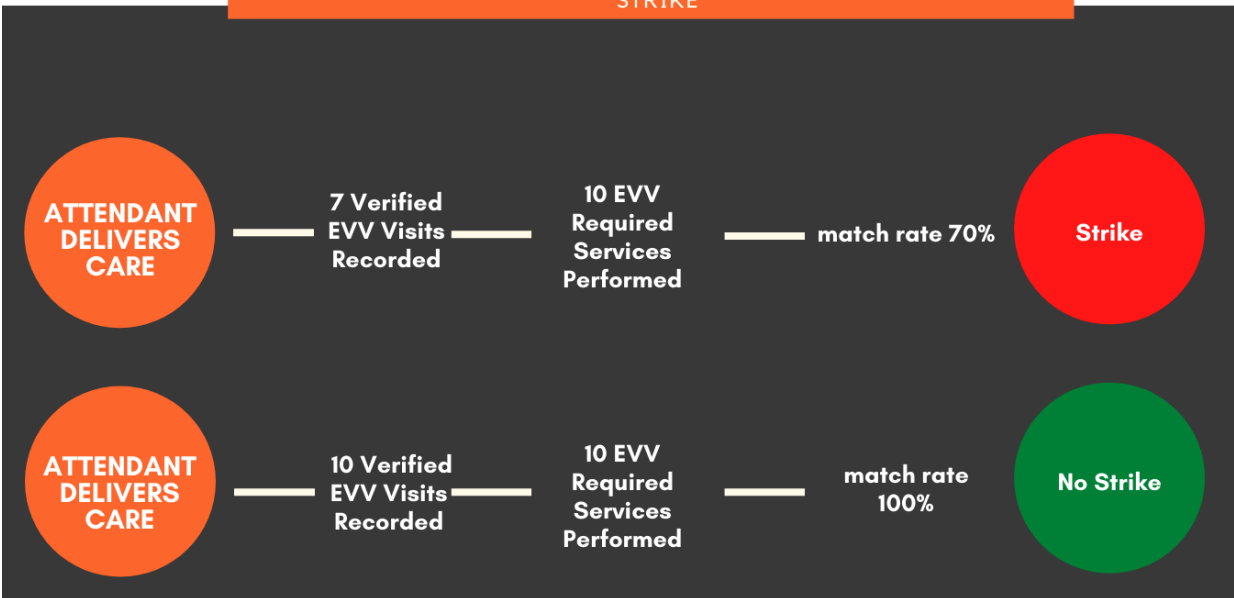
Notice: If a system issue occurs that prevents a member from recording EVV, they must report the issue by completing the [Participant Directed Programs Unit Feedback Form](#) and be able to verify through some form of documentation. Those who have limited access to the form may contact the Department's EVV team by calling 720-273-6967. System issues that are reported and can be verified will not count towards or result in a strike.

Additionally, at this time entering visits through the web portal by manually entering or modifying visits are both acceptable methods for recording EVV and will not result in a strike. While entering visits through the web portal is acceptable, it should only be used in rare circumstances and not as the sole method for recording EVV.

For full details of this protocol, see the [CDASS EVV Compliance Protocol Policy](#).

Match Rates

HOW MATCH RATES ARE CALCULATED AND HOW NOT TO GET A STRIKE



Below are the full details and requirements of each strike within the CDASS EVV Compliance Protocol

Strike 1:

- Notify employer/member within 7 business days of 1st strike and requirements.
- Employer/member required to complete FMS Vendor EVV Training within 30 days of receipt of strike notification.

Strike 2:

- Notify employer/member within 7 business days of 2nd strike and requirements.
- Employer/member required to complete CDCO EVV training within 30 days of strike notification

Strike 3:

- Notify employer/member within 7 business days of 3rd strike.
- [EVV Performance Improvement plan](#) (PIP): employer/member may complete optional EVV PIP, with satisfactory completion of the EVV PIP resulting in a one-time removal of a strike.
 - The EVV PIP is a form that can be completed online or over the phone that requires the employer/member to answer multiple choice questions, identify obstacles they're experiencing, and develop solutions for those obstacles.
 - Submit EVV PIP to Department before 1st of the following month by following the link above or contacting EVV Team, 720-273-6967.

Strike 4:

- Notify employer/member within 7 business days of 4th Strike and review EVV purpose and requirements.
- Notice to employer/member about possible termination from CDASS if 5th strike occurs.
- Discuss service alternatives with case manager

Strike 5:

- Notify employer/member within 7 business days of 5th strike.
- Employer/member will be terminated from CDASS within 30 days and will not be eligible to re-enroll in CDASS for 365 days.
 - Case manager will send an LTC-803 Notice of Action to the employer/member and will work with the member to find new services.

CDASS EVV COMPLIANCE PROTOCOL HIGHLIGHTS

	STRIKE 1	STRIKE 2	STRIKE 3	STRIKE 4	STRIKE 5
Notice to FMS & Member	✓	✓	✓	✓	✓
Required FMS Vendor Training	✓				
Required CDCO Re-training		✓			
Performance Improvement Plan			✓		
Discuss Service Alt. with Case Manager				✓	
Termination from CDASS					✓

By signing below, I _____, attest that I have read this CDASS EVV Compliance Protocol and understand the policy in its entirety. I further understand and agree that episodes of EVV non-compliance will follow the established protocol and formal action steps may include, but are not limited to, termination of the employer/member from the CDASS delivery option.

Employer/Member or Authorized Representative Signature:

Date: _____

If you would like to sign up for free Consumer Direct of Colorado (CDCO) training, call 844-381-4433.

If you have questions about how to properly record EVV or how to use your EVV Solution, please contact your FMS Vendor directly.

If you have questions about EVV requirements, contact the Department at evv@state.co.us or 720-273-6967 to reach Jillian Estes, EVV Policy Advisor.

Additional information can be found on the [Participant Directed Programs Page](#).

Appendix B

Preventing Abuse, Neglect, & Exploitation

1. Definition

Adult and child abuse refers to any form of mistreatment of a person by a caregiver, family member, spouse, or friend. Categories of abuse include:

A. Abuse

Intentional infliction of physical, mental, or verbal harm and/or unreasonable confinement.

B. Sexual abuse or sexual assault

Sexual contact with any person incapable of giving consent, either by force or through threatening behavior or through force or coercion, which means by force or threatening.

C. Neglect

Failing to provide a person food, water, clothing, medicine, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health. Shelter refers to housing but also refers to the environment in which one lives. Leaving a person in unsafe or hazardous environments can be neglect. For children this also applies to parents leaving a child with no one to care for him/her, or leaving a child with a caretaker and not returning or making other arrangements for his/her care.

D. Financial exploitation

The improper or unauthorized use of a person's funds, property, or assets. This includes forgery, stealing money or possessions, or tricking a person into signing documents that transfer funds, property, or assets. For children this also includes using a child for material gain, including forcing a child to panhandle, steal or perform other illegal or involuntary activities.

E. Emotional abuse

Psychological abuse such as name-calling, insults, threats, and intimidation.

2. Risk Factors

A. Adult abuse

- Previous incidents of domestic violence by spouse.
- Financial dependency of the adult on the abuser.
- Mental illness of abuser.
- Adult children living with older parent.
- Abuser isolates adult to prevent the abuse from being discovered.

B. Child abuse

- Child living in area with high poverty, unemployment, or crime rates.
- Child has physical and/or mental disability.
- Abuser has history of physical or sexual abuse.
- Abuser has low self-esteem, abuses drugs or alcohol, or suffers from depression or mental illness.

3. Signs

A. Adult abuse

- Physical: bruises, broken bones, cuts, or other untreated injuries in various stages of healing.
- Behavioral: isolation, alarming actions, unprovoked outbursts, or withdrawing from previously enjoyed activities.
- Sexual: bruises around breast or genital area; signs of sexually transmitted diseases (STDs). Pregnancy in at-risk adults can sometimes be a sign of abuse.
- Emotional: adult is upset or agitated, withdrawn, non-communicative, or paranoid.
- Neglect: dehydration, malnutrition, pressure ulcers, poor personal hygiene, and unsafe or unsanitary living conditions.
- Financial: unusual banking activity; missing financial statements or other personal effects such as jewelry; signatures on checks that do not match adult's signature.

B. Child Abuse

- Physical: bruises, broken bones, cuts, or other untreated injuries in various stages of healing.
- Behavioral: isolation, alarming actions, unprovoked outbursts, or withdrawing from previously enjoyed activities.
- Sexual: bruises around breast or genital area; signs of sexually

transmitted diseases (STDs), pregnancy. Emotional: eating disorders; speech disorders; developmental delay; cruel behavior; behavioral extremes.

- Neglect: poor hygiene; absenteeism from school; hunger; tiredness; begging for or collecting leftovers; assuming adult responsibilities; reporting no caretaker at home.

4. Prevention

- A. Learn the facts and recognize the signs of abuse, alarming behaviors, neglect, and exploitation.
- B. Get involved in social activities
- C. Talk to neighbors, family, and friends
- D. Be willing to accept help from others
- E. Know your resources and know who to call for help

5. Reporting Requirements

- A. According to Colorado Law C.R.S. 26-3.1-102 (2014), all persons who observe the mistreatment, self-neglect, or exploitation of an **at-risk adult** or who has reasonable cause to believe that an at-risk adult has been mistreated, is self-neglected, or has been exploited and is at imminent risk of mistreatment, self-neglect, or exploitation **are urged** to report such fact to a county department not more than twenty-four hours after making the observation or discovery.
- B. Also, as required by Colorado Law CRS 18-6.5-108, all persons who observe the abuse or exploitation of an **at-risk elder**, or who have reasonable cause to believe that an at-risk elder has been abused or exploited or is at imminent risk of abuse or exploitation shall report such fact to a law enforcement agency not more than twenty-four hours after making the observation or discovery.

C. Immunity

Persons making a report of mistreatment of an at-risk adult or at-risk elder in good faith are immune from civil or criminal liability unless they are the perpetrator.

D. False Reports

Reporters who **knowingly** make a false report may be charged with a misdemeanor, punishable by up to six months in jail and a \$750 fine, or both.

6. Legal Penalties

Any person who has been employed to provide care to an incapacitated or vulnerable adult or elder and who causes or permits the person's life to be endangered or his/her health to be injured or endangered by neglect or abuse can be found guilty of a felony.

NOTE



An individual who is found guilty of a felony will face jail time; a felony conviction limits the type of jobs the individual can hold in the future. For example, convicted felons are unable to work in most healthcare or educational systems.

Adult Protective Services Contact Information³

County	APS Contact
Adams	303-227-2049
Alamosa	719-589-2581
Arapahoe	303-636-1750
Archuleta	970-264-2182
Baca	719-523-4131
Bent	719-456-2620
Boulder	303-441-1309
Broomfield	720-887-2271
Chaffee	719-539-6627
Cheyenne	719-767-5629
Clear Creek	303-679-2365
Conejos	719-376-5455
Costilla	719-672-4131
Crowley	719-267-3549
Custer	719-783-2371
Delta	970-872-1000
Denver	720-944-2994
Dolores	970-677-2250
Douglas	303-663-6270
Eagle	970-328-7720
El Paso	719-444-5755
Elbert	303-621-3210
Fremont	719-275-2318
Garfield	970-945-9193
Gilpin	303-582-5444
Grand	970-725-3331
Gunnison	970-641-3244
Huerfano	719-738-2810
Hinsdale	970-641-3244
Jackson	970-723-4750
Jefferson	303-271-4673
Kiowa	719-438-5541

County	APS Contact
Kit Carson	719-346-8732
La Plata	970-382-6150
Lake	719-486-0393
Larimer	970-498-7770
Las Animas	719-846-2276
Lincoln	719-743-2404
Logan	970-522-2194
Mesa	970-248-2888
Mineral	719-657-3381
Moffat	970-824-8282
Montezuma	970-565-3769
Montrose	970-252-7076
Morgan	970-542-3530
Otero	719-383-3166
Ouray	970-626-2299
Park	303-816-5939
Phillips	970-854-2280
Pitkin	970-429-2047
Prowers	719-336-7486
Pueblo	719-583-6853
Rio Blanco	970-878-9640
Rio Grande	719-657-3381
Routt	970-870-5533
Saguache	719-655-2637
San Juan	970-382-6150
San Miguel	970-728-4411
Sedgwick	970-474-3397
Summit	970-485-5353
Teller	719-686-5550
Washington	970-345-2238
Weld	970-346-7676
Yuma	970-332-4877

³ Colorado Department of Human Services, Office of Community Access & Independence, Division of Aging & Adult Services: APS Contact List, <https://drive.google.com/file/d/0B6jLab7wPqJteG9fbFRXam5XMVVMQVIOVVZ4cGhuWktzZ3k0/view> (accessed 9/30/2016)

Appendix C



F/EA Model Frequently Asked Questions

**Created by Consumer Direct for Colorado and approved by the
Colorado Department of Health Care Policy and Financing
March 2021**

Regardless of the service option, In-Home Support Services (IHSS) (agency-based) or Consumer-Directed Attendant Support Services (CDASS), minimizing risk is a joint effort between the Member or Authorized Representative and Financial Management Service (FMS) provider. The Department of Health Care Policy and Financing (HCPF) contracts with the FMS provider in accordance with the State of Colorado Procurement C. R. S. 25.5-6-12 et sec. and requires that they operate within industry standards, HCPF rules and regulations, and State and federal law.

Likewise, Members and Authorized Representatives have the responsibility to follow CDASS rules, FMS policies and procedures, and employment laws. These are put in place to provide protection to the Member or Authorized Representative, Attendants, the FMS, and the State of Colorado.

This Fiscal Employer Agent (F/EA) Model Frequently Asked Questions sheet has been created to highlight the features and responsibilities associated with this model of FMS. It is intended to assist Members and Authorized Representatives to understand the protections in place and potential liability.

1. Q: What happens if the FMS provider inappropriately files payroll taxes?

A: Upon appointment as your fiscal agent, the FMS provider assumes responsibility for properly filing employer and Attendant related payroll taxes with the IRS and State of Colorado. Filing is based on the information submitted by the Attendant on their W-4 and employee-identified exemptions based on the employee-employer relationship status. In the event there is an issue with the tax

filings or incurred tax penalties due to FMS error, the FMS provider assumes responsibility.

The National Resource Center for Participant-Directed Services has published the following related to this topic:

As a participant-employer who uses a Fiscal/Employer Agent (F/EA), what is my status at the IRS?

The IRS has a special tax classification designated specifically for self-directing individuals who hire workers and use an F/EA. The IRS officially classifies these individuals as “Home Care Service Recipients,” a special type of household employer. The Internal Revenue Manual, which instructs IRS agents on how to enforce tax regulations, has detailed instructions in place for Home Care Service Recipients. The Manual directs IRS agents to handle participants’ tax matters with the greatest possible sensitivity. The Manual also makes clear to IRS agents that an F/EA is responsible for handling wages and taxes related to Home Care Service Recipients, and the F/EA should be the only point of contact about tax issues related to participants’ program activity.

In the event of a tax problem related to participation in a self-direction model, the IRS has stated publicly that they would follow up with the F/EA, not the Participant, for any taxes and penalties due. The IRS internal databases also reflect this position, as the IRS has reported that upon establishment as a Home Care Service Recipient in the IRS systems, the participant-employer’s individual filing requirements and opportunity to get notices, liens, and levies from the IRS are *removed* and instead those filing requirements and opportunities for notices, liens and levies are connected to the Fiscal/Employer Agent who has submitted an IRS Form 2678, *Employer Appointment of Agent* on the participant-employer’s behalf.

(The National Resource Center for Participant-Directed Services uses F/EA to identify the Fiscal Management Service.)

2. Q: What happens if the FMS provider is unable to process and/or pay attendant payroll?

A: Each FMS provider was required to submit a Business Continuity plan to HCPF. In the event of technical issues, emergencies, natural disasters or similar, the plan details how the FMS provider will respond.

Prior to contracting with the FMS providers, HCPF required the FMS providers to demonstrate they were financially solvent. Additionally, FMS providers are subject to an annual review by HCPF.

Having multiple FMS providers allows for additional assurances. In the event one FMS provider's contract is terminated or the FMS provider becomes financially insolvent, HCPF will work with Members and/or Authorized Representatives and the remaining FMS providers to ensure attendant payroll is processed and paid. The timing of payment is dependent on the timely completion of Attendant paperwork and timesheet submittal.

The National Resource Center for Participant-Directed Services has published the following related to this topic:

What happens if my Fiscal/Employer Agent (FMS provider) goes out of business and there are unpaid taxes? Would I be liable then?

The IRS has stated publicly that they would go after the funding source, that is, the Medicaid program, for unpaid taxes. If a Fiscal/Employer Agent in a Medicaid-funded program went out of business with unpaid taxes, the IRS policy would be to recover the amount due from the state Medicaid program, **NOT** from participants.

3. Q: What happens if an attendant is injured?

A: The FMS providers ensure workers' compensation insurance is in place in the event an Attendant is injured when "clocked in" and working with a Member. Each FMS provider has a process for reporting a workplace injury.

It is important to note that Members and Authorized Representatives play a key role and have a responsibility for creating a safe work environment.

See Question #4 for additional information on workers' compensation insurance.

4. Q: What insurances are FMS providers required to have?

A: Workers' Compensation Insurance is provided for CDASS Attendants the FMS providers. CDASS employers or their Attendants should contact their FMS provider for more detailed information about the coverage and process to file a claim.

5. Q: How do FMS providers demonstrate they have the required insurance?

A: Contract holders with the state must provide copies of insurance certificates, to HCPF.

6. Q: What happens if an FMS provider's insurance is cancelled?

A: Contract language indicates the FMS provider must notify HCPF if any change occurs in it maintaining an active Workers' Compensation Insurance policy.

7. Q: Is it possible that an Attendant is exempt from Federal Income Taxes?

A: Per IRS 2014-7 an Attendant could be exempt if the requirements of IRS 2014-7 are met. <https://www.irs.gov/Individuals/Certain-Medicaid-Waiver-Payments-May-Be-Excludable-From-Income>.

If an Attendant believes they meet this exemption, they may notify the FMS provider. The attendant should check with the FMS provider regarding their current process.

It is important to note that attendants should seek advice from a tax professional if they have questions.

8. Q: What happens if I overspend my monthly allocation by 130% or more?

A: If an Attendant's wages exceed 129.99% of the Member's monthly allocation, the Employer of Record would be responsible for providing payment of the difference. The FMS provider will pay up to 129.99%, if there are available allocation funds, but anything 130% and beyond is the responsibility of the employer to pay. The FMS provider or Case Manager do not have the ability to approve expenses of 130% or more, and a Member's reserve funds will not cover the expenditure beyond 129.99%.

If you have questions about how this affects payroll taxes, talk with a tax professional.

9. Q: How is a family member's social security and possible eligibility for unemployment impacted?

A: Per IRS Publication 15, <https://www.irs.gov/publications/p15>, if an Attendant is in one of the following relationships with the Federal Employer Identification Number (FEIN) holder, the Attendant is exempt from the employee's portion of Federal Insurance Contributions Act (FICA or Social Security and Medicare) and the employer is exempt from the employer's portion of FICA and Federal Unemployment Tax Act (FUTA) and State Unemployment Tax (SUTA).

Relationship to FEIN Holder:	FICA	FUTA	SUTA
Child employed by Parent	Exempt until 21st Birthday	Exempt until 21st Birthday	Exempt until 21st Birthday
Parent employed by Adult Child (including Adoptive or Stepparent)	Exempt	Exempt	Not Exempt
Spouse employed by Spouse	Exempt	Exempt	Exempt

Per the IRS, the Attendant or employer cannot opt out of these exemptions. It is true that the Attendant would not be earning social security credits and since the employer is exempt from paying into FUTA and SUTA, the Attendant could not collect unemployment. The Attendant should check with the FMS provider regarding their process for identifying family relationships.

It is important to note that attendants should seek advice from a tax professional if they have questions.

Publication 15 applies to all businesses and is not specific to the Home Care Service Recipient (HCSR), which is the designation the IRS has given to an EIN holder in an F/EA situation.

10. Q: What does the FMS provider consider a substantial period of time for hospitalization (for example) after which they will consider the Member a

financial risk? In such cases, would a CDASS Member be terminated from CDASS?

A: There is no financial risk to the FMS provider if the Member becomes ill. The FMS provider cannot terminate services to a CDASS Member. Additionally, a CDASS Member can only be terminated in accordance with 10 CCR 2505-10 Sections 8.510.14 and 8.510.15.

11. Q: In the F/EA model, if a CDASS Member is in the hospital for an extended period of time and loses their attendants, could the CDASS Member go to Consumer Direct for help finding new Attendants when they get back home? Or is the CDASS Member on their own in such cases? In other words, what support is available to hire new Attendants?

Consumer Direct hosts an Attendant Directory on their website as a tool to help connect potential Attendants with Members. You can access this directory at <http://consumerdirectco.com> and click on “CDASS Directory.”

12. Q: What liability does a Member have when being an employer?

A: Members face the same liabilities that any other employer will face. Details can be found on the IRS website at www.irs.gov.

13. Q: Under the F/EA model, how do I get a Tax/Employer ID Number (EIN)?

A: The FMS provider will assist Members/Authorized Representatives in obtaining the FEIN.

The following forms are required to be completed by the Member or Authorized Representative and returned to the FMS provider to appoint the FMS provider as the agent. The FMS provider will then assist with obtaining the Federal Employer Identification Number (FEIN) and the State of Colorado unemployment and withholding accounts.

- IRS Form SS-4: Application for Employer Identification Number – Form SS-4 is used to obtain the FEIN.
- IRS Form 2678: Employer/Payroll Appointment of Agent – Form 2678 authorizes the FMS provider to act as the agent with the IRS.
- IRS Form 8821: Tax Information Authorization – Form 8821 indicates the type of taxes and corresponding forms the Agent may file on behalf of the Member or Authorized Representative.

- Colorado DR 0145: Colorado Department of Revenue – Form DR 0145 authorizes the FMS provider to act as the agent with the State of Colorado.
- Colorado UITL-100: Application for Unemployment Insurance Account and Determination of Employer Liability – Form UITL-100 is used to register the FEIN holder with the Department of Labor and Employment and create an unemployment account. Colorado CR 0100AP – Colorado Sales Tax Withholding Account Application – Form CR 0100 is used to apply for a tax withholding account with the Colorado Department of Revenue.

It is important to note that the IRS assigns Members a Home Care Service Recipient (HCSR) designation when the FMS provider applies for a Federal Employer Identification Number (FEIN). This designation indicates the Member is an employer receiving Medicaid funds and the FEIN is for the purpose of filing employer related payroll taxes. The FEIN assignment is not a business that will earn a profit or incur a loss.

14. Q: Who can hold the FEIN, the Member, or the Authorized Representative?

A: The FEIN should be held by whoever is directing and managing the services. In most cases this will be the Member. In cases where an Authorized Representative is directing and managing the services, the Authorized Representative should hold the FEIN.

UPDATE (11/2015): Per the National Resource Center for Participant-Directed Services: In self-direction programs, the individual receiving services is usually registered as the employer. But when the individual receiving services cannot perform employer duties or prefers not to do them, he/she can authorize a representative to serve as the employer and make employer decisions on his/her behalf.

A best practice is to register the person who is actually performing the majority of employer duties as the employer. Employer duties include:

- Hiring and firing workers.
- Training workers.
- Managing and scheduling workers.
- Deciding how much workers are paid.

15. Q: How do the FMS providers handle situations in which the Member or

their Authorized Representative have a FEIN already established?

A: The FMS provider would require the FEIN number of the Member or Authorized Representative to run a Taxpayer Identification Number (TIN) match. If the FEIN holder does not know their FEIN number, they would need to obtain the 147C FEIN letter from the IRS in order for the FMS to run a TIN match to ensure that the FEIN can be used for CDASS. If the FMS runs a TIN match and there is a business name set up that is different from the Employer of Record's name, the FEIN holder will be asked to reach out to the IRS and have the business changed to a Home Care Service Recipient FEIN and to drop the business name. The FMS would then need the updated 147C letter from the IRS in order to accept the FEIN.

If a FEIN is active and is being used for business purposes, the FMS cannot accept or use the FEIN. If it were just the Member in this scenario, they may need to get an Authorized Representative in place to have the Authorized Representative be the Employer of Record.

UPDATE (3/2021): An Attendant employed by an Authorized Representative (holding the FEIN) and working for multiple CDASS Members will receive one W-2 with applicable wages and withholdings combined. This may complicate tax filings in some cases. It is recommended that the Member and Authorized Representative determine the most appropriate holder of the FEIN prior to hiring attendants.

16. Q: If I change FMS providers, do my attendants need to complete new employment applications?

A: You are considered the Employer of Record and therefore your Attendants work directly for you regardless of which FMS provider you use as your fiscal agent.

The FMS providers will work together to transfer as much information and documentation as possible. However, additional paperwork may be required per FMS provider.

17. Q: In F/EA who is responsible for hiring, dismissing, supervising, and training attendants?

A: In the F/EA model, the Member or Authorized Representative has the sole

responsibility for day-to-day management of attendants. This includes interviewing, hiring, training, and scheduling, supervising, and terminating attendants. As an employer, the Member or Authorized Representative is responsible for ensuring employment laws are followed, such as using proper interview techniques or creating a harassment free workplace. For additional information see the Being an Employer section of the CDASS training manual at <http://consumerdirectco.com/forms>.

18. Q: Will the Member need to purchase employer liability insurance?

A: The FMS provider carries liability insurance as outlined in the FMS provider Contract and this coverage does **NOT** extend to CDASS Members. Therefore, if coverage is desired then it must be purchased at the Member's expense.

UPDATE (01/2021): See #4 above

Employment Law Posters



NOTICE TO WORKERS

YOU HAVE THE RIGHT TO BE:

- Properly classified as an employee or an independent contractor
- Paid accurately and timely for the services you perform

There are resources available to you if you believe you are being subject to improper classification or inaccurate payment practices by your employer. For more information, go to WorkRight.cdle.co.

Employers are required to follow the law when paying hourly wages, overtime, and properly covering you for unemployment insurance and workers' compensation purposes. As a worker, you have certain rights as an *employee vs. independent contractor*.

Improper classification (often called misclassification) of employees as independent contractors and other labor law violations create many problems, both for law-abiding businesses and for workers in Colorado.

If you believe you have been **improperly classified** as an independent contractor and are really performing duties that fit the criteria of an employee, visit colorado.gov/cdle/TipForm, or call us at 303-318-9100 and select Option 4. To be classified as an employee, you must meet the criteria in Colorado Revised Statute 8-70-115. You can read the law online and find out more at coloradoui.gov/ProperClassification.

As an *employee*, you are entitled to unemployment insurance benefits if you become unemployed through no fault of your own. **Your employer contributes to unemployment insurance and cannot deduct this from your wages.**

If you become unemployed and wish to file for unemployment insurance benefits, go to coloradoui.gov and click on File a Claim. If your hours of work and pay are reduced, you may be entitled to partial unemployment benefits.

If you cannot access a computer, call one of the following numbers: 303-318-9000 (Denver-metro area) or 1-800-388-5515 (outside Denver-metro area); hearing impaired 303-318-9016 (TDD Denver-metro area) or 1-800-894-7730 (TDD outside Denver-metro area).

EMPLOYERS ARE REQUIRED BY LAW TO POST THIS NOTICE

Colorado Employment Security Act, 8-74-101(2); Regulations Concerning Employment Security 7.3.1 through 7.3.5

Employers can download copies of this poster at coloradoui.gov/employer, then click on Forms / Publications.



COLORADO
Department of
Labor and Employment



IT STARTS WITH YOU
Building a better Colorado

WARNING

IF YOU ARE INJURED ON THE JOB, WRITTEN NOTICE OF YOUR INJURY MUST BE GIVEN TO YOUR EMPLOYER WITHIN FOUR WORKING DAYS AFTER THE ACCIDENT, PURSUANT TO SECTION 8-43-102(1) AND (1.5), COLORADO REVISED STATUTES.

IF THE INJURY RESULTS FROM YOUR USE OF ALCOHOL OR CONTROLLED SUBSTANCES, YOUR WORKERS' COMPENSATION DISABILITY BENEFITS MAY BE REDUCED BY ONE-HALF IN ACCORDANCE WITH SECTION 8-42-112.5, COLORADO REVISED STATUTES.



Colorado Minimum Wage: \$12.32 per hour, or \$9.30 for Tipped Employees, effective 1/1/2021.

- The minimum wage adjusts annually by inflation; next year’s COMPS Order and Poster will provide the 2022 minimum wage.
- The minimum wage applies to all adults and emancipated minors, whether paid hourly or any other basis (salary, commission, piecework, etc.), unless exempted by COMPS Order Rule 2. Unemancipated minors may be paid 15% below the minimum.
- The federal minimum wage (\$7.25) and any local minimum wages (including \$14.77 in Denver as of 1/1/21) may also apply. If work is covered by multiple minimum or overtime wage rules, the rule with the higher wage or standard applies.

Overtime: 1½ times the regular pay rate for hours over 40 weekly, 12 daily, or 12 consecutive.

- Hours in two or more weeks cannot be averaged in computing overtime.
- Employers may not provide time off (often called “comp time”) instead of time-and-a-half premium pay for overtime hours.

Meal Periods: 30 minutes uninterrupted and duty-free, for shifts over 5 hours.

- Employees must be completely relieved of all duties, and allowed to pursue personal activities, for meal periods to be unpaid.
- If work makes uninterrupted meal periods impractical, eating an on-duty meal must be permitted, and the time must be paid.
- To the extent practical, meal periods must be at least 1 hour after starting and 1 hour before ending shifts.

Rest Periods: 10 minutes, paid, every 4 hours.

#Work Hours:	Up to 2	>2, up to 6	>6, up to 10	>10, up to 14	>14, up to 18	>18, up to 22	>22
#Rest Periods:	0	1	2	3	4	5	6

- Rest periods need not be off-site but must not include work and should be in the middle of the 4 hours to the extent practical.
- Two 5-minute rest periods, instead of one 10-minute, are permitted if employees and employers agree voluntarily and without coercion, and if 5 minutes is enough to go back and forth to a bathroom or other place where a genuine break would be taken. Additional flexibility with 5-minute periods applies to agriculture, Medicaid home care, and collectively bargained work.
- Employers that do not authorize and permit rest periods must pay extra for the work time that would have been rest periods.

Time Worked: Time employers allow performance of labor/services for their benefit must be paid.

- All time on-premises, on duty, or at prescribed workplaces (but not just letting off-duty employees be on-premises), including:
 - putting on or removing work clothes/gear (but not clothes worn outside work), cleanup/setup, or other off-the-clock duty;
 - awaiting assignments at work, or receiving or sharing work-related information; or
 - security/safety screening, clocking/checking in or out; or
 - waiting for any of the above tasks.
- Travel for employer benefit is time worked; normal home/work travel is not. For more on travel and sleep time, see Rule 1.9.2.

Deductions, Credits, & Charges from Wages: Subject to limits in C.R.S. 8-4-105 and below.

- Tip credits of up to \$3.02 per hour (lowering minimum wages to \$9.30) are allowed for those regularly, customarily receiving over \$30 per month in tips. If hourly pay plus tips is below the full minimum wage, the employer must pay the difference.
- Meal credits are allowed for the cost or value (without employer profit) of a voluntarily accepted meal.
- Lodging deductions are allowed only if housing is voluntarily accepted by the employee, primarily for the employee’s (not employer’s) benefit, recorded in writing, and limited to \$25 or \$100 per week (depending on the housing type).
- Uniforms that are ordinary clothes, without special material or design, need not be provided; other uniforms must be provided at no cost. Employers must pay for any special cleaning required, and cannot require deposits or deduct for ordinary wear and tear.

Exemptions from the COMPS Order: All listed in Rule 2; key exemptions listed below.

- Executives/supervisors, decision-making administrative employees, and professionals (Rule 2.2.1-3) paid the exempt salary:
- | 2021 | 2022 | 2023 | 2024 | Each Year After 2024 |
|----------|----------|----------|----------|---|
| \$40,500 | \$45,000 | \$50,000 | \$55,000 | Prior year’s salary, inflation-adjusted |
- 20% owners, or at a nonprofit the highest-paid/highest-ranked employee, if actively engaged in management (2.2.5).
 - Highly technical computer-related employees (defined in 2.2.10), if paid at least \$28.38 per hour.
 - Various in-residence workers, including property managers, range workers, and camp/outdoor education field staff (2.2.7).
 - Various, but not all, types of salespersons (2.2.4, 2.4.1, 2.4.2) and taxi drivers (2.2.6).
 - Certain medical transportation and hospital/nursing home employees have modified overtime rules (2.4.4, 2.4.5).
 - Downhill ski/snowboard employees, including on-mountain food but not lodging, are exempt from 40-hour overtime (2.4.3).
 - Agriculture (2.3) and some transportation (2.4.6) jobs are exempt from overtime and meal periods, and have more flexible rest periods (agriculture) or no (transportation) rest periods.

Complaint & Anti-Retaliation Rights.

- The Division of Labor Standards and Statistics (contact info at the bottom of this Poster) accepts complaints and tips as to violations of COMPS or other wage rights under federal, state, or local law. Alternatively, employees may file lawsuits in court.
- Parties liable for unpaid wages include the employer as an entity, and individuals with operational control over the entity.
- Employers cannot retaliate by threatening, coercing, or discriminating for purposes of reprisal, interference, or obstruction, as to actual or anticipated wage investigations, hearings, complaints, or proceedings.
- Violations of wage or anti-retaliation provisions may be reported to the Division as complaints or anonymous tips.
- Immigration status is irrelevant to wage rights. The Division will investigate and rule on complaints without asking, reporting, or considering status. Using status to interfere with rights is illegal under Wage Protection Rule 4.8 and other applicable law.

This poster must be displayed where easily accessible to workers, included in any existing employee handbook or manual, shared with remote workers, provided in languages other than English as needed, and replaced annually.

This Poster summarizes key wage rules in the COMPS Order, but not all, and should not be relied upon as complete information. For the full Order, more detailed fact sheets, or for questions, information, or complaints as to wage or other labor laws, contact:

Division of Labor Standards and Statistics, coloradolaborlaw.gov, cdle_labor_standards@state.co.us, 303-318-8441 / 888-390-7936.

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

Colorado Workers' Compensation Information

Your employer has workers' compensation coverage for employees through:

Workers' compensation is a type of insurance coverage that employers must provide to their employees. The cost of workers' compensation insurance is paid entirely by the employer and may not be deducted from an employee's wages.

If you are injured or sustain an occupational disease while at work, you may be entitled to compensation benefits as provided by law. **WRITTEN NOTICE MUST BE GIVEN TO YOUR EMPLOYER WITHIN 4 WORKING DAYS OF THE ACCIDENT.** If you don't report your injury or occupational disease promptly your benefits may be reduced.

If you are unable to work as the result of a work-related injury or occupational disease, compensation (wage replacement) benefits will be based on 2/3 of your average weekly wage up to a maximum set by law. No compensation is payable for the first 3 days' disability unless the period of disability exceeds two weeks.

You are entitled to reasonable and necessary medical treatment of compensable injuries or occupational diseases. If you notify your employer of an injury or occupational disease and are not offered medical care, you may select the services of a licensed physician or chiropractor.

You may file a Worker's Claim for Compensation with the Division of Workers' Compensation. To obtain forms or information regarding the workers' compensation system, you may call Customer Service at 303-318-8700 or toll-free at 1-888-390-7936 or visit our website at www.colorado.gov/cdle/dwc.

COLORADO DIVISION OF WORKERS' COMPENSATION
633 17th Street, Suite 400, Denver, CO 80202-3626

Any information provided below comes from your employer and is specific to this place of employment:



AVISO A LOS TRABAJADORES

USTED TIENE EL DERECHO DE:

- Estar correctamente clasificado como un empleado o un contratista independiente.
- Ser pagado correctamente y puntualmente por los servicios que realiza.

Hay recursos disponibles para usted si cree que está sujeto a una clasificación incorrecta o prácticas de pago incorrectas por parte de su empleador. Para obtener más información, visite WorkRight.cdle.co.

Los empleadores están obligados a cumplir con la ley al pagar salarios por hora, horas extras, y que lo cubra adecuadamente para propósitos del seguro de desempleo y compensación de trabajadores. Como trabajador usted tiene ciertos derechos, sea como *empleado o contratista independiente*.

La clasificación incorrecta de los empleados como contratistas independientes y otras violaciones de la ley laboral crean muchos problemas, tanto para las empresas que respetan la ley y para los trabajadores en Colorado.

Si cree que ha sido **clasificado incorrectamente** como un contratista independiente y realmente está desempeñando labores que encajan con los criterios de un empleado, visite colorado.gov/cdle/TipForm, o llámenos al 303-318-9100 y presione la Opción 4. Para ser clasificado como empleado, debe cumplir con el criterio del Estatuto Revisado de Colorado (Colorado Revised Statute) 8-70-115. Puede leer la ley en línea (sólo en inglés) y obtener más información en coloradoui.gov/ProperClassification.

Como *empleado*, usted tiene derecho a beneficios de seguro de desempleo al quedar sin empleo, y sin que haya sido su culpa. **Su empleador contribuye al seguro de desempleo y no puede deducirlo de su salario.**

Si se queda sin empleo y desea solicitar beneficios de seguro de desempleo, vaya a coloradoui.gov y haga clic en File a Claim. Si sus horas de trabajo y sueldo han sido reducidas, usted puede tener derecho a beneficios parciales de desempleo.

Si no puede acceder a una computadora, llame a uno de los siguientes números: 303-318-9333 (área metropolitana de Denver) o al 1-866-422-0402 (fuera del área metropolitana de Denver); personas con dificultades auditivas 303-318-9016 (TDD Denver-metro area) o al 1-800-894-7730 (TDD fuera del área de Denver-metro).

POR LEY EL EMPLEADOR ESTÁ OBLIGADO A PUBLICAR ESTE AVISO

Colorado Employment Security Act (Ley de Seguridad de Empleo de Colorado), 8-74-101 (2); Regulations Concerning Employment Security (Reglamentos Relativos a la Seguridad de Empleo), 7.3.1 a 7.3.5

Los empleadores pueden descargar copias de este póster en coloradoui.gov/employer, luego hacer clic en Forms / Publications.



COLORADO
Department of
Labor and Employment



IT STARTS WITH YOU
Building a better Colorado

AVISO

SI SE LASTIMA EN EL TRABAJO, DEBE DARLE UN AVISO POR ESCRITO A SU EMPLEADOR DENTRO DE CUATRO DÍAS LABORABLES DEL ACCIDENTE, SEGÚN A LA SECCIÓN DE LOS ESTATUOS REVISADOS DE COLORADO 8-43-102(1) Y (1.5).

SI EL ACCIDENTE RESULTA DEBIDO AL USO DE ALCOHOL O UNA SUSTANCIA CONTROLADA, SUS BENEFICIOS DE LA INCAPACIDAD DE LA COMPENSACIÓN DE LOS TRABAJADORES PUEDEN SER REDUCIDOS POR UN MEDIO EN ACUERDO DE LA SECCIÓN DE LOS ESTATUOS REVISADOS DE COLORADO 8-42-112.5.



Salario Mínimo de Colorado: \$12.32 por hora, o \$9.30 para empleados que reciben propinas, a partir del 1/1/2021.

- El salario mínimo se ajusta anualmente por inflación; la orden y el póster de COMPS del próximo año proveerá el salario mínimo del 2022.
- El salario mínimo aplica a todos los adultos y menores emancipados, ya sea que se les pague por hora u otra base (salario, comisión, trabajo por pieza, etc.), a menos que estén exentos de la Regla 2 de la Orden COMPS. A los menores no emancipados se les puede pagar 15% por debajo del mínimo.
- El salario mínimo federal (\$7.25) y cualquier salario mínimo local (incluyendo \$14.77 en Denver a partir del 1/1/21) también pueden aplicar. Si el trabajo está cubierto por múltiples reglas de salario mínimo o de horas extra, se aplica la regla con el salario más alto.

Tiempo Extra: 1 ½ veces del pago regular por horas sobre 40 semanales, 12 diarias, o 12 consecutivas.

- No se puede usar el promedio de horas en dos o más semanas en el cálculo de horas extras.
- Los empleadores no pueden proporcionar tiempo libre (conocido como “tiempo como compensación”) en lugar del pago de tiempo y medio por horas extras.

Períodos de Comida: 30 minutos ininterrumpidos y libres de obligaciones, para turnos de 5 horas o más.

- Los empleados deben estar completamente libres de todas las obligaciones, y se les debe permitir realizar actividades personales, para que los periodos de comida no sean pagados.
- Si el trabajo hace que los periodos de comida ininterrumpidos sean imprácticos, el consumir una comida mientras se realizan obligaciones será permitido, y ese tiempo debe ser pagado.
- En la medida de lo posible, los periodos de comida deben tener lugar por lo menos 1 hora después de comenzar y 1 hora antes de terminar el turno.

Períodos de Descanso: 10 minutos, pagados, cada 4 horas.

#Horas Trabajadas:	hasta 2	>2, hasta 6	>6, hasta 10	>10, hasta 14	>14, hasta 18	>18, hasta 22	>22
#Períodos de Descanso:	0	1	2	3	4	5	6

- Los periodos de descanso no necesitan tomar lugar fuera del sitio de trabajo, pero no pueden incluir trabajo y deben ser en medio de cada 4 horas mientras sea práctico.
- Dos períodos de descanso de 5 minutos, en lugar de 10 minutos, son permitidos si los empleados y empleadores llegan a un acuerdo voluntario y sin coerción, y si los 5 minutos son suficientes para poder ir y regresar del baño o de un lugar donde se puede tomar un descanso genuino. La flexibilidad de 5 minutos para los periodos de descanso aplica a la agricultura, cuidados en el hogar de Medicaid, y trabajos negociados colectivamente.
- Los empleadores que no autoricen y permitan los períodos de descanso deben pagar extra por el tiempo que hubiera sido parte del periodo de descanso.

Tiempo Trabajado: El tiempo en que los empleadores permiten el desempeño de trabajo para su beneficio debe ser pagado.

- Todo el tiempo en el lugar de trabajo, al servicio, o en lugares de trabajo prescritos (pero no solo permitiendo que los empleados que están libres de obligaciones estén en el lugar de trabajo), incluyendo:
 - poniéndose o quitándose el uniforme/equipo de trabajo (pero no la ropa que se usa fuera del trabajo), limpiar/preparar, o actividades sin registrar la hora de entrada o salida;
 - esperando asignación de trabajo, o recibiendo o compartiendo información relacionada con el trabajo; o
 - revisiones de seguridad, registrar la entrada o salida; o
 - esperando por cualquiera de las tareas mencionadas anteriormente.
- Tiempo de viaje para el beneficio del empleador es tiempo trabajado; el tiempo normal de viaje a casa/trabajo no es tiempo trabajado.
- Para más información sobre tiempo de viaje y tiempo para dormir, vea la Regla 1.9.2.

Este póster debe mostrarse en un lugar donde los trabajadores lo puedan accesar fácilmente, incluido en cualquier manual existente, compartido con trabajadores que trabajan remotamente, proporcionado en idiomas distintos al inglés como sea necesario, y reemplazado anualmente. Este póster resume las reglas salariales en la Orden COMPS, pero no todas, y no debe considerarse como información completa sobre las reglas salariales.

Para obtener una copia completa de la Orden, hojas de datos más detalladas, preguntas, información, o quejas de sueldos y otras leyes laborales, contacte:

Division of Labor Standards and Statistics, coloradolaborlaw.gov, cdle_labor_standards@state.co.us, 303-318-8441 / 888-390-7936.

Deducciones, Créditos, y Cargos de Sueldos: Sujetos a límites en C.R.S. 8-4-105 y como está detallado debajo.

- Créditos de propinas de no más de \$3.02 por hora (reduciendo el sueldo mínimo a \$9.30) serán permitidos para personas que usualmente y regularmente reciban más de \$30 en propinas al mes. Si el pago por hora más las propinas es menos del sueldo mínimo, el empleador debe pagar la diferencia.
- Créditos de comida son permitidos por el costo razonable o valor (sin ganancias al empleador) de una comida aceptada voluntariamente.
- Las deducciones de alojamiento son permitidas solamente si la vivienda es voluntariamente aceptada por el empleado, principalmente para el beneficio del empleado (no el empleador), documentado en un acuerdo escrito, y limitado a \$25 o \$100 por semana (dependiendo en el tipo de alojamiento).
- Uniformes de uso ordinario, sin material ni diseño especial, no necesitan ser proporcionados; otros uniformes deben ser proporcionados sin costo alguno. Los empleadores deben pagar por cualquier limpieza especial que se requiera, y no pueden requerir un depósito o deducción por uso y desgaste ordinario.

Exenciones de la Orden de COMPS: Todas mencionadas en la Regla 2; exenciones clave mencionadas a continuación.

- Ejecutivos/supervisores, empleados administrativos con el poder de tomar decisiones, y profesionales (Regla 2.2.1-3) que reciben el pago exento de salario:
- | 2021 | 2022 | 2023 | 2024 | Cada año después del 2024 |
|----------|----------|----------|----------|---|
| \$40,500 | \$45,000 | \$50,000 | \$55,000 | Salario del año anterior, ajustado a la inflación |
- Propietarios de un 20%, o en alguna organización sin fines de lucro el empleado mejor pagado y con mayor rango, si participa activamente en la gerencia (2.2.5).
 - Empleados en áreas altamente técnicas de computación (definido en 2.2.10), si se les paga por lo menos \$28.38 por hora.
 - Varios trabajadores que trabajan en donde residen, incluyendo gerentes de propiedades, trabajadores de campo, y personal de campamentos o educación al aire libre (2.2.7).
 - Varios, pero no todos, los tipos de vendedores (2.2.4, 2.4.1, 2.4.2) y taxistas (2.2.6).
 - Empleados de transporte médico y hospitalario/asilos tienen reglas modificadas sobre tiempo extra (2.4.4, 2.4.5).
 - Trabajadores de esquí alpino y snowboard, incluyendo servicios de alimentos en la montaña, pero no alojamiento, están exentos de la regla de tiempo extra a partir de más de 40 horas (2.4.3).
 - Trabajos de agricultura (2.3) y algunos trabajadores de transporte (2.4.6) están exentos de la regla de tiempo extra y periodos de comida, y tienen periodos de descanso más flexibles (agricultura) o ningún periodo de descanso (transporte).

Quejas y Derechos Contra Represalias

- La División de Normas Laborales y Estadísticas (información de contacto en la parte inferior del Póster) acepta quejas por falta de pago de sueldos o tiempo extra como es requerido por leyes federales, estatales, o locales. Alternativamente, los empleados pueden presentar demandas en un tribunal.
- Las partes responsables por la falta de pago pueden incluir el empleador como una entidad, o individuos con control operativo de la entidad.
- Los empleadores no pueden tomar represalias en forma de amenazas, coerción, o discriminación con el propósito de castigar, inferir, u obstruir debido a una investigación actual o anticipada de una queja, audiencia, u otro proceso.
- Las violaciones de provisiones de sueldos o provisiones contra represalias pueden ser reportadas a la División como quejas o denuncias anónimas.
- El estatus migratorio es irrelevante para los derechos salariales. La División investigará y resolverá quejas sin preguntar, reportar, o considerar el estatus migratorio de los reclamantes. El uso del estatus para interferir con los derechos es ilegal bajo la Regla 4-8 de Protección Salarial y otras leyes aplicables.

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

Información De Indemnización Por Accidentes Laborales De Colorado

Su empleador tiene cobertura de indemnización por accidentes laborales para empleados completamente:

La indemnización por accidentes laborales es un tipo de cobertura de seguro que los empleadores deben proveer a sus empleados. El coste del seguro de indemnización por accidentes laborales es pagado completamente por el empleador y no puede ser deducido de los sueldos de un empleado.

Si usted sufrió un accidente o mantiene una enfermedad profesional en su trabajo, usted puede calificar para los beneficios de compensación. Usted tiene la obligación de NOTIFICAR POR ESCRITO A SU EMPLEADOR DENTRO DE 4 DÍAS DEL ACCIDENTE. Si usted no informa sobre su accidente o enfermedad profesional inmediatamente sus beneficios podrían ser reducidos.

Si usted no puede trabajar por el resultado de su accidente de trabajo o la enfermedad profesional, los beneficios de compensación serán pagados sobre la base de 2/3 de su sueldo semanal hasta un máximo fijado por ley. Los primeros 3 días no son cubiertos por la aseguranza.

Usted está autorizado para el tratamiento médico que sea razonable y necesario si usted sufrió lesiones en el trabajo o enfermedades profesionales. Si usted notifica a su empleador sobre una lesión o la enfermedad profesional y no le ofrecen atención médica adecuada, usted puede seleccionar los servicios de otro médico que tenga licencia o que sea quiropráctico.

Usted puede reportar su propio reclamo si su empleador no lo ha hecho. Para obtener formularios o información acerca de accidentes laborales usted puede llamar al servicio de asistencia al numero 303-318-8700 o sin costo a 1-888-390-7936 o visitar nuestro sitio web en www.colorado.gov/cdle/dwc.

**COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
633 17th St. Suite 400, Denver, CO 80202-3660**

Cualquier información proveída abajo viene directamente de su empleador y es exclusivo de este lugar del empleo:



COLORADO
Department of Health Care
Policy & Financing

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

Note from Consumer Direct

The purpose of this letter is to help identify if you have additional CDASS responsibilities. You are not required to return it to us.

**CDASS Participant and Authorized Representative
Travel and Overtime Responsibilities**

Are you an Authorized Representative (AR) for more than one Consumer Directed Attendant Support Services (CDASS) participant?

☐ **Yes** ☐ **No**

Are you a CDASS participant yourself and also an AR for another CDASS participant?

☐ **Yes** ☐ **No**

If yes to either question, you may have a joint employer relationship according to the Department of Labor.

Joint employment exists when an employee is employed by two (or more) employers and the employers are responsible, both individually and jointly, for following employment laws for that employee.

As a CDASS participant or an AR, you must comply with the Fair Labor Standards Act (FLSA). This means you are potentially responsible for the overtime and travel time that your attendants work. Overtime is when an attendant works over 40 hours in a week or more than 12 hours in a shift. Travel time is when an attendant completes work at one participant's home and then travels to another participant's home to work.

The U.S. Department of Labor (DOL) may consider you the employer whether you hold the Federal Employer Identification Number (FEIN) for everyone whose care you manage or not. As a CDASS participant or an AR, you manage your attendant and are responsible for:

- Managing your attendant's work hours.
- Making sure that attendants, who work for more than one CDASS participant under your management, do not work more than 40 per hours per week total. We cannot pay for overtime pay that is shared across two or more CDASS participants.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

www.colorado.gov/hcpf



- Attendants may be required to receive payment for travel time costs under the FLSA. We do not have a mechanism to pay for this so do not arrange your care where you would be liable for the travel costs under the FLSA.
- Making sure your attendants do not charge travel costs. We cannot pay them for travel costs that are shared across two or more CDASS participants.
- Monitoring travel time and overtime for shared attendants. There is not a system in place to split these costs among CDASS participants who share an attendant.

Example: You or your AR manages the care of two participants active with CDASS. These participants live 1 mile apart and share the same CDASS attendant. The CDASS attendant works 30 hours a week for one participant and 25 hours for the other participant. You have created a schedule that has the attendant working 55 hours in a week. The attendant must receive overtime pay for all hours past 40 for that week. Because the Colorado CDASS delivery option cannot reimburse for travel time or overtime across multiple participants, the attendant will not be able to get paid an overtime rate for the 15 hours worked.

We appreciate that you have volunteered to be an AR for a CDASS participant. It is the responsibility of the CDASS participant/AR to manage attendant hours with regards to the FLSA. The Department implores you to be cautious and safeguard any risk of violating the FLSA. If it is found that a joint employer relationship exists, it will be the CDASS participant and/or AR responsibility to cover the expense of overtime and travel time.

Please note: Colorado Department of Health Care Policy and Financing is not providing you with legal advice. It is the responsibility of the CDASS participant/AR to ensure compliance with all employment laws.

For more information about the FLSA please contact Consumer Direct Colorado at <http://consumerdirectco.com/> or 1-844-381-4433.





FLSA FAQ – Based on Department of Labor (DOL) Guidance

Created by Consumer Direct Colorado and approved by
Colorado Department of Health Care Policy and Financing (HCPF)

Regardless of the service option; agency-based, In Home Support Services (IHSS) or Consumer Directed Attendant Support Services (CDASS), minimizing risk is a joint effort between the client or Authorized Representative and providers. This Fair Labor Standards Act (FLSA) information sheet has been created to highlight the features and responsibilities associated with in the CDASS model. It is intended to assist clients and Authorized Representatives to understand the responsibilities and requirements to employers under the FLSA.

Likewise, clients and Authorized Representatives have the responsibility to follow CDASS rules, FMS Provider policies and procedures, and employment regulations. These are put in place to provide protection to the client or Authorized Representative, attendants, and the CDASS program.

The following Frequently Asked Questions have been compiled by Consumer Direct Colorado to assist clients and Authorized Representatives. Please note, Consumer Direct Colorado cannot provide tax advice or legal advice. Advice from a tax professional or a lawyer regarding individual situations is recommended.

1. Q: What is the Fair Labor Standards Act (FLSA)?

A: FLSA is the Federal Law that requires employers to pay employees, minimum wage and overtime. This includes domestic services employees.

“Domestic Service Employment” means services of a household nature performed by an employee in or about a private home.

2. Q: What are my requirements as the employer to pay attendants for sick time, paid vacations, and holidays?

A: In CDASS, clients may elect to set different rates of pay for shifts that fall on holidays, weekends etc. if they would like. CDASS budgets are not built with funds to pay for sick time, unworked holidays and paid vacations. Timesheets may only be submitted to FMS providers for hours worked.



3. Q: Are there any exemptions from the FLSA Overtime requirements?

A: There are two exemptions under FLSA an employer may claim should all of the criteria be met. These are known as “**Live-in Domestic Service Employee Exemptions**” and “**Companionship Services Exemption**”

Because CDASS is a task based service, the Companionship Exemption **DOES NOT** apply due to the definition established by DOL.

Live-in Domestic Service Employee Exemptions

To be a “live-in” home care worker, the employee must either live at the consumer’s home full-time (that-is, have no other home of their own), or spend at least 120 hours or five consecutive days or nights in the consumer’s home per week.

A live-in home care worker could be a family member of the consumer or a provider who moved into a consumer’s home as part of a shared living arrangement. Workers who come to a consumer’s home for 24-hour shifts but are not present for at least 120 hours each week or for five consecutive days or nights are not live-in workers.

Employees who do not meet this definition are not considered live-in domestic service workers and must be paid at least the federal minimum wage for all hours worked and overtime pay at one and a half times the regular rate of pay for all hours worked over 40 in a workweek.

- Workers who work temporarily for the household for only a short period of time, such as two weeks, are not considered live-in domestic service workers, because residing on the premises of the household implies more than temporary activity. The employer, in this case, cannot claim the overtime pay exemption and must pay overtime at one and a half times the regular rate of pay for all hours worked over 40 in the workweek.
- Workers who work 24-hour shifts but are not residing on the employer’s premises “permanently” or for “extended periods of time” are not considered live-in domestic service workers and, thus, the workers must be paid overtime at one and a half times the regular rate of pay for all hours worked over 40 in the workweek.

See Wage and Hour Division Fact Sheet 79B, Live-in Domestic Service Workers Under the FLSA, for more information about live-in home care workers and how they must be paid.

www.dol.gov/whd/homecare/factsheets.htm

http://consumerdirectco.com/wp-content/uploads/2014/12/homecare_guide_20160331.pdf



4. Q: What is my requirement for Overtime Pay under the FLSA regarding Sleep Time for my attendants?

A: This can depend on many factors such as whether or not the employee is a live in caregiver or not, and how many hours are in their scheduled shift. The chart below summarizes the sleep time rules for each category of worker. Additional information about these requirements is available at http://www.dol.gov/homecare/sleep_time.htm.

	Live-in employee		Shifts of 24 hours or more	Shifts of fewer than 24 hours
	Extended periods of time	Permanent		
Requirements for excluding an employee's sleep time from hours worked	<ul style="list-style-type: none"> • Reasonable agreement to exclude sleep time • Employer must provide private quarters in a homelike environment 		<ul style="list-style-type: none"> • Employer provides adequate sleeping facilities • Employee can usually enjoy an uninterrupted night's sleep (5 consecutive hours) • Express or implied agreement to exclude sleep time 	Sleep time may not be excluded
Maximum number of hours that can be excluded	Up to 8 hours per night as long as the employee is paid for at least 8 hours during the 24-hour period	Up to 8 hours per night as long as the employee is paid for some other hours during the workweek	Up to 8 hours, in a fixed period, in each 24-hour shift	Sleep time may not be excluded
Limitations on exclusion on a particular night	<ul style="list-style-type: none"> • Any interruption to sleep time must be paid • If during any night the employee does not get reasonable periods of uninterrupted sleep totaling at least 5 hours, the employer may not exclude any sleep time 			

Source: Fact Sheet # 79D: Hours Worked Applicable to Domestic Service Employment Under the Fair Labor Standards Act (FLSA) <https://www.dol.gov/whd/regs/compliance/whdfs79d.pdf>

What is HIPAA?

HIPAA, the Health Insurance Portability and Accountability Act of 1996, is a law that keeps the identifiable health information of Members confidential. It includes what must be done to maintain this privacy and explains punishments for anyone caught violating privacy. The Office of Civil Rights of the U.S. Department of Health and Human Services is the agency authorized to enforce HIPAA's privacy regulations. The regulations took effect on April 14, 2003.

What is confidential?

All information about Members is considered private or confidential, whether written on paper, saved on a computer, or spoken aloud. This includes their name, address, age, Social Security number, and any other personal information.

What are the consequences of breaking the law?

The consequences will vary based on the severity of the violation. Factors considered are whether the violation was intentional or unintentional, or whether the violation indicated a pattern or practice of improper use or disclosure of identifiable health information. Depending on the violation, agencies may be fined by the government if they are found to be in non-compliance with HIPAA regulations.

Why are privacy and confidentiality important?

You need to be able to trust your Attendants with some personal health information. In order for Attendants to provide quality care, they must have this information. You must know that whatever you share will be kept private.

What is the “Need to know” rule?

If an Attendant needs to know your information to perform his or her job, you can share that information with the Attendant. However, every Attendant may not need to all the information about every Member. An Attendant should only have access to what is needed to perform the job.

What are the Member's HIPAA rights?

As a Member, you have certain rights under the HIPAA regulations. Unless the information is needed for treatment, payment, and health care operations, it cannot be released without your written authorization. You must also give verbal/written permission to discuss information with family members. You

also have the following rights:

- To inspect and copy your medical record.
- To amend the medical record if you feel it is incorrect.
- To receive an account of all disclosures that were made, and to whom, except those necessary for treatment, payment, or health care operations.
- To restrict or limit use or access to medical information by others.
- To access confidential communications in the manner you request.
- To receive a copy of an agency's Notice of Privacy Practices.

If you feel the agency or its staff has not followed the HIPAA regulations, you can make a formal, written complaint to the agency or to the Department of Health and Human Services, Washington, DC.

What are ways to protect confidentiality?

1. Spoken Communications:

- Watch what you say, where you say it, and to whom.
- Close doors when discussing private information.
- Do not talk about health information matters in front of others.
- If someone asks you a question involving personal information, make sure that person has a "need to know" before answering.

2. Telephone Communications:

- Do not leave messages on answering machines or voicemail with health information.
- When talking on the phone, be aware of who can overhear your conversation.

3. Medical Records:

- Make sure medical records are viewed only by those who need to see them.
- Store them in an area not easily accessible to non-essential staff/others.
- Do not leave medical records lying around unattended or in an area where others can see them. Don't leave files on car seats; lock them in the trunk.

4. Trash:

- Shred all papers containing personal health information.
- Put trash cans and shredders as close as possible to fax machines and desks where personal health information is used.

5. Fax Transmissions:

- Do not leave papers containing private information on the fax machine.

- Pre-program frequently faxed numbers into the fax machine to reduce errors.
- If possible, notify the receiver when you are sending a fax.

6. Computers:

- Develop a personal password which is hard to guess and change it as instructed.
- Position your monitor so it is not facing where someone could view identifiable health information.
- Never leave a computer unattended without logging off.
- Double-check the address before sending any e-mail.



FactSheet

Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Workers exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.

Protections Provided by OSHA's Bloodborne Pathogens Standard

All of the requirements of OSHA's Bloodborne Pathogens standard can be found in Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030. The standard's requirements state what employers must do to protect workers who are occupationally exposed to blood or other potentially infectious materials (OPIM), as defined in the standard. That is, the standard protects workers who can reasonably be anticipated to come into contact with blood or OPIM as a result of doing their job duties.

In general, the standard requires employers to:

- **Establish an exposure control plan.** This is a written plan to eliminate or minimize occupational exposures. The employer must prepare an exposure determination that contains a list of job classifications

in which all workers have occupational exposure and a list of job classifications in which some workers have occupational exposure, along with a list of the tasks and procedures performed by those workers that result in their exposure.

- **Employers must update the plan annually** to reflect changes in tasks, procedures, and positions that affect occupational exposure, and also technological changes that eliminate or reduce occupational exposure. In addition, employers must annually document in the plan that they have considered and begun using appropriate, commercially-available, effective, and safer medical devices designed to eliminate or minimize occupational exposure. Employers must also document that

they have solicited input from frontline workers in identifying, evaluating, and selecting effective engineering and work practice controls.

- **Implement the use of universal precautions** (treating all human blood and OPIM as if known to be infectious for bloodborne pathogens).
- **Identify and use engineering controls.** These are devices that isolate or remove the blood- borne pathogens hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices, such as sharps with engineered sharps-injury protection and needleless systems.
- **Identify and ensure the use of work practice controls.** These are practices that reduce the possibility of exposure by changing the way a task is performed, such as appropriate practices for handling and disposing of contaminated sharps, handling specimens, handling laundry, and cleaning contaminated surfaces and items.
- **Provide personal protective equipment (PPE), such as gloves, gowns, eye protection, and masks.** Employers must clean, repair, and

- **Make available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences an exposure incident.** An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. This evaluation and follow-up must be at no cost to the worker and includes documenting the route(s) of exposure and the circumstances under which the exposure incident occurred; identifying and testing the source individual for HBV and HIV infectivity, if the source individual consents or the law does not require consent; collecting and testing the exposed worker's blood, if the worker consents; offering post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. The healthcare professional will provide a limited written opinion to the employer and all diagnoses must remain confidential.
- **Use labels and signs to communicate hazards.** Warning labels must be affixed to containers of regulated waste; containers of contaminated reusable sharps; refrigerators and freezers containing blood or OPIM; other containers used to store, transport, or ship blood or OPIM;

contaminated equipment that is being shipped or serviced; and bags or containers of contaminated laundry, except as provided in the standard. Facilities may use red bags or red containers instead of labels. In HIV and HBV research laboratories and production facilities, signs must be posted at all access doors when OPIM or infected animals are present in the work area or containment module.

- **Provide information and training to workers.** Employers must ensure that their workers receive regular training that covers all elements of the standard including, but not limited to: information on bloodborne pathogens and diseases, methods used to control occupational exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures. Employers must offer this training on initial assignment, at least annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure. Also, HIV and HBV laboratory and production facility workers must receive specialized

initial training, in addition to the training provided to all workers with occupational exposure. Workers must have the opportunity to ask the trainer questions. Also, training must be presented at an educational level and in a language that workers understand.

- **Maintain worker medical and training records.** The employer also must maintain a sharps injury log, unless it is exempt under Part 1904 -- Recording and Reporting Occupational Injuries and Illnesses, in Title 29 of the Code of Federal Regulations.

Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at (800) 321-OSHA (6742).

This is one in a series of informational fact sheets highlighting OSHA programs, policies, or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations.

This information will be made available to sensory-impaired individuals upon request.
The voice phone is (202) 693-1999; the teletypewriter (TTY) number is (877) 889-5627.

For assistance, contact us. We can help. It's confidential.



Appendix D

Emergency Preparedness

Additional materials available from the Red Cross at:

- <http://www.redcross.org/prepare/disaster-safety-library>
- http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240199_A4497.pdf



Health Care Backup Plan Form

A backup plan can help you tell Attendants, paramedics, and/or physicians how to provide your care if an emergency occurs and you cannot direct them. Customize your plan to fit your specific needs. Make sure your back up plan is available, and that your Attendants know where to find it. Review the plan with current and new Attendants and update it regularly to keep it up to date.

Personal Information

Name				Today's Date	
Phone No.				Age	
Address					
Height		Weight		Blood Type	

Emergency Contact Information

Two people you trust who can help you in an emergency			
Name		Phone Number	
Name		Phone Number	
Your Case Manager			
Name		Phone Number	
A back up emergency contact if the first two cannot be reached			
Name		Phone Number	
The person who has your Medical Durable Power of Attorney for Health Care Directives			
Name		Phone Number	
Note any Advance Directives you have for your care			

Indicate your Religious Preference, if any
--

Equipment Needs

List the types of adaptive equipment you rely on for basic functioning in any setting including wheelchair, scooter, braces, communication device, service animal, etc.
List instructions on the care, maintenance, and proper handling of adaptive equipment.
List location of supplies and spare parts for your equipment and any instructions on how to get replacement parts.
List phone number of people who can make repairs to your equipment.

Name		Phone Number	
Notes:			
Name		Phone Number	
Notes:			

Communication Needs

List specific communication needs. For example, sign-language interpreting (what mode), communication technologies or preference, etc.
List specific instructions for communication such as interpreters' phone numbers, etc.

Insurance Information

List the name of your insurance companies and all insurance identification numbers.			
Insurance Co.		Phone Number	
Policy Number		Name on Policy	
Notes:			
Insurance Co.		Phone Number	
Policy Number		Name on Policy	
Notes:			

Primary Physician Information

List the information of your primary care physician.			
Name			
Phone Number		Fax Number	
Address			

Preferred Hospital Information

List the information of the hospital you would prefer to be taken to in case of emergency.	
Name	
Phone Number	
Address	

Pharmacy Information

List the information of the pharmacy where you prefer your prescriptions filled.			
Name			
Phone Number		Fax Number	
Address			

Medications & Medication Schedule

List the medications you take.					
Medication Name	Dosage	Freq.	Side Effects	Contraindications	Other Information

Medication Name	Dosage	Freq.	Side Effects	Contraindications	Other Information

Specific Diagnoses

List physical and mental conditions.

Warning Signs

List warning signs of possible emergency situations. Describe symptoms of the kind of episodic complications and problems which you may experience such as hyperreflexia, hypoxia, insulin shock, hypoglycemia, hyperglycemia, respiratory problems, depression, manic episodes, seizures, etc.

Warning Signs (continued)

Allergies

List reactions caused by medications, foods, or environmental factors.

Emergency Care Plan

Provide clear and complete instructions for care during emergencies (attach separate sheets if needed).

Preparing for Disaster for People with Disabilities and other Special Needs



FEMA



Together, we can save a life



Visit the websites listed below to obtain additional information:

www.access-board.gov	The Access Board
www.aoa.dhhs.gov	DHHS Administration on Aging
www.ncd.gov	National Council on Disability
www.nod.org/emergency	National Organization on Disability
www.prepare.org	Prepare.org
www.aapd.com	American Association for People with Disabilities
www.afb.org	American Foundation for the Blind
www.nad.org	National Association of the Deaf
www.lacity.org/DOD	Los Angeles City Department on Disability
www.easter-seals.org	Easter Seals

For more in-depth information, get a copy of "Disaster Preparedness for People with Disabilities" (A5091) from the American Red Cross, or visit www.redcross.org/services/disaster/beprepared/disability.pdf

For the millions of Americans who have physical, medical, sensory, or cognitive disabilities, emergencies such as fires, floods and acts of terrorism present a real challenge. The same challenge also applies to the elderly and other special needs populations. Protecting yourself and your family when disaster strikes requires planning ahead. This booklet will help you get started. Discuss these ideas with your family, friends and/or your personal care attendant, or anyone else in your support network and prepare an emergency plan. Post the plan where everyone will see it, keep a copy with you and make sure everyone involved in your plan has a copy.



WHY PREPARE?

Where will you, your family, your friends, or personal care attendants be when an emergency or disaster strikes?

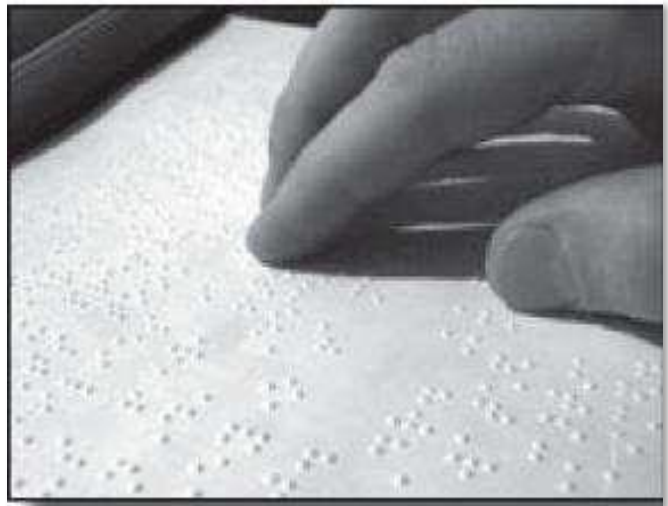
You, and those you care about, could be anywhere – at home, work, school or in transit. How will you find each other? Will you know your loved ones will be safe?

Emergencies and disasters can strike quickly and without warning and can force you to evacuate your neighborhood or confine you to your home. What would you do if basic services – water, gas, electricity, or telephones – were cut off?

Local officials and relief workers will be on the scene after a disaster, but they cannot reach everyone right away.

You are in the best position to plan for your own safety as you are best able to know your functional abilities and possible needs during and after an emergency or disaster situation. You can cope with disaster by preparing in advance with your family and care attendants. You will need to create a personal support network and complete a personal assessment. You will also need to follow the four preparedness steps listed in this booklet.

1. Get informed
2. Make a plan
3. Assemble a kit
4. Maintain your plan and kit



Knowing what to do is your best protection and your responsibility.

What You Need to Do

CREATE A PERSONAL SUPPORT NETWORK

A personal support network (sometimes called a self-help team) can help you prepare for a disaster. They can do this by helping you identify and get the resources you need to cope effectively. Network members can also assist you after a disaster happens.

Organize a network that includes your home, school, workplace, volunteer site, and any other places where you spend a lot of time. Members of your network can be roommates, relatives, neighbors, friends, and co-workers. They should be people you trust and who can check to see if you need assistance. They should know your capabilities and needs, and be able to provide help within minutes.

Do not depend on only one person. Include a minimum of three people in your network for each location where you regularly spend a lot of time since people work different shifts, take vacations and are not always available.

COMPLETE A PERSONAL ASSESSMENT

Decide what you will be able to do for yourself and what assistance you may need before, during and after a disaster. This will be based on the environment after the disaster, your capabilities, and your limitations.

To complete a personal assessment, make a list of your personal needs and your resources for meeting them in a disaster environment. Think about the following questions and note your answers in writing or record them on a tape cassette that you will share with your network. These answers should describe both your current capabilities and the assistance you will need. Base your plan on your lowest anticipated level of functioning.

Daily Living

◆ Personal Care

Do you regularly need assistance with personal care, such as bathing and grooming? Do you use adaptive equipment to help you get dressed?

◆ Water Service

What will you do if water service is cut off for several days or if you are unable to heat water?

◆ Personal Care Equipment

Do you use a shower chair, tub-transfer bench, or other similar equipment?

◆ Adaptive Feeding Devices

Do you use special utensils that help you prepare or eat food independently?

◆ Electricity-Dependent Equipment

How will you continue to use equipment that runs on electricity, such as dialysis, electrical lifts, etc.? Do you have a safe back-up power supply and how long will it last?

Getting Around

◆ Disaster Debris

How will you cope with the debris in your home or along your planned exit route following the disaster?

◆ Transportation

Do you need a specially equipped vehicle or accessible transportation?

◆ Errands

Do you need help to get groceries, medications, and medical supplies? What if your caregiver cannot reach you because roads are blocked, or the disaster has affected him or her as well?

Evacuating

◆ **Building Evacuation**

Do you need help to leave your home or office? Can you reach and activate an alarm? Will you be able to evacuate independently without relying on auditory cues (such as noise from a machine near the stairs – these cues may be absent if the electricity is off, or alarms are sounding)?

◆ **Building Exits**

Are there other exits (stairs, windows, or ramps) if the elevator is not working or cannot be used? Can you read emergency signs in print or Braille? Do emergency alarms have audible and visible features (marking escape routes and exits) that will work even if electrical service is disrupted?

◆ **Getting Help**

How will you call or summon for the help you will need to leave the building? Do you know the locations of text telephones and phones that have amplification? Will your hearing aids work if they get wet from emergency sprinklers? Have you determined how to communicate with emergency personnel if you don't have an interpreter, your hearing aids aren't working, or if you don't have a word board or other augmentative communication device?

◆ **Mobility Aids / Ramp Access**

What will you do if you cannot find your mobility aids? What will you do if your ramps are shaken loose or become separated from the building?

◆ **Service Animals/Pets**

Will you be able to care for your animal (provide food, shelter, veterinary attention, etc.) during and after a disaster? Do you have another caregiver for your animal if you are unable to meet its needs? Do you have the appropriate licenses for your service animal so you will be permitted to keep it with you should you need or choose to use an emergency public shelter?

1. GET INFORMED

Contact your local emergency management office or American Red Cross Chapter to gather information you will need to create a plan.

- ◆ **Community Hazards.** Ask about the specific hazards that threaten your community (e.g., hurricanes, tornados, earthquakes) and about your risk from those hazards. Additionally, hazard information for your local area can be obtained at www.hazardmaps.gov.

- ◆ **Community Disaster Plans.** Learn about community response plans, evacuation plans and designated emergency shelters. Ask about the emergency plans and procedures that exist in places you and your family spend time such



as places of employment, schools and childcare centers. If you do not own a vehicle or drive, find out in advance what your community's plans are for evacuating those without private transportation.

- ◆ **Community Warning Systems.** Find out how local authorities will warn you of a pending disaster and how they will provide information to you during and after a disaster. Learn about NOAA

Weather Radio and its alerting capabilities (www.noaa.gov).

- ◆ **Assistance Programs.** Ask about special assistance programs available in the event of an emergency. Many communities ask people with a disability to register, usually with the local fire or police department, or the local emergency management office so needed help can be provided quickly in an emergency. Let your personal care attendant know you have registered, and with whom. If you are electric-dependent, be sure to register with your local utility company.

2. MAKE A PLAN

Because a disaster can disrupt your primary emergency plan, it is also important for you to develop a back-up plan to ensure your safety.

- ◆ **Meet with Your Family/Personal Care Attendants/Building Manager.** Review the information you gathered about community hazards and emergency plans.
- ◆ **Choose an "Out-of-Town" Contact.** Ask an out-of-town friend or relative to be your contact. Following a disaster, family members should call this person and tell them where they are. Everyone must know the contact's phone numbers. After a disaster, it is often easier to make a long-distance call than a local call from a disaster area.
- ◆ **Decide Where to Meet.** In the event of an emergency, you may become separated from household members. Choose a place right outside your home in case of a sudden emergency, like a fire. Choose a location outside your neighborhood in case you can't return home.
- ◆ **Complete a Communications Plan.** Your plan should include contact information for family members, members of your support network, caregivers, work, and school. Your plan should also include information for your out-of-town contact, meeting locations, emergency services, and the National Poison Control Center (1-800-222-1222). A form for recording this information can be found at www.ready.gov - or at www.redcross.org/contactcard. These websites also provide blank wallet cards on which contact information can be recorded and carried in a wallet, purse, backpack, etc., for quick reference. Teach your children how to call the emergency phone numbers and when it is appropriate to do so. Be sure each family member has a copy of your communication plan and post it near your telephone for use in an emergency.
- ◆ **Escape Routes and Safe Places.** In a fire or other emergency, you may need to evacuate on a moment's notice. Be ready to get out fast. Be sure everyone in your family knows the best escape routes out of your home as well as where the safe places are in your home for each type of disaster (i.e., if a tornado approaches, go to the basement or the lowest floor of your home or an interior room or closet with no windows).

Use a blank sheet of paper to draw the floor plans of your home. Show the location of doors, windows, stairways, large furniture, your disaster supplies kit, fire extinguisher, smoke alarms, other visual and auditory alarms, collapsible ladders, first-aid kits, and utility shut-off points. Show important points outside such as garages, patios, stairways, elevators, driveways, and porches.

Indicate at least two escape routes from each room and mark a place outside of the home where household members and/or your personal care attendant should meet in case of fire. If you or someone in your household uses a wheelchair, make exits from your home wheelchair accessible.



Practice emergency evacuation drills at least two times a year, but as often as you update your escape plan. Be sure to include family and/or your personal care attendant in the drills.

◆ **Plan for Your Pets.**

Take your pets with you if you evacuate. However, be aware that pets (other than service animals) usually are not permitted in emergency public shelters for health reasons. Prepare a list of family, friends, boarding facilities, veterinarians, and “pet-friendly” hotels that could shelter your pets in an emergency.



- ◆ **Prepare for Different Hazards.** Include in your plan how to prepare for each hazard that could impact your local community and how to protect yourself. For instance, most people shelter in a basement when there is a tornado warning, but most basements are not wheelchair accessible. Determine in advance what your alternative shelter will be and how you will get there. Other hazards, like a home fire, will require you to leave. Make sure both primary and secondary exits are accessible and that you can locate them by touch or feel (since lights may be out and thick, black smoke may make it very hard to see). Reference the websites listed on the back cover to learn more about the different actions required for different hazards.

Action Checklist – Items To Do Before a Disaster

☐ Considerations for people with disabilities

Those with disabilities or other special needs often have unique needs that require more detailed planning in the event of a disaster. Consider the following actions as you prepare:

- Learn what to do in case of power outages and personal injuries. Know how to connect and start a back-up power supply for essential medical equipment.
- Consider getting a medical alert system that will allow you to call for help if you are immobilized in an emergency. Most alert systems require a working phone line, so have a back-up plan, such as a cell phone or pager, if the regular landlines are disrupted.
- If you use an electric wheelchair or scooter, have a manual wheelchair for backup.
- Teach those who may need to assist you in an emergency how to operate necessary equipment. Also, label equipment and attach laminated instructions for equipment use.
- Store back-up equipment (mobility, medical, etc.) at your neighbor's home, school, or your workplace.
- Arrange for more than one person from your personal support network to check on you in an emergency, so there is at least one back-up if the primary person you rely on cannot.
- If you are vision impaired, deaf, or hard of hearing, plan ahead for someone to convey essential emergency information to you if you are unable to use the TV or radio.
- If you use a personal care attendant obtained from an agency, check to see if the agency has special provisions for emergencies (e.g., providing services at another location should an evacuation be ordered).
- If you live in an apartment, ask the management to identify and mark accessible exits and access to all areas designated for emergency shelter or safe rooms. Ask about plans for alerting and evacuating those with sensory disabilities.
- Have a cell phone with an extra battery. If you are unable to get out of a building, you can let someone know where you are and guide them to you. Keep the numbers you may need to call with you if the 9-1-1 emergency number is overloaded.



- Learn about devices and other technology available (PDA's, text radio, pagers, etc.) to assist you in receiving emergency instructions and warnings from local officials.
- Be prepared to provide clear, specific, and concise instructions to rescue personnel. Practice giving these instructions (verbally, pre-printed phrases, word board, etc.) clearly and quickly.

- Prepare your personal support network to assist you with anticipated reactions and emotions associated with disaster and traumatic events (i.e., confusion, thought processing and memory difficulties, agitation, fear, panic, and anxiety).
- You don't have to be the only one prepared – encourage others to be prepared and consider volunteering or working with local authorities on disability and other special needs preparedness efforts.

☐ **Utilities**

Know how and when to turn off water, gas and electricity at the main switches or valves and share this information with your family and caregivers. Keep any tools you will need near gas and water shut off valves. Turn off the utilities only if you suspect the lines are damaged, you suspect a leak, or if local officials instruct you to do so.

(Note: Gas shut-off procedure - As part of the learning process, do not actually turn off the gas. If the gas is turned off for any reason, only a qualified professional can turn it back on. It might take several weeks for a professional to respond. In the meantime, you will require alternate sources to heat your home, make hot water and cook.)

☐ **Fire Extinguisher**

Be sure everyone knows how to use your fire extinguishers (ABC type) and where they are kept.

☐ **Smoke Alarms**

Install smoke alarms on each level of your home, especially near the bedrooms. Individuals with sensory disabilities should consider installing smoke alarms that have strobe lights and vibrating pads. Follow local codes and manufacturer's instructions about installation requirements. Also, consider installing a carbon monoxide alarm in your home.

☐ **Insurance Coverage**

Check if you have adequate insurance coverage. Homeowners insurance does not cover flood damage and may not provide full coverage for other hazards. Talk with your insurance agent and make sure you have adequate coverage to protect your family against financial loss.

☐ **First Aid/CPR & AED (Automated External Defibrillation)** Take American Red Cross first aid and CPR/AED classes. Red Cross courses can accommodate people with disabilities. Discuss your needs when registering for the classes.

☐ **Inventory Home Possessions** Make a record of your possessions to help you claim reimbursement in case of loss or damage. Store this information in a safe



deposit box or other secure (flood/fire safe) location to ensure the records survive a disaster. Include photographs or video of the interior and exterior of your home as well as cars, boats, and recreational vehicles. Also, have photos of durable medical equipment and be sure to make a record of the make and model numbers for each item. Get professional appraisals of jewelry, collectibles, artwork, or other items that may be difficult to evaluate. Make copies of receipts and canceled checks showing the cost for valuable items.

❑ **Vital Records and Documents**

Vital family records and other important documents such as birth and marriage certificates, social security cards, passports, wills, deeds, and financial, insurance, and immunizations records should be kept in a safe deposit box or other safe location.

❑ **Reduce Home Hazards**

In a disaster, ordinary items in the home can cause injury and damage. Take these steps to reduce your risk.

- ◆ Keep the shut-off switch for oxygen equipment near your bed or chair, so you can get to it quickly if there is a fire.
- ◆ Have a professional repair defective electrical wiring and leaky gas connections.
- ◆ Place large, heavy objects on lower shelves, and hang pictures and mirrors away from beds.
- ◆ Use straps or other restraints to secure tall cabinets, bookshelves, large appliances (especially water heater, furnace, and refrigerator), mirrors, shelves, large picture frames, and light fixtures to wall studs.
- ◆ Repair cracks in ceilings and foundations.
- ◆ Store weed killers, pesticides, and flammable products away from heat sources.
- ◆ Place oily rags or waste in covered metal cans and dispose of them according to local regulations.
- ◆ Have a professional clean and repair chimneys, flue pipes, connectors, and gas vents.

3. ASSEMBLE A DISASTER SUPPLIES KIT

In the event you need to evacuate at a moment's notice and take essentials with you, you probably will not have the opportunity to shop or search for the supplies you and your family will need. Every household should assemble a disaster supplies kit and keep it up to date.



A disaster supplies kit is a collection of basic items a family would probably need to stay safe and be more comfortable during and after a disaster. Disaster supplies kit items should be stored in a portable container(s) as close as possible to the exit door. Review the contents of your kit at least once per year or as your family's needs change. Also, consider having emergency supplies in each vehicle and at your place of employment.

- ◆ Three-day supply of nonperishable food and manual can opener.
- ◆ Three-day supply of water (one gallon of water per person, per day).
- ◆ Portable, battery-powered radio or television and extra batteries.
- ◆ Flashlight and extra batteries.
- ◆ First aid kit and manual.
- ◆ Sanitation and hygiene items (hand sanitizer, moist towelettes, and toilet paper).
- ◆ Matches in waterproof container.
- ◆ Whistle.
- ◆ Extra clothing and blankets.
- ◆ Kitchen accessories and cooking utensils.
- ◆ Photocopies of identification and credit cards.
- ◆ Cash and coins.
- ◆ Special needs items such as prescription medications, eyeglasses, contact lens solution, and hearing aid batteries.
- ◆ Items for infants, such as formula, diapers, bottles, and pacifiers.
- ◆ Tools, pet supplies, a map of the local area, and other items to meet your unique family needs.

If you live in a cold climate, you must think about warmth. It is possible that you will not have heat during or after a disaster. Think about your clothing and bedding needs. Be sure to include one set of the following for each person:

- ◆ Jacket or coat.
- ◆ Long pants and long sleeve shirt.
- ◆ Sturdy shoes.
- ◆ Hat, mittens, and scarf.
- ◆ Sleeping bag or warm blanket.

Supplies for your vehicle include:

- ◆ Flashlight, extra batteries, and maps.
- ◆ First aid kit and manual.
- ◆ White distress flag.
- ◆ Tire repair kit, booster/jumper cables, pump, and flares.
- ◆ Bottled water and non-perishable foods such as granola bars.
- ◆ Seasonal supplies: Winter - blanket, hat, mittens, shovel, sand, tire chains, windshield scraper, florescent distress flag; Summer – sunscreen lotion (SPF 15 or greater), shade item (umbrella, wide brimmed hat, etc.).

If Disaster Strikes

4. MAINTAIN YOUR PLAN

Quiz: Review your plan every six months and quiz your family about what to do.

Drill: Conduct fire and emergency evacuation drills on a regular basis with your family.

Restock: Check food supplies for expiration dates and discard or replace stored water and food every six months.

Test: Read the indicator on your fire extinguisher(s) and follow the manufacturer's instructions to recharge. Test your smoke alarms monthly and change the batteries at least once a year. Replace alarms every 10 years.

If you are instructed to take shelter immediately, do so at once

If you are instructed to evacuate

Should you need to leave, your first option and plan should always be to family or friends first; they can accommodate you, your pets, and help you be most comfortable



in a stressful situation. Emergency public shelters will be available and can provide a safe place to stay and meals while you are there. However, they do not provide personal health care. If you require the care of a personal attendant and choose to go to a shelter, bring the attendant with you.

- ◆ Listen to the radio or television for the location of emergency shelters. Note those that are accessible to those with physical disabilities and those that have other disability friendly assistance features such as TTY lines.
- ◆ Shut off water, gas and electricity if instructed to do so and if time permits.
- ◆ Wear appropriate clothing and sturdy shoes.
- ◆ Take your disaster supplies kit.
- ◆ Lock your home.
- ◆ Use travel routes specified by local authorities and don't use shortcuts because certain areas may be impassable or dangerous.
- ◆ Confirm upon arrival at an emergency shelter that it can meet your special care needs.
- ◆ Inform members of your support network and out-of-town contact of your location and status.

Learn More

The Federal Emergency Management Agency's Community and Family Preparedness Program and American Red Cross Community Disaster Education are nationwide efforts to help people prepare for disasters of all types.

For more information, please contact your local emergency management office or American Red Cross chapter. This booklet and the preparedness materials listed below are online at www.fema.gov and www.redcross.org. Other preparedness materials are available at these sites, as well as at www.ready.gov.

These publications are also available by calling FEMA at 1-800-480-2520, or writing:

**FEMA
P.O. Box 2012
Jessup, MD 20794-2012**

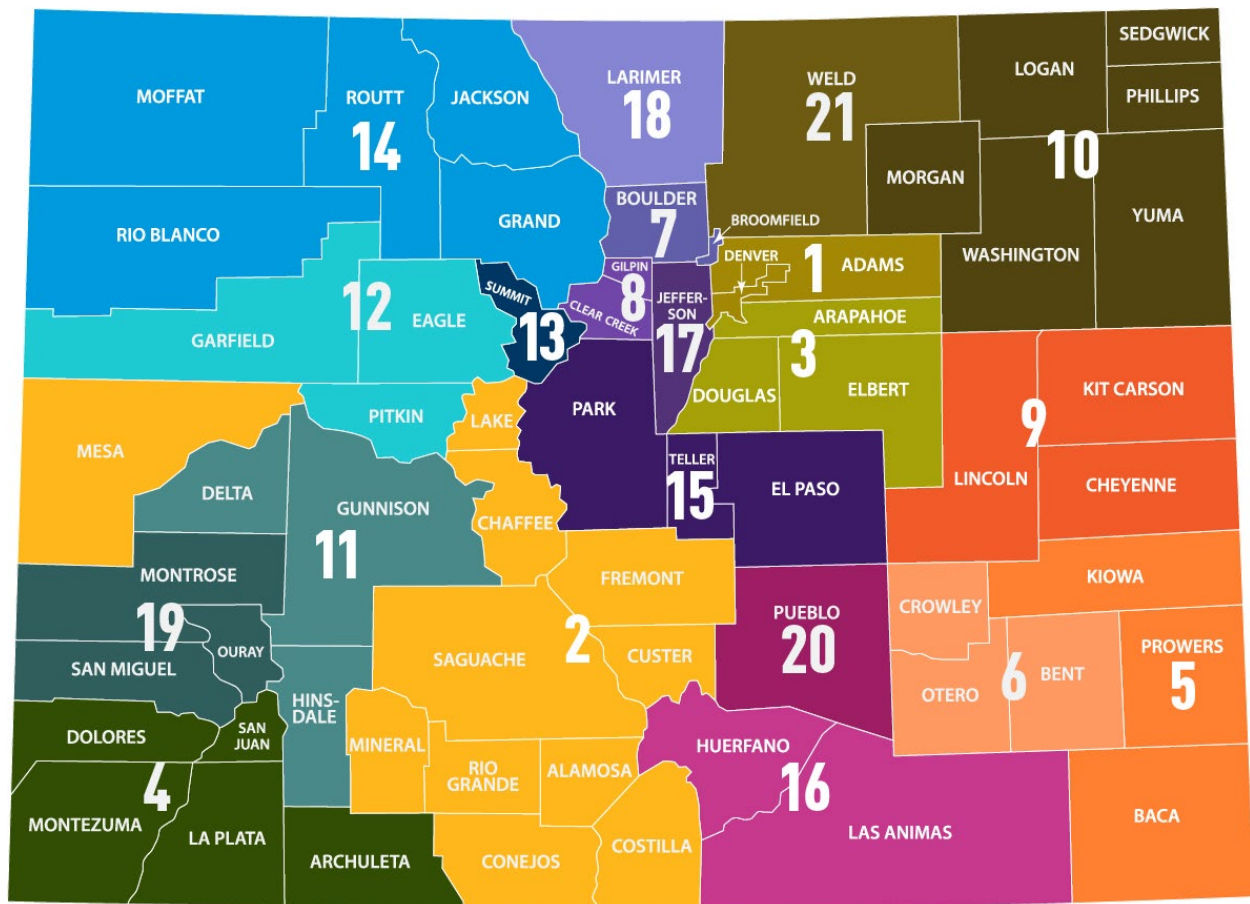
Publications with an "A" number are available from your local American Red Cross chapter.

- ◆ Are You Ready? An In-depth Guide to Citizen Preparedness (IS-22)
- ◆ Preparing for Disaster (FEMA 475) (A4600)
- ◆ Food and Water in an Emergency (FEMA 477) (A5055)
- ◆ Helping Children Cope with Disaster (FEMA 478) (A4499)

Local sponsorship provided by:



FEMA 476
A4497
August 2004



Case Management Agency Contact Information

1. Adams / Denver

Rocky Mountain Human Services - CMA

9900 E. Iliff Avenue

Denver, CO 80231

Phone: 303-636-5600

2. Alamosa / Chaffee / Conejos / Costilla / Custer / Fremont / Lake / Mesa / Mineral / Rio Grande / Saguache

Rocky Mountain Health Plans - CMA

Corporate Office

2775 Crossroads Blvd.

Grand Junction, CO 81506

Phone: 800-346-4643 or 970-243-7050

Email: CMA_RMHP@uhc.com

3. Arapahoe / Douglas / Elbert

Developmental Pathways - CMA

14280 E. Jewell Avenue, Suite A

Aurora, CO 80012

Phone: 303-360-6600

4. Archuleta / Dolores / La Plata / Montezuma / San Juan

Community Connections - CMA

281 Sawyer Drive #200

Durango, CO 81303

Phone: 970-259-2464

5. Baca / Kiowa / Prowers

Prowers County Public Health and Environment - CMA

1001 S. Main Street

Lamar, CO 81052

Phone: 719-336-1015

Fax: 719-336-8748

6. Bent / Crowley / Otero

Otero County Dept. of Human Services - CMA

13 W. 3rd Street, Room 110

La Junta, CO 81050

Phone: 719-383-3166

Fax: 719-383-4607

7. Boulder / Broomfield

Adult Care Management, Inc. - Single Entry Point (SEP)

1455 Dixon Avenue

Suite 105

Lafayette, CO 80026

Phone: 303-439-7011

Fax: 866-931-0763

Imagine! - Community Centered Board (CCB)

1400 Dixon Avenue
Lafayette, CO 80026
Phone: 303-665-7789

8. Clear Creek / Gilpin**Adult Care Management, Inc. - Single Entry Point (SEP)**

1455 Dixon Avenue
Suite 105
Lafayette, CO 80026
Phone: 303-439-7011
Fax: 866-931-0763

Developmental Disabilities Resource Center - Community Centered Board (CCB)

11177 W. 8th Avenue
Lakewood, CO 80215
Phone: 303-233-3363

9. Cheyenne / Kit Carson / Lincoln**Kit Carson County Health and Human Services - Single Entry Point (SEP)**

252 S. 14th Street
Burlington, CO 80807
Phone: 719-346-7158
Fax: 719-346-8066

Eastern Colorado Services - Community Centered Board (CCB)

617 S. 10th Avenue
Sterling, CO 80751
Phone: 970-522-7121

10. Logan / Morgan / Phillips / Sedgwick / Washington / Yuma**Northeastern Colorado Association of Local Governments - Single Entry Point (SEP)**

231 Main Street

Suite 211
Fort Morgan, CO 80701
Phone: 970-867-9409 or 1-888-696-7212 (Toll-Free)
Fax: 970-867-1850

Eastern Colorado Services - Community Centered Board (CCB)
617 S. 10th Avenue
Sterling, CO 80751
Phone: 970-522-7121

11. Delta / Gunnison / Hindsdale

Delta County Dept. of Human Services - Single Entry Point (SEP)
196 W. Hotchkiss Avenue
Hotchkiss, CO 81419
Phone: 970-872-1000
Fax: 970-872-1229

Community Options - Community Centered Board (CCB)
336 S. 10th Street
PO Box 31
Montrose, CO 81402
Phone: 970-249-1412

12. Garfield / Eagle / Pitkin

Garfield County Human Services - Northwest OLTC - Single Entry Point (SEP)
195 W. 14th Street
Rifle, CO 81650
Phone: 970-963-1639
Fax: 970-963-1974

Mountain Valley Developmental Services - Community Centered Board (CCB)
700 Mount Sopris Drive
Glenwood Springs, CO 81601
Phone: 970-945-2306

13. Summit

Garfield County Human Services - Northwest OLTC - Single Entry Point (SEP)

195 W. 14th Street

Rifle, CO 81650

Phone: 970-963-1639

Fax: 970-963-1974

Developmental Disabilities Resource Center - Community Centered Board (CCB)

11177 W. 8th Avenue

Lakewood, CO 80215

Phone: 303-233-3363

14. Grand / Jackson / Moffat / Rio Blanco / Routt

Garfield County Human Services - Northwest OLTC - Single Entry Point (SEP)

195 W. 14th Street

Rifle, CO 81650

Phone: 970-963-1639

Fax: 970-963-1974

Horizons - Community Centered Board (CCB)

405 Oak Street

Steamboat Springs, CO 80477

Phone: 970-879-4466

15. El Paso / Park / Teller

The Resource Exchange - CMA

6385 Corporate Drive, Suite 301

Colorado Springs, CO 80919

Phone: 719-380-1100

16. Huerfano / Las Animas**Las Animas County Dept. of Human Services - Single Entry Point (SEP)**

219 S. Chestnut St.

Trinidad, CO 81082

Phone: 719-422-7077**Fax:** 719-845-0801**Southern Colorado Developmental Services - Community Centered Board (CCB)**

1205 Congress Drive

PO Box 781

Trinidad, CO 81082

Phone: 719-846-4409**17. Jefferson****Jefferson County Dept. of Human Services - Single Entry Point (SEP)**

900 Jefferson County Parkway

Suite 170

Golden, CO 80401

Phone: 303-271-1388**Fax:** 303-271-4207**Developmental Disabilities Resource Center - Community Centered Board (CCB)**

11177 W. 8th Avenue

Lakewood, CO 80215

Phone: 303-233-3363**18. Larimer****Foothills Gateway - Community Centered Board (CCB)**

301 Skyway Drive

Fort Collins, CO 80525

Phone: 970-226-2345**Larimer County Dept. of Human Services - Single Entry Point (SEP)**

1501 Blue Spruce Drive

Fort Collins, CO 80524

Phone: 970-498-7780

Fax: 970-498-7777

19. Montrose / Ouray / San Miguel

Montrose County Dept. of Human Services - Single Entry Point (SEP)

1845 S. Townsend Avenue

Montrose, CO 81401

Phone: 970-252-5000

Fax: 970-252-5024

Community Options - Community Centered Board (CCB)

336 S. 10th Street

PO Box 31

Montrose, CO 81402

Phone: 970-249-1412

20. Pueblo

Colorado Bluesky Enterprises - Community Centered Board (CCB)

115 W. 2nd Street

Pueblo, CO 81003

Phone: 719-546-0572

Pueblo County Dept. of Human Services - Single Entry Point (SEP)

Options for Long-Term Care (OLTC)

201 W. 8th Street, Suite 120

Pueblo, CO 81003

Phone: 719-583-6857

Fax: 719-583-6348

21. Weld

Weld County Area Agency on Aging - Single Entry Point (SEP)

315 N. 11th Avenue

Building C

Greeley, CO 80631

Phone: 970-346-6950

Fax: 970-346-6951

Envision - Community Centered Board (CCB)
1050 37th Street
PO Box 200069
Evans, CO 80620
Phone: 970-339-5360

Adapted from original version.

Original available at <https://hcpf.colorado.gov/case-management-agency-directory>