

Consumer-Directed Attendant Support Services Member Responsibilities Form

Complete this form if you are a Health First Colorado member and you want to enroll in Consumer-Directed Attendant Support Services (CDASS).

Instructions

- If you are the member and over the age of 18, complete this form and send it to your case manager.
- If the member is under the age of 18, their legal guardian must complete this form.
- If you are an AR, do not complete this form. Instead, complete the CDASS Authorized Representative Assignment Form. The form is online at consumerdirectco.com/cdass-forms/.

Member information

Name (first, middle and last): _____ Date of birth: _____

Medicaid waiver or Community First Choice: _____

Health First Colorado Member ID Number: _____

Email: _____ Phone number: _____

Alternative Phone number: _____ Best contact methods: ☐ Phone ☐ Email ☐ Mail

Physical address: _____

Street address (incl. Apt./Unit number) City State Zip

Mailing address: _____

Street address (incl. Apt./Unit number) City State Zip

CDASS Member Responsibilities

To Enroll in CDASS

- Follow all CDASS rules, policies, and procedures.
- Be the legal Employer of Record for your attendants unless you have an AR.
- Create a plan for managing your attendants, including backup plans for emergencies.
- Decide what skills or training your attendants should have.
- Find, interview, and check references for attendants you want to hire.
- Train attendants to meet your care needs and always have at least two available to work.

Work with a Financial Management Services contractor

- Choose a Financial Management Services (FMS) company and explain its role to your attendants.
- Submit all required attendant hiring forms to your FMS.
- Make sure your FMS provides a start date before any attendant begins working.

- Set your attendants' wages within allowed limits and submit forms if pay rates change.
- Make sure that attendant timesheets are accurate and approved by your FMS payroll deadlines.
- Monitor spending to stay within your CDASS budget and tell your case manager if you need help.
- Keep all employment and financial records up to date and error-free.
- Communicate regularly with your FMS by phone, email, or mail.
- Submit forms to your FMS when an attendant quits or is fired.

Commitment to Your Well-being and Self-Direction Principles

- Take action if an attendant isn't doing their job, including firing them if needed.
- Treat all attendants professionally and follow state and federal employment laws.
- Communicate your choices, preferences, and goals clearly and often and use good judgement.
- Be aware of your health status and know when and how to get help if needed.
- Never commit or allow Medicaid fraud, waste, or abuse.
- Know how to report concerns about fraud, abuse, neglect, or exploitation.

CDASS Member Responsibilities Agreement

By signing this form, I confirm I read this form and understand the following:

- Poor management of my services can negatively affect my health. If I have problems, I will contact my case manager or other resources for help.
- It is my responsibility to address poor performance by an attendant, including possibly firing them. The state and my FMS are not my attendants' employer.
- Providing false information on this form or to the professionals involved in my CDASS services may result in penalties or removal from the program.

And that I agree to:

- Fulfill all the responsibilities that are listed above.
- Be the legal employer of my attendants and be in charge of my care unless I have an AR.

Member/Legal Guardian Printed Name (first and last): _____

Member/Legal Guardian Signature: _____ Date: _____

Questions?

If you cannot sign this form and do not have a legal guardian, have concerns about these responsibilities, or have any questions about this form, contact your case manager.

You can find all CDASS enrollment forms are on the Department of Health Care Policy and Financing's CDASS website at <https://hcpf.colorado.gov/consumer-directed-attendant-support-services>.