

CDASS Service Delivery Option

HCBS-SLS

Presented by Consumer Direct Colorado -
Training and Operations Vendor



COLORADO
Department of Health Care
Policy & Financing



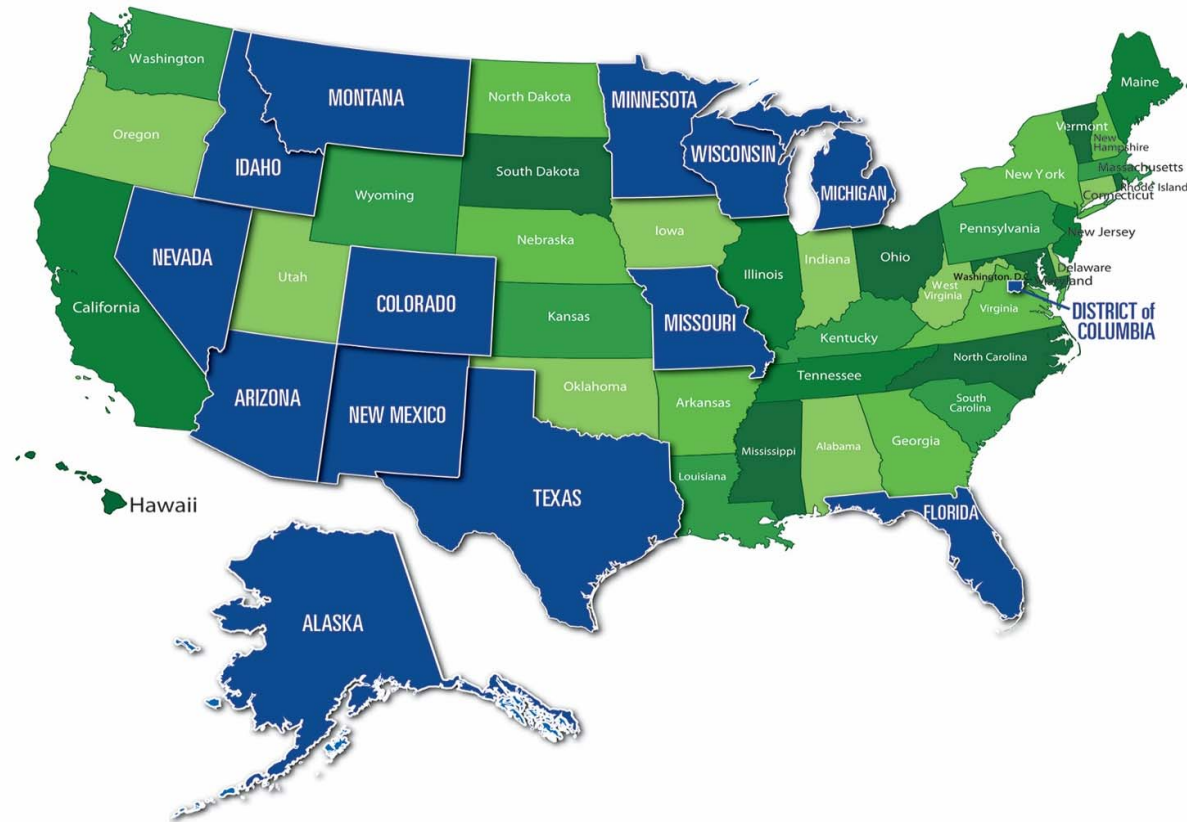
Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



Consumer Direct Colorado (CDCO)

- Who We Are
- Our Role
 - Client and Authorized Representative Training
 - Customer Services
 - Case Manager Training
- www.consumerdirectco.com
 - Training Calendar
 - Resources



Goals

- Overview of Consumer Direction model
- Gain basic knowledge of CDASS delivery option
- CDASS Roles and Responsibilities
- CDASS process for Enrollment



Consumer Direction

- Principles of Self-Determination

FREEDOM

AUTHORITY

SUPPORT

RESPONSIBILITY

CONFIRMATION



History of CDASS

- Colorado Consumer Directed Attendant Support Services (CDASS) was established in 2002
 - Enables Medicaid Home and Community Based Services (HCBS) waiver recipients the opportunity to direct their care and have full control over their attendant support services.
 - In 2005 the House Bill 05-1243 authorized the Department of Health Care Policy and Financing (the Department) to implement CDASS in all HCBS waivers
 - Originally implemented in two waivers: Home and Community Based Services for the Elderly, Blind and Disabled (EBD) and Community Mental Health Supports (CMHS) waivers



CDASS Today

- CDASS is currently available through four Home and Community Based Services (HCBS) waivers:
 - Elderly, Blind and Disabled (EBD)
 - Community Mental Health Supports (CMHS)
 - Brain Injury (BI)
 - Spinal Cord Injury (SCI)
- Provides three services:
 - Homemaker, Personal Care, and Health Maintenance Activities



Expansion of CDASS

- The Department has targeted early 2018 to expand CDASS to the HCBS-Supported Living Services (SLS) waiver
 - Implementation of this new service delivery option will:
 - Provide a self-direction option for individuals with Intellectual and Developmental Disabilities (I/DD) in the HCBS-SLS waiver
 - Address issues of limited access to providers in rural areas
 - Allow individuals to have greater choice and control of services and supports received
- Enhanced Homemaker will be included (SLS waiver only)



CDASS Basics

- CDASS is intended to empower individuals by:
 - Increasing independence and self-sufficiency
 - Offering greater control over attendant care
 - Improving the quality of services and supports
 - Enabling clients to have a healthier and more productive life
 - Providing opportunity for greater flexibility and control in managing support needs
 - Available throughout Colorado



CDASS Eligibility Requirements

- Medicaid members who qualify for one of the HCBS waivers in which CDASS is an approved service delivery option
- Demonstrated need for Personal Care, Homemaker, Homemaker Enhanced, or Health Maintenance services
- The client must obtain a Physician Attestation of Consumer Capacity indicating that the person has sound judgement and ability to direct own services
 - Must be completed by primary care physician
 - An Authorized Representative (AR) is required if determined unable to self-direct own services (An AR is optional if client determined able to self-direct)
 - Client must be in stable health



CDASS Authorized Representative

- A CDASS Authorized Representative is defined as:
 - An individual designated by the client or the legal guardian, if appropriate, who has the judgement and ability to direct CDASS on a client's behalf and meets the qualifications as defined in 10 CCR 2505-10, 8.510.6 and 8.510.7
- An Authorized Representative (AR) cannot receive reimbursement for Authorized Representative services and cannot be reimbursed for CDASS as an attendant for a participant they represent.

The CDASS AR has different roles and responsibilities than a Client Representative that is currently utilized in SLS



Client Representative vs. Authorized Representative

- **Client Representative** means a person who is designated by the client to act on the client's behalf. A client representative may be: (a) a legal representative including, but not limited to a court-appointed guardian, a parent of a minor child, or a spouse; or, (b) an individual, family member or friend selected by the client to speak for and/or act on the client's behalf. Defined by 10 CCR 2505-10 §8.500.90
- An individual that is the client representative for SLS services can also be the CDASS AR or a different individual can be selected, if requirements are met
- If a different individual from client representative is selected as the CDASS AR:
 - The CDASS AR does not have authority to represent the client outside of CDASS
 - The client representative does not have authority to manage AR roles and responsibilities in CDASS
 - A client representative can be a paid attendant



Authorized Representative Requirements

- The Authorized Representative must meet the following criteria on the screening questionnaire, which includes, but is not limited to:
 - Must be at least 18 years old
 - Must have known the person for at least two years
 - Must not have been convicted of any crime involving exploitation, abuse or assault on another person
 - Must not have a mental, emotional, or physical condition that could result in harm to the eligible person



Service Definitions

- CDASS is a voluntary service delivery option which allows an individual to direct and manage attendants who provide:
 - Personal Care Services
 - Defined by 10 CCR 2505-10 §8.500.94.10.A
 - Homemaker (Basic) Services
 - Defined by 10 CCR 2505-10 §8.500.94.6.A
 - Enhanced Homemaker Services (only SLS waiver)
 - Defined by 10 CCR 2505-10 §8.500.94.6.B
 - Health Maintenance Activities
 - Defined by 10 CCR 2505-10 §8.500.94.17



CDASS in the HCBS-SLS waiver

CDASS Services Allowable Within the Support Plan Authorization Limit (SPAL)

- Personal Care Services
- Homemaker Services
- Enhanced Homemaker Services

CDASS Service Allowable Outside of the SPAL & the Overall HCBS-SLS Waiver Cap of \$47,054.32

- Health Maintenance Activities
 - CDASS waives aspects of the Nurse Practice Act allowing attendants to provide services without licensure or certification



HCBS-SLS Waiver Services

Services within SPAL

- Personal Care
- Homemaker
- Enhanced Homemaker
- Behavioral Services
- Day Habilitation
 - Specialized Habilitation
 - Supported Community Connection
- Mentorship
- Personal Emergency Response System (PERS)
- Prevocational Services
- Professional Services
- Respite
- Specialized Medical Equipment & Supplies
- Supported Employment

Services Outside the SPAL but within the Total Waiver maximum of \$47,054.32

- Dental Services
- Assistive Technology
- Home Accessibility Adaptions
- Non-Medical Transportation
- Vehicle Modifications
- Vision

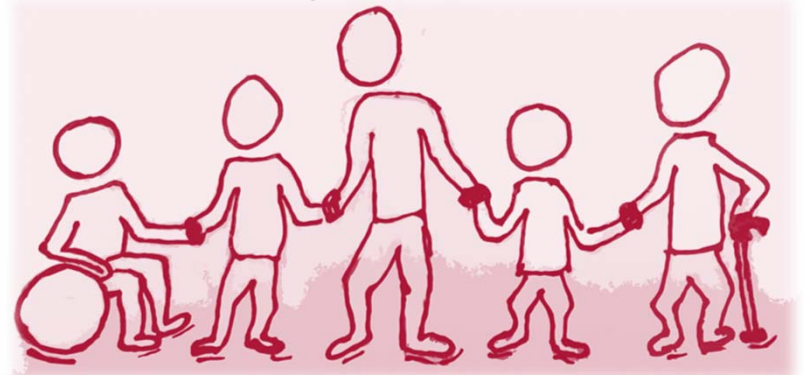
Services in CDASS delivery option outside of SPAL & Total waiver maximum

- Health Maintenance Activities



Key Players in CDASS

- There are a number of key players who contribute to the success of CDASS. These key players include:
 1. Client or Authorized Representative
 2. Case Manager (CM)
 3. Consumer Direct Care Network Colorado (Consumer Direct/CDCO)
 - Training Coordinator
 - Peer Trainer
 4. Financial Management Service (FMS) Provider
 5. Department of Health Care Policy and Financing (the Department)



Client/AR Responsibilities

- Work closely with Case Manager to determine the amount of services needed to support assessed needs
- Participate in CDASS training
- Hiring, training, and managing Attendants of their choice to best fit their unique needs
- Manage budgets to stay within their monthly allocations
- Client/AR is the legal employer of record and managing employer

A client representative cannot perform these responsibilities unless also identified as the AR and has completed training



CDASS Attendant Requirements

- Client/AR must follow all state and federal laws and regulations regarding hiring an attendant
- All CDASS attendants must meet the following:
 - Must be at least 18 years old
 - Must pass both a criminal background check and Board of Nursing background check to be employable
- Family Members
 - Limited to 40 hours in a 7 day period (Sunday-Saturday)
 - Limited to “extraordinary care” as defined in 10 CCR 2505-10, 8.510.16.C.3
- Non-family Members
 - Any amount of time over 40 hours in a 7 day period (Sunday-Saturday) or 12 hours in a day must be paid overtime wages



Training and Operations Vendor

- Consumer Direct Colorado (CDCO) will:
 - Contact client/AR to schedule training following receipt of referral from case manager
 - Provide training materials for the CDASS Program
 - Enrollment and ongoing training for client/AR
 - Send completed Attendant Support Management Plan (ASMP) to CM for approval
 - First point of contact for general questions regarding CDASS
 - Conducts case management training
 - Maintains Attendant Registry
 - Follow up with CMs on actions taken regarding participant allocation over utilization



Training and Operations Contact Information



Consumer Direct Care Network Colorado (CDCO)

Toll Free: 844-381-4433

Website: www.consumerdirectco.com

Email: InfoCDCO@consumerdirectcare.com



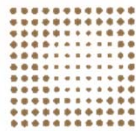
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Financial Management Service Providers

- The client/AR has the option to select from three Financial Management Service (FMS) Providers contracted by the Department:
 - Aces\$
 - Morning Sun
 - PPL Colorado



MORNING SUN



The client/AR's selection is based on an informed choice presented at training and should not be advised to which FMS provider to select

FMS Provider Role

- Required attendant paperwork
- Processing payroll
- File taxes and issue W-2's to attendants
- Worker's Compensation
- Assist in establishing client or Authorized Representative as the employer of record
 - Federal Employer Identification Number (FEIN)
- Allocation tracking
 - Issues client account expenditure to the client/AR and case manager



Fiscal Employer Agent (F/EA)

- FMS provider functions as the Fiscal/Employer Agent
 - Performs payroll and administrative functions
 - FMS providers ensures worker's compensation coverage
- Client or AR is the employer of record and managing employer providing greater flexibility, control, and responsibility
 - Decision-making authority to recruit, interview, hire, train, and when necessary, terminate attendants
- May qualify for tax exemptions based on the relationship between the attendant and FEIN holder (client or AR)



FMS Contact Information



ACCESS\$

Phone: 720-465-6405

Toll Free Phone: 844-776-7595

Website: www.mycil.org

Email: secureco@mycil.org



MORNING SUN

Morning Sun Financial Services

Toll Free Phone: 844-450-5444

Website: www.morningsunfs.com

Email: ms-cotransition@morningsunfs.com



Supporting Choice. Managing Costs.™

PPL

Toll Free Phone: 888-752-8250

Website: www.publicpartnerships.com/cofacts

Email: ppcdass@pcgus.com

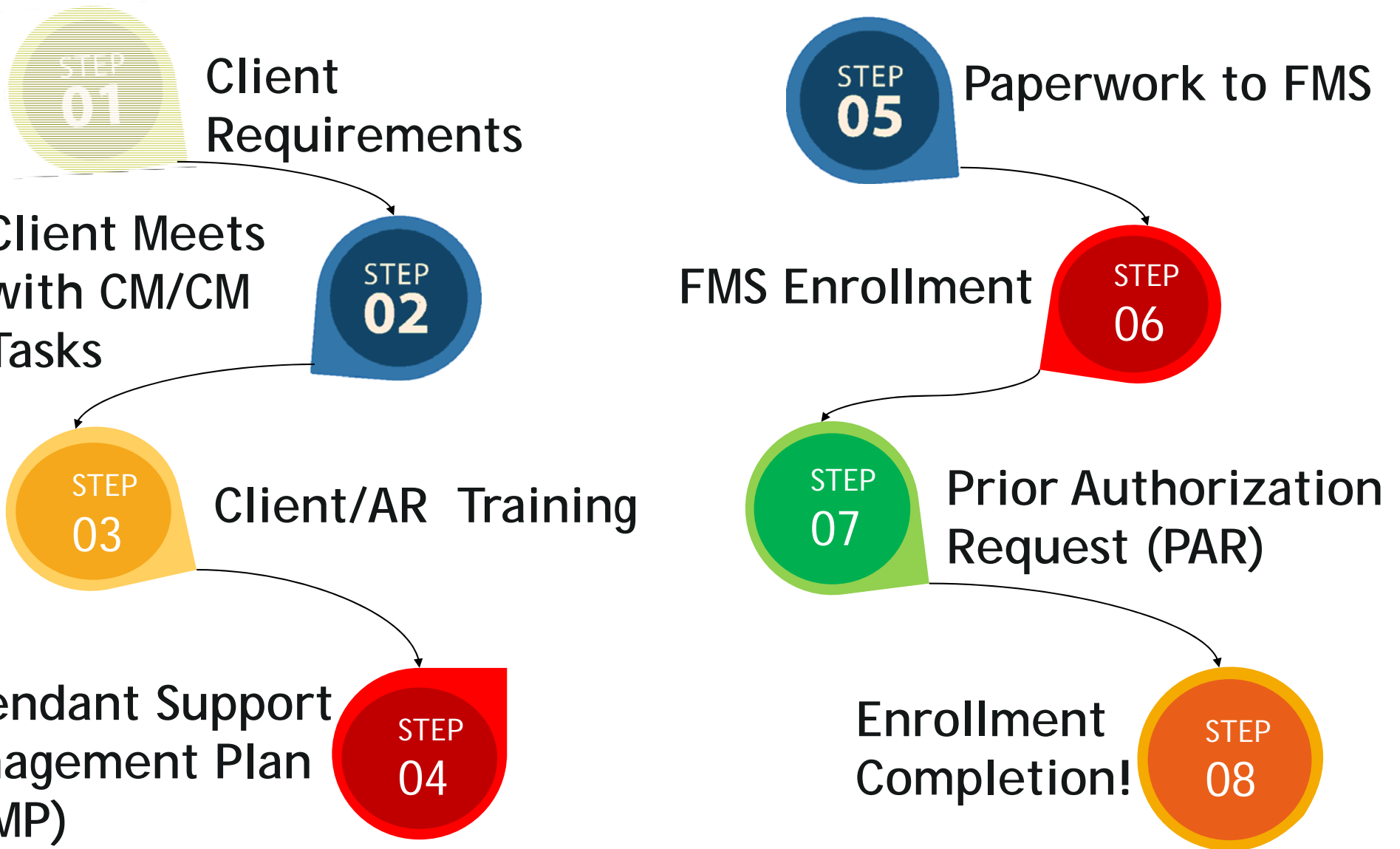


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Enrollment Steps in CDASS





STEP
01

Client Requirements

- Client enrolls in HCBS Waiver eligible for CDASS
- Case Manager ensures the following forms are complete
 - Physician's Attestation of Consumer Capacity (Physician's Statement)
 - Client/AR Responsibilities
 - Authorized Representative Screening Questionnaire (If applicable)
 - Authorized Representative Designation and Affidavit (If applicable)
- Case Manager informs client/AR of two attendant protocol and ensures understanding



Client Meets with Case Manager

- Complete ULTC 100.2
 - CM enters into Benefits Utilization System (BUS)
- Supports Intensity Scale (SIS) for new clients is completed or current SIS is reviewed to ensure it accurately captures needs
 - Ensure that the SIS is entered into the SIS Online
- Complete Service Plan (SP)
 - Complete Task Worksheet with client either over the phone or face-to-face
 - Use Monthly Allocation Worksheet to develop allocation
 - Both are located at: <http://consumerdirectco.com/case-manager-forms-resources/>
- CM must ensure that habilitative goals are established if Enhanced Homemaker is an approved service



Completing the Task Worksheet

Client Meets with Case Manager



- Complete collaboratively with the client discussing their individual needs and information reported from their ULTC 100.2 assessment and SIS
 - Go through each activity listed on worksheet
 - Use the “Norms” as a tool not a definitive limitation if client’s needs are greater than the “Norm”
 - Physician documentation can be requested/submitted for activities with substantial time requests
- Client Assessment, Service Plan and Task Worksheet should all match

CLIENT NAME					STATE ID					DATE			
Homemaker	Norm	Min/Wk	Enhanced Homemaker	Norm	Min/Wk	Personal Care	Norm	Min/Wk	Maintenance	Norm	Min/Wk		
Floor Care	15min/room		Habilitation	IND		Eating	30min/meal		Skin Care	IND			
Bathroom	45min/wk		Extraordinary Cleaning	IND		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 time*		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 time		Transfers	15min/each time			
Laundry	20min/load					Mobility	5min/each time		Bowel	IND			
Dusting	30min/wk					Positioning	15min/2 hours		Bladder	IND			
						Medication Reminders	5min/each time		Medical Management	10min duration			
						Medical Equipment	60min/wk		Respiratory Care	IND			
						Menu Planning & Grocery Shopping	180/wk		Medication Assistance	5min/each time			
						Money Management	60/wk		Bathing	IND			
						Accompanying	IND		Positioning	15min/2 hours			
						Bathing	IND		Mobility	5min/each time			
									Accompanying	IND			
Total Min/Wk	0		Total Min/Wk	0		Total Min/Wk	0		Total Min/Wk	0		Total Min/Wk	0
Total Hrs/Wk	0.00		Total Hrs/Wk	0.00		Total Hrs/Wk	0.00		Total Hrs/Wk	0.00		Total Hrs/Wk	0.00

IND = Time required to complete task is individualized or as prescribed by physician or therapist



Client Meets with Case Manager



Completing the Allocation Worksheet

- Copy over the client's information from task worksheet into the blue areas and Health Maintenance
- Enter hours based on the task worksheet
- Client's Monthly allocation will generate when all areas are filled
- Totals are separated by services within the SPAL, HMA outside of SPAL, and the total combined for all services

Medicaid ID	Certification Start Date		Certification End Date			
Sample Client ID						
This is a:			This client is on HCBS (PLEASE ENTER WAIVER):			
			SLS			
CDASS Start Date	CDASS End Date	Days in CDASS Period		Months in CDASS Period		
12/1/2017	11/30/2018	365		12		
SERVICE	15 Minute Rate	Hourly Rate	Overhead Adjustment	Adjusted Hourly Rate	Adjusted 15 Minute Rate	
Homemaker	3.855	\$ 15.42	-\$1.66	\$ 13.76	\$ 3.44	
Homemaker Enhanced	6.255	\$ 25.02	-\$2.69	\$ 22.33	\$ 5.58	
Personal Care	5.075	\$ 20.30	-\$2.18	\$ 18.12	\$ 4.53	
Health Maintenance	7.373	\$ 29.49	-\$3.17	\$ 26.32	\$ 6.58	
SERVICE	Weekly Hours of Service	Adjusted Hourly Rate	# of Weeks	CDASS Period Allocation	Daily Rate	Monthly Allocation
Homemaker		\$ 13.76	52.14285714	\$0.00	\$0.00	\$0.00
Homemaker Enhanced		\$ 22.33	52.14285714	\$0.00	\$0.00	\$0.00
Personal Care		\$ 18.12	52.14285714	\$0.00	\$0.00	\$0.00
Total SPAL Allocation (SLS CDASS ONLY):				\$0.00	\$0.00	\$0.00
Health Maintenance		\$ 26.32	52.14285714	\$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.

Send the completed Task and Monthly Allocation worksheets to CDCO when submitting the referral



Case Manager Tasks

STEP
02

- Case Manager enters CDASS tasks into Bridge
- Case Manager provides client/AR with a copy of the approved Task Worksheet and Monthly Allocation Worksheet
 - The ASMP can not be completed without these
- Case Manager submits referral to CDCO
 - Attach the approved Task Worksheet and Monthly allocation

Case Managers must use the Task Worksheet and Monthly Allocation Worksheet approved by the Department



STEP
03

Referral Form

- Please send referral to Consumer Direct Colorado via secure email:

Infocdco@consumerdirectcare.com

-or-

Fax to: 866-924-9072

- A confirmation of receipt will be emailed to case manager by CDCO within 1 business day
- Notify client/AR that referral was sent for training



Initial Training Referral (Date: _____) Retraining Referral (Date: _____) FMS Transfer AR Transfer
PLEASE SEND REFERRAL FORM TO CDCO: fax 866/924-9072 or info CD CO @consumerdirectcare.com
Please also send FMS Transfer Referral to the new FMS provider. FMS contact information found below.

CLIENT INFORMATION		
Name: _____	Waiver: _____	
First _____ Last _____		
Date of Birth: _____	Social Security Number: _____	
Complete Address: _____	Gender: _____	
	County: _____	
Medicaid ID Number: _____	Home: _____	
Email: _____	Alt: _____	
AUTHORIZED REPRESENTATIVE (AR) INFORMATION		
Refer to the client's Physician Statement of Consumer Capabilities form; does the client require an Authorized Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the Physician Statement doesn't require an AR, the client can opt to have one. Does the client voluntarily opt to have an AR? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If the answer to either question above is YES, complete the information below. Otherwise, indicate N/A.)</i>		
Name: _____	Relationship to Client: _____	
Complete Address: _____	SSN: _____	
	Phone: _____	
Email: _____	Alt: _____	
If the AR is optional, what areas of CDASS is the AR authorized to manage (i.e. budget, training)? _____		
CASE MANAGEMENT		
Case Manager Name: _____	SEP Agency: _____	
Email: _____	Direct Phone: _____	
Comments: _____		
Preferred training language (if different than English): _____		
FMS REFERRAL INFORMATION		
FMS Provider: <input type="checkbox"/> ACCESS <input type="checkbox"/> Morning Sun <input type="checkbox"/> PPL		
FMS Provider Referral Date: _____	CDASS Desired Start Date: _____	
THE CLIENT'S ASMP, ALLOCATION WORKSHEET, AND AR AFFIDAVIT SHOULD BE SENT WITH THIS FORM TO THE CLIENT'S CHOSEN FMS.		
FMS PROVIDERS:		
ACCESS Fax: (303) 242-8864 Email: cosecure@mycfl.org	Morning Sun Fax: 1-844-430-3343 Email: MS-COtransition@morningstars.com	PPL Fax: 1-866-947-4813 Email: cocdssadmin@pcgs.com



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STEP
03

Client Training

- Referral to CDCO
 - CDCO contacts client/AR and sends training materials
- Client/AR attend training
 - Client/AR required to pass Post Training Assessment (PTA) with 80% or higher
- CDCO assists in completion of ASMP
- CDCO reviews and approves ASMP for completion only
- CDCO sends ASMP to Case Manager
- Case Manager reviews ASMP for final approval
 - Meets needs?
 - Back up plan?
 - Budgeting of allocation?

Attendant Support Management Plan (ASMP)

STEP
04

**STEP
04**

ASMP

**CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS)
ATTENDANT SUPPORT MANAGEMENT PLAN (ASMP)
Supported Living Services Waiver (SLS)**

Client Information			
Client Name:		Medicaid ID #:	
Address:		City:	Zip:
Phone:		E-mail:	
Authorized Representative's (AR) Contact Information (optional)			
Rep Name:		Relationship to client:	
Address:		City:	Zip:
Phone:		E-mail:	
Community Center Board (CCB) Case Manager Contact Information			
CCB Case Manager Name:		CCB Agency Name:	
Phone:		E-mail:	
Financial Management Services Agency Selection			
FMS Agency (please check one):	<input type="checkbox"/> ACES\$	<input type="checkbox"/> Morning Sun	<input type="checkbox"/> PPL

PART ONE - CARE NEEDS
Information about me, my supports and my needs:

Information about any support or accomodation I need for communication:

PART TWO - Needed Attendant Support
I (or my Authorized Representative) have the ability to train my attendants to perform all of the activities listed below:

TASKS	SUN	MON	TUES	WED	THUR	FRI	SAT	Weekly Minutes
Homemaker Services: please list estimated time (in minutes) to be completed on tasks each day.								
Floor Care								
Bathroom Cleaning								
Kitchen Cleaning								
Trash Removal								
Meal Preparation								
Dishwashing								
Bed Making								
Laundry								
Dusting								
Total daily Homemaker minutes:								Weekly Minutes
Enhanced Homemaker Services: please list estimated time (in minutes) to be completed on tasks each day.								
Habilitation								
Extraordinary Cleaning								
Total daily Enhanced Homemaker minutes:								Weekly Minutes
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								
Medical Equipment								
Money Management								
Menu Planning & Grocery Shopping								
Accompanying								
Bathing								
Medication Reminders								
Total daily Personal Care minutes:								Weekly Minutes

PART THREE - Recruiting and Hiring
The steps I am taking to find and hire attendant(s) are (check all that apply):
Posting Ads:

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

Other (please specify):

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

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

OR

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

* Spouse - the client's husband or wife through legal marriage or common law
** Family Member - all persons related to the client through blood, marriage, adoption or common law.

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								
Prescribed Exercise/ROM								
Transfers								
Positioning								
Accompanying								
Mobility								
Bowel Care								
Bladder Care								
Medical Management								
Respiratory Care								
Medication Assistance								
Bathing								
Total daily Health Maintenance minutes:								Weekly Minutes
Total Daily Minutes:								
Total Weekly Minutes:								
Total Weekly Hours:								

The Case Manager is responsible to review the client/authorized representative identified homemaker, enhanced homemaker, personal care and health maintenance services for appropriateness in comparison with the client's CDASS task worksheet. Any services indicated on the ASMP but not on the task worksheet (and vice versa) should be reviewed further by the client/authorized representative and the case manager. Approval should not move forward until service tasks on the task worksheet and ASMP match.

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 client service needs.

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.

Please inform your case manager if your needs change.

PART FIVE - Emergency Back Up Planning
The steps I plan to take in an emergency and/or during unexpected situations are:
(Please be as specific as possible)

Late / No show Attendant:

Life or Limb Emergency:

Unexpected illness or flu:

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

Other (optional):



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**STEP
04**

ASMP ...Continued

PART SIX – CDASS Monthly Budgeting Worksheet (1 of 2)

Monthly Allocation for Homemaker, Personal Care, Enhanced Homemaker (if applicable):

Must identify at least two attendants. Rate of pay and total cost must be listed for all primary attendants.

Attendant	Attendant's Hourly Rate	Your Cost Per Hour*	Hours Per Week	Total Per Week
			X	=
		X		=
		X		=
		X		=
		X		=
		X		=
		X		=
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 Attendant Wages 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. For additional information or training on over time please contact Consumer Direct Colorado. Additional information is also available through the Colorado Department of Labor.

The same attendants can be listed for both budgets (page 6 and page 7). If applicable, combined hours for all services are subject to Fair Labor Standards Act guidelines, referenced above. Family members are not permitted over 40 hours per week.

Budget Worksheet 1 of 2

- Budget for services impacting the SPAL

PART SIX – CDASS Monthly Budgeting Worksheet (2 of 2)

Monthly Allocation for Health Maintenance:

Must identify at least two attendants. Rate of pay and total cost must be listed for all primary attendants.

Attendant	Attendant's Hourly Rate	Your Cost Per Hour*	Hours Per Week	Total Per Week
			X	=
			X	=
			X	=
			X	=
			X	=
			X	=
Attendant Care Wages Per Week Total Add (a) through (f)				2
Attendant Care Wages Per Month Total for Health Maintenance Multiply Weekly Total (Box 2) by 4.3 (average weeks in a month)				3
Total Attendant Care Wages Per Month for ALL Services Add Attendant Care Wage Totals from Page 6 and Page 7 (Box 3)				4

* Refer to the Attendant Wages 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. For additional information or training on over time please contact Consumer Direct Colorado. Additional information 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 Client Expenditure Statement (MCES) 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.

Budget Worksheet 2 of 2

- Budget for services outside the SPAL
- Total wages for both budgets

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

Preferred CDASS Start Date _____ Alternate Start Date _____

PART EIGHT – Signatures

Client / Authorized Representative Signature _____ Date _____

Case Manager Signature _____ Date _____

Consumer Direct Comments

Reviewer's Signature _____ Date _____

**FOR COMMUNITY CENTER BOARD CASE MANAGER APPROVAL
PLEASE DO NOT WRITE IN THIS SPACE**

Does Client have Enhanced Homemaker (check one): YES <input type="checkbox"/> or NO <input type="checkbox"/> Habilitative <input type="checkbox"/> and/or Extraordinary Cleaning <input type="checkbox"/> Date goal was developed: _____ (Updated Goal required before Start Date if Habilitative checked)	Client Certification Dates: CDASS Start Date: _____ CDASS End Date: _____
Case Manager Approval _____ Date _____	

Case Manager Approval

- Complete all areas
- Sign
- Submit to FMS and CDCO

The same attendant can be listed on both worksheets. Attendant wage and hour regulations must be followed based on combined hours in both budgets





Paperwork to FMS

- CM sends approved ASMP to CDCO
- CM sends paperwork to FMS provider selected by client/AR
 - Referral Form
 - Approved ASMP
 - Physician's Attestation of Consumer Capacity (Physician's Statement)
 - Authorized Representative Screening Questionnaire
 - Authorized Representative Designation and Affidavit
 - Client Responsibilities

- FMS provider enrolls client and attendants
- Client/AR complete required paperwork
- Attendants complete paperwork/background check
- FEIN is established
- FMS notifies CM of enrollment date

*FMS
Enrollment*



STEP 07

PAR

- CM assigns CDASS start date
- CM completes CDASS PAR or revises current PAR to terminate agency PC, HM/EHM, any Long Term Home Health (LTHH), and add CDASS
- CM ensures Service Plan reflects CDASS
- CM completes PAR in Bridge
 - CMs ensure that client/AR is aware that PAR must be approved before services may start
- PAR approval is issued
- CM completes PAR in FMS system (CM must be enrolled in each FMS portal)
- CM provides start date to client/AR
- Attendant can provide service to client

Enrollment Completion

STEP 08



FMS Open Enrollment

CDASS Open Enrollment Schedule	
Transition Date	Paperwork Due to New FMS by:
March 16 th	March 1 st
June 16 th	June 1 st
September 16 th	September 1 st
December 16 th	December 1 st

Transition to a new FMS Provider if enrolled in the CDASS delivery option is allowed on a quarterly basis



Prior Authorization Requests (PAR)

- Work with the individual FMS provider portals to complete the PAR in their system
 - Complete PAR in Bridge system to complete authorization
- PAR revisions can be completed as needed by creating a second line and ensuring the correct dates are reflected across each allocation span; When PAR is printed the lines should merge to one line
 - This will be completed in both the FMS portal and Bridge
- Closing out PARs: For case closures, ensure you are properly closing out PAR's in the FMS portal and the Bridge



Prior Authorization Requests

Changing FMS providers:

- When a client changes FMS providers, a new PAR is not required UNLESS the Per Member Per Month (PMPM) has changed
 - If new PAR is needed, complete in Bridge
- Create a new PAR form in new FMS providers profile by transferring over all of clients info, enter PA number once received
 - FMS providers can provide training on their own individual PAR Portals
- Once client fully enrolls, CM will close PAR in old FMS System and send D/C to previous FMS Vendor
 - Call or email to ensure the FMS received the D/C Notice



Closing PARs

- Case Managers must close PARs in the FMS portals when a client transfers FMS providers or if a client's case closes
- For closure of CDASS but continuing SLS waiver services:
 - Contact client/AR and FMS provider to determine if timesheets have been turned in and review amount of units needed to be able to support remaining billing for attendants
 - Lower unused units to make available for supports in other services
 - Closed PAR forms must be submitted to Bridge for final closure
- For closure of SLS waiver units don't have to be lowered
- FMS provider portal handouts with instructions will be provided to CMs prior to implementation



CDASS Ongoing Case Manager Contact

- 10 CCR 2505-10 8.510 ET. SEQ-For effective coordination, monitoring and evaluation of clients receiving CDASS, the Case Manager shall conduct the following:
 - 1 contact every month for the first 3 months client is on CDASS
 - Quarterly contacts every 3 months
 - 6 month reviews completed every 6 months following the waiver programs requirements
 - Annual face-to-face re-certifications following waiver programs requirements
- Continued review of allocation utilization
- Follow overspending protocol if applicable



Overspending Protocol

- 10 CCR 2505-10 8.510 ET. SEQ
- Overspending is defined as: Monthly Allocation Statement shows expenditures which exceed 10% of the monthly allocation with no reserve funds and no prior approval from CM
 - Episode One: Case Manager will contact the client or AR within 5 business days
 - Determine if there has been a change in condition resulting in a need for more services
 - Discuss a plan to address the overspending and remind client that additional training is always available through CDCO
 - Log note all activities in BUS

CM should be speaking with client/AR during the month to ensure allocation is meeting support needs



Overspending Protocol

- Episode Two: Case Manager will contact the client or AR within 5 business days
 - Determine if there has been a change in condition resulting in a need for more services
 - Discuss a plan with client to reduce spending over the next few months in order to get back on track
 - Complete and send notice of overspending letter to client with details on plan for correcting and preventing overages
 - Save in client file and document in BUS
 - Offer client additional training with CDCO
 - Log note the client response to additional training offer and any plans developed to address the over spending occurrence



Overspending Protocol

- Episode Three: Case Manager will contact the client or AR within 5 business days
 - Determine if there has been a change in condition resulting in a need for more services
 - Inform the client or AR that a mandatory change in AR or use of an AR will be required. Identify the AR and begin process to collect AR forms and make training referral. The new AR shall complete training within 60 days
 - Discuss a plan with new AR to reduce spending over the next few months in order to get back on track
 - A referral will need to be submitted to CDCO
 - Client or AR will complete an updated ASMP through CDCO
 - Complete and send Notice of 3rd overspending letter to AR with details on plan for correcting overages
 - Save in client file
 - Document all activities in BUS



Overspending Protocol

- Episode Four: Termination from the program
 - Send 803 informing client/AR that they are being removed from CDASS delivery option
 - Work with client to secure agency based services
 - Notify FMS provider of termination date
 - Document all activities in BUS

- See FULL overspending protocol for full details and process for overspending
<http://consumerdirectco.com/case-manager-forms-resources/>



Sending an 803

- CDASS reductions in services reasons listed in 10 CCR 2505-10 § 8.510.14
- CDASS termination reasons listed in 10 CCR 2505-10, 8.510.12, 8.510.13
- Notice of Action (803 form) information:
 1. Access client's records in the BUS
 2. Select LTC 803 on left navigation bar
 3. Add 803 from top of screen
 4. Complete 803 Info page and Service Change page



803 Completion

Long Term Care 803 General Information

Refers to Following Long Term Care Program

- HCBS-Brain Injury
- HCBS-Community Mental Health Supports
- HCBS-Developmental Disabilities
- HCBS-Elderly, Blind, Disabled
- HCBS-Spinal Cord Injury - LTCO, JEFFCO Only
- HCBS-Supported Living Services
- HCBS-Childrens Waiver
- HCBS-Children with Autism
- HCBS-Children with Life Limiting Illness
- HCBS-Childrens Extensive Support
- HCBS-Childrens Habilitation Residential Program
- Colorado Choice Transitions - HCBS-BI
- Colorado Choice Transitions - HCBS-CMHS
- Colorado Choice Transitions - HCBS-DD
- Colorado Choice Transitions - HCBS-EBD/18-64
- Colorado Choice Transitions - HCBS-EBD/65+
- Colorado Choice Transitions - HCBS-SLS
- CDASS - 1915(i) State Plan

General Information

Mailed Date: (mm/dd/yyyy)

Effective Date of Change:

Date Client Must Respond By:

Type of Notification

*(complete Denial Reason)

- Eligible to receive services
- *(complete Denial Reason)
- Eligible to receive services - Waitlist
- *(complete Denial Reason)
- Not eligible for waitlist or not eligible or no longer eligible to receive services

*(complete Service Change)

- Service(s) is/are denied
- *(complete Service Change)
- Services are being decreased or changed
- Clear Answer

Case Manager:

Phone Number: (xxx-xxx-xxxx)

Effective date is 11 days after the mailed date

Respond by date is within 60 days of mailing date

Case managers should use the appropriate waiver above. The box for CDASS-1915(i) state plan should only be used for those clients who are not on a waiver for CDASS.



This example is for a client who is receiving a decrease in the CDASS allocation based on the CDASS task worksheet reflecting lower hours for one or more of the 4 service columns (Homemaker, Homemaker Enhanced Personal Care, Health Maintenance)

Long Term Care 803 Service Change

Services are being decreased, changed or denied because:

The monthly allocation for Consumer Directed Attendant Support Services is determined utilizing the department prescribed method at the initial enrollment and at CSR, and should match the client's need for services. The Monthly allocation is determined by calculating the number of Personal Care, Homemaker, and Health

Services being decreased, changed or denied are

Consumer Direct Attendant Support Services (CDASS) monthly allocation for services is reduced effective _____ to \$_____. Daily cost for services is \$_____.

Rule(s) which apply: Citation

10 CCR 2505-10, section 8.510.14 C.1, 8.510.14 C.2, 8.510.3

Reason: Enter a detailed description of denial or change See next slide for a full example

Appropriate Rule is cited from regulations

Language entered in description should match the rule



Example Service Change Reason: CM should provide specific information on the 803 informing the client/AR on the factors that resulted in the allocation adjustment

Box 1 (previous slide): The monthly allocation for Consumer Directed Attendant Support Services is determined utilizing the department prescribed method at the initial enrollment and at CSR, and should match the client's need for services.

The monthly allocation is determined by calculating the number of Personal Care, Homemaker, Homemaker Enhanced, and Health Maintenance Activities hours needed on a monthly basis using the Department prescribed method. The needs determined for the allocation should reflect the needs in the ULTC 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. Allocation is determined using services eligible for Consumer Directed Attendant Support Services.

Always ensure you have finalized the 803, received a supervisor signature and entered a copy in the client's file. Ensure you call client and let them know you are mailing the 803 and why.



Updating ASMPs

- ASMP Forms should be updated any time the client task worksheet changes based on the client's condition or when the client attends retraining
- Shortened ASMP Form
 - Only 5 pages

**CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS)
ATTENDANT SUPPORT MANAGEMENT PLAN (ASMP) UPDATE
Supported Living Services Waiver (SLS)**

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.

Client Information			
Client Name:		Medicaid ID #:	
Address:		City:	Zip:
Phone:		E-mail:	
Authorized Representative's (AR) Contact Information (optional)			
Rep Name:		Relationship to client:	
Address:		City:	Zip:
Phone:		E-mail:	
Community Center Board (CCB) Case Manager Contact Information			
CCB Case Manager Name:		CCB Agency Name:	
Phone:		E-mail:	
Financial Management Services Agency Selection			
FMS Agency (please check one): <input type="checkbox"/> ACES\$ <input type="checkbox"/> Morning Sun <input type="checkbox"/> PPL			
PART ONE - Reason for ASMP update			
<input type="checkbox"/> Due to a change in my needs identified on my CDASS task worksheet. <input type="checkbox"/> Over utilization of CDASS allocation has occurred. Mandatory retraining and budget changes performed to address these prior episodes of over utilization.			
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):			



Future CDASS Questions

- CDASS questions should be directed to Consumer Direct for assistance
- The most up-to-date CM and client/AR forms can be accessed at Consumer Direct website
 - Forms have been approved by the Department and should not be altered
- Future CDASS trainings will be conducted by Consumer Direct



Consumer Direct Care Network Colorado (CDCO)

Toll Free: 844-381-4433

Website: www.consumerdirectco.com

Email: InfoCDCO@consumerdirectcare.com



COLORADO
Department of Health Care
Policy & Financing



Questions or Concerns?



Thank You!

