



Consumer-Directed Attendant Support Services (CDASS) Member or Authorized Representative Responsibilities

Section I: Member Information

Member's Full Name: _____

Member's Health First Colorado ID #: _____

Section II: Responsibilities

As a member or Authorized Representative (AR) using Consumer-Directed Attendant Support Services (CDASS), I agree to complete the following responsibilities for CDASS management:

1. Attend CDASS training through Consumer Direct for Colorado (CDCO).
2. Develop an Attendant Support Management Plan (ASMP).
3. Choose a Financial Management Services (FMS) vendor.
4. Recruit, hire, fire and manage attendants.
5. Decide what experience and certifications attendants need to have to perform your needed services.
6. Decide wages for each attendant. Wages cannot be more than the program allows and must be at least minimum wage according to state or your municipality's regulations.
7. Complete all attendant hiring paperwork with each prospective attendant and submit all paperwork to my FMS vendor. The hiring agreement will clearly outline: wages, services to be provided (limited to Personal Care, Homemaker or Health Maintenance Activities), work schedules, and working conditions.
8. Complete employment reference checks on attendants.
9. Ensure my FMS provides a Good-to-Go date for my attendants **before** they start providing services.
10. Explain the role of the FMS to attendants.
11. Properly train attendants to meet my attendant support needs.
12. Schedule attendant care that does not go over my monthly CDASS budget allocation and CDASS Certification Period allocation.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.



13. Review all attendant timesheets for accuracy of time worked, completeness and signatures. Attendants and members or their Authorized Representatives must sign timesheets. Timesheets must show actual time spent providing CDASS services.
14. Review Monthly Member Expenditure Statements and discuss budgeting issues with my case manager.
15. Review and submit approved attendant timesheets to FMS by the payroll deadline.
16. Report timesheet errors to the FMS immediately.
17. If pay rates need to be changed, negotiate a new pay rate with the attendant and submit the necessary change form to the FMS.
18. Understand that misrepresentation or false statements regarding services provided by attendants may result in administrative penalties, criminal prosecution, and/or termination from CDASS.
19. Complete all paperwork and keep employment records.
20. Submit termination paperwork to the FMS when an attendant is fired or quits.
21. Develop a plan for emergencies. Create a plan for backup support ahead of time, in case an attendant is late or does not show up for work.
22. Follow all CDASS rules and regulations.

I understand that injury or illness to the member may occur from poor care or poor work by an attendant. I understand that I may contact the appropriate authorities if I witness, have knowledge of, or suspect mistreatment, abuse, neglect, and/or exploitation by an attendant upon the member. I understand that I am responsible for addressing poor performance by an attendant which may include termination. As Employer of Record, the State of Colorado is not responsible for the actions of attendants.

Section III: Signatures

Signature of Member or AR: _____ Date: _____

I witnessed the above named member sign this document or heard the member acknowledge signing the document.

Witness' Full Name: _____

Signature of Witness: _____ Date: _____

