



 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 amount of Medicaid dollars you will have each month to pay your Attendants for the service hours you need.

## 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	
<b>Total Min/Wk</b>		<b>0</b>	<b>Total Min/Wk</b>		<b>0</b>	<b>Total Min/Wk</b>		<b>0</b>

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, 2022.**

Medicaid ID	Certification Start Date	Certification End Date

**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
7/1/2022	11/30/2022	153	5

SERVICE	15 Minute Rate	Hourly Rate	Overhead Adjustment	Adjusted Hourly Rate	Adjusted 15 Minute Rate
Homemaker	\$ 5.36	\$ 21.44	\$ (2.30)	\$ 19.14	\$ 4.79
Personal Care	\$ 5.36	\$ 21.44	\$ (2.30)	\$ 19.14	\$ 4.79
Health Maintenance	\$ 8.43	\$ 33.71	\$ (3.62)	\$ 30.09	\$ 7.52

SERVICE	Weekly Hours of Service	Adjusted Hourly Rate	# of Weeks	CDASS Period Allocation	Daily Rate	Monthly Allocation
Homemaker	4.75	\$ 19.14	21.85714286	\$1,987.47	\$12.99	\$397.49
Personal Care	2.00	\$ 19.14	21.85714286	\$836.91	\$5.47	\$167.38
Health Maintenance	0.25	\$ 30.09	21.85714286	\$163.71	\$1.07	\$32.74
<b>Totals</b>				<b>\$2,988.09</b>	<b>\$19.53</b>	<b>\$597.62</b>

**\*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, 2022

Medicaid ID

Certification Start Date

Certification End Date

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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
1/1/2022	12/31/2022	365	12

SERVICE	15 Minute Rate	Hourly Rate	Overhead Adjustment	Adjusted Hourly Rate	Adjusted 15 Minute Rate
Homemaker	\$ 5.36	\$ 21.44	\$ (2.30)	\$ 19.14	\$ 4.79
Personal Care	\$ 5.36	\$ 21.44	\$ (2.30)	\$ 19.14	\$ 4.79
Health Maintenance	\$ 8.42	\$ 33.70	\$ (3.62)	\$ 30.08	\$ 7.52

SERVICE	Weekly Hours of Service	Adjusted Hourly Rate	# of Weeks	CDASS Period Allocation	Daily Rate	Monthly Allocation
Homemaker		\$ 19.14	52.14285714	\$0.00	\$0.00	\$0.00
Personal Care		\$ 19.14	52.14285714	\$0.00	\$0.00	\$0.00
Health Maintenance		\$ 30.08	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.



## Attendant Rate Setting Guide

CDASS empowers you to create and manage your own service budget. Your budget is based on the Task Worksheet completed with your Case Manager during your assessment. As the legal employer of record, you are responsible for setting pay rates for the attendants you choose to hire. This may also involve negotiating different pay rates with your Attendants. This guide provides an overview of considerations for setting rates for your Attendants and the impact it will have on your CDASS budget.

### Tips when setting rates of pay:

- Wages must be between the Colorado State Minimum wage and the CDASS Maximum wage.
- Set Attendant rates that attract and retain quality employees while staying within your designated budget.
- Consider budgeting for periodic raises to motivate Attendants.
- Evaluate the experience and skills of an Attendant. An Attendant with more experience or specialized skills may warrant a higher rate.
- A higher rate with a shift that is shorter, early morning or late in the day may be more appealing to Attendants.
- Geographic locations or distance may be more attractive to an Attendant by offering a higher rate of pay.

### Suggested rate development steps:

1. Reference your CDASS Monthly Allocation worksheet for your total monthly allocation dollar amount.
2. Divide your total monthly amount by 4.3 (average number of weeks in a month) to calculate the total weekly allocation.
3. Divide this weekly amount by the total number of service hours you plan to use each week.
4. This final wage is called your Maximum Cost to You. This is your guideline to determine how much you can afford to pay your Attendants at your current CDASS monthly allocation and planned weekly hours including employer taxes.



- To determine your hourly wage range that your Attendant will make, you use your elected FMS Cost to You worksheet (Section 2 in Training Manual) to find the closest Maximum Cost to You that is equal to or less than the Maximum Cost to You found in 4.

**Remember: Do not go over the Maximum found in Step 4.**

- The hourly rate listed to the left of the Maximum found in 5, is the Maximum Hourly Wage you can pay your Attendant. You can pay your Attendant anything from your applicable Minimum Wage to the Maximum found on your elected FMS Cost to You worksheet.

### Example scenario to find your Attendant wage range:

**Step 1:** Reference your CDASS Monthly Allocation Worksheet. A blank copy of the form can be found at: <https://consumerdirectco.com/forms>.

SERVICE	Weekly Hours of Service	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
<b>Totals</b>	<b>20.00</b>			<b>\$25,663.15</b>	<b>\$70.31</b>	<b>\$2,138.60</b>

(Numbers outlined above are examples only and do not reflect a specific person's allocated amount or what your allocation or maximum wage Attendant wage will be)

**Step 2:** Divide your total Monthly Allocation by 4.3

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

**Steps 3 & 4:** Divide your total weekly allocation by your total weekly service hours.

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





\$24.86/hour is your Maximum Cost to You. As long as YOUR cost as the employer is equal to or less than \$24.86 per hour for each Attendant, you will be within your monthly allocated amount for services.

**Steps 5 & 6:** Look down the Cost to You column on the FMS Cost to You worksheet and find the closest Cost to You rate that is equal to or less than \$24.86. To the left of the Cost to You will be the corresponding Attendant hourly wage you can pay.

The wage range the Attendant can be paid per hour is between the applicable Minimum Wage to the Maximum employee wage / Cost to You found on the FMS Cost to You worksheet.

**Remember: You have the flexibility and responsibility to set Attendant wages and determine the number of hours you plan to use within your monthly budget allocation. If you pay a higher wage than YOUR Maximum Cost allows, YOU must lower the amount of service hours used per week to remain within budget.**

### **Tax Exemptions:**

If the Attendant meets tax exemption requirements, to find your Maximum Hourly Wage range, then YOU must calculate YOUR own Cost to You. FMS Cost to You worksheets only display Cost to You rates utilizing all payroll taxes included.

### **Steps to calculate your own Cost to You:**

**Step 1:** Use your FMS's Cost to You worksheet to determine which taxes will apply for your Attendant based on their relationship to the Member.

**Step 2:** Add up all the applicable taxes that apply for your Attendant to find the total tax cost.

**Step 3:** Take the total tax cost found in Step 2 and divide the number by 100, then add 1.





**Step 4:** Multiply this number by the wage chosen for your Attendant. This amount will be the Cost to You for this particular Attendant who has applicable tax exemptions.

### Example scenario:

**Step 1:** You are using the Palco's Cost to You worksheet to hire your spouse. Taxes that apply for this Member-Attendant relationship are: Sick Time and Workers' Compensation.

Rate with Exemptions	
Relationship to Employer	Total Rate
Spouse working for a Spouse	3.33%
Child employed by Parent ( <i>under the age of 21</i> )	3.33%
Parent, Adoptive Parent and/or Stepparent Employed by an Adult Child	5.03%**
**SUTA is individualized, your rate may be cheaper as you enroll with Palco.	

**Remember:** Look carefully at the relationships listed on the worksheet to ensure you are selecting the right rate.

**Step 2:** Workers' Compensation = 1.63% and Sick Time = 1.70%  
 $1.63\% + 1.70\% = 3.33\%$

**Step 3:** Take the total percentage from Step 2, divide it by 100, then add 1.  
 $3.33\% / 100 = 0.0333$   
 $0.0333 + 1 = 1.0333\%$

**Step 4:** You have chosen to pay your Attendant \$24.00 per hour.  
 $\$24.00 \times 1.0333\% = \$24.7992$   
\$24.80 is your unique Cost to You (always round up to the second decimal)



## ASMP Budget Scratch Worksheet

Use this worksheet to complete your own Attendant Rate Setting

<b>Monthly Budget Allocation</b> (see Monthly Allocation Worksheet)	
Divide by 4.3 (weeks in a month) <b>Weekly Budget</b>	
Divide by your total number of service hours per week _____ (see Task Worksheet) <b>Maximum Cost to You</b>	

**Remember: This is your MAXIMUM Cost to You not the maximum wage you can pay your Attendant.**

You will now need to reference 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 amounts so you can complete your ASMP.

Hourly Wages	Cost to You (must be <u>equal to or lower than</u> the amount calculated in the yellow box above)

Take the figures you have calculated and pick which one works best for your care needs and to attract quality Attendants. Transfer these figures to your ASMP and complete the ASMP Budget Worksheet as directed.

**Note: You will not have to turn this in unless your Case Manager requests it.**

For additional guidance and questions, please contact Consumer Direct for Colorado and/or your selected 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><b><u>PART ONE - CARE NEEDS</u></b></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>
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**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
<b>Homemaker Services: please list estimated time (in minutes) to be completed on tasks each day.</b>								
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
<b>Total daily Homemaker minutes:</b>	150	120	90	90	180	90	90	Weekly Total 810
<b>Personal Care Services: please list estimated time (in minutes) to be completed on tasks each day.</b>								
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								
<b>Total daily Personal Care minutes:</b>	50	40	50	40	50	80	50	Weekly Total 360

TASKS	SUN	MON	TUES	WED	THUR	FRI	SAT	Weekly Minutes
<b>Health Maintenance* Services: please list estimated time (in minutes) to be completed on tasks each day.</b>								
*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
<b>Total daily Health Maintenance minutes:</b>	280	250	280	310	280	330	280	<b>Weekly Total</b> 2010
<b>Total Daily Minutes:</b>	480	410	420	440	510	500	420	
<b>Total Weekly Minutes:</b> 3,180			<b>Total Weekly Hours:</b> 53.00					
<p><b>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.</b></p> <p><b>Approval should not move forward until service tasks on the Task Worksheet and ASMP match.</b></p> <p><b>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.</b></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.



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

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

Member Name:

Member Medicaid ID:

Authorized Representative Name (if applicable):

Today's Date:

You are encouraged to review the educational and support resources related to hiring workers with criminal backgrounds to help you complete this safety plan. They can be found here: [ConsumerDirectCO.com/CDASS-Resources](https://ConsumerDirectCO.com/CDASS-Resources). You may request these resources via mail by calling Consumer Direct at 1-844-381-4433. Please be specific and include ways you can monitor your attendants, family and/or friends who can be contacted, community resources that can be used, etc.

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

Please submit this page to Consumer Direct - Colorado via email:  
[InfoCDCO@ConsumerDirectCare.com](mailto:InfoCDCO@ConsumerDirectCare.com)

<b>PART SIX – CDASS Monthly Budgeting Worksheet</b>							
<b>Monthly Allocation:</b> 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.
<b>Attendant Care Wages Per Week Total</b> Add (a) through (f)						\$870.24	2
<b>Attendant Care Wages Per Month Total</b> 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.</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)				

<b><u>PART ONE - Reason for ASMP update</u></b> <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.
<b>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):</b>

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

TASKS	SUN	MON	TUES	WED	THUR	FRI	SAT	Weekly Minutes
<b>Health Maintenance* Services: please list estimated time (in minutes) to be completed on tasks each day.</b> *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								
<b>Total daily Health Maintenance minutes:</b>								<b>Weekly Total</b>
<b>Total Daily Minutes:</b>								
<b>Total Weekly Minutes:</b>			<b>Total Weekly Hours:</b>					
<p><b>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.</b></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>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.
<b>Attendant Care Wages Per Week Total</b> Add (a) through (f)							2
<b>Attendant Care Wages Per Month Total</b> 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



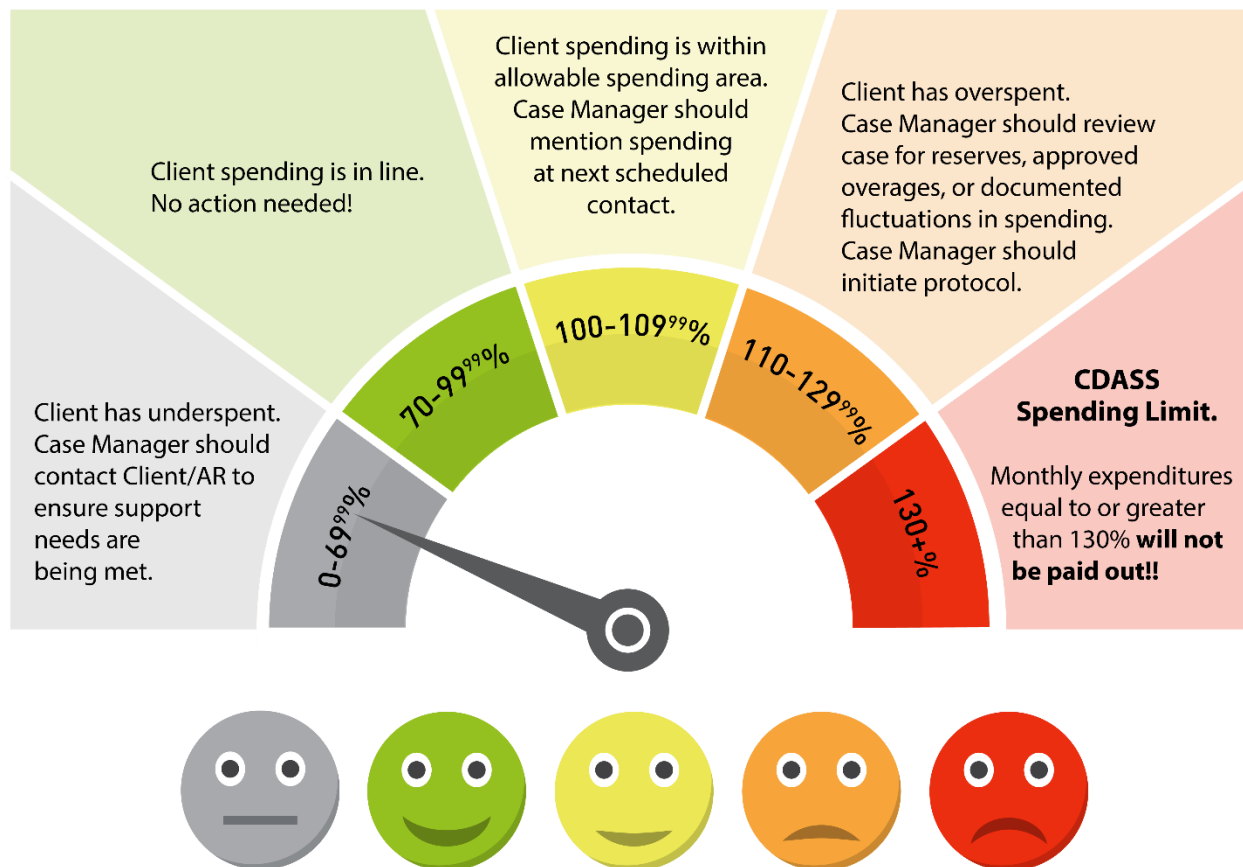


## CDASS Overspending Protocol

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

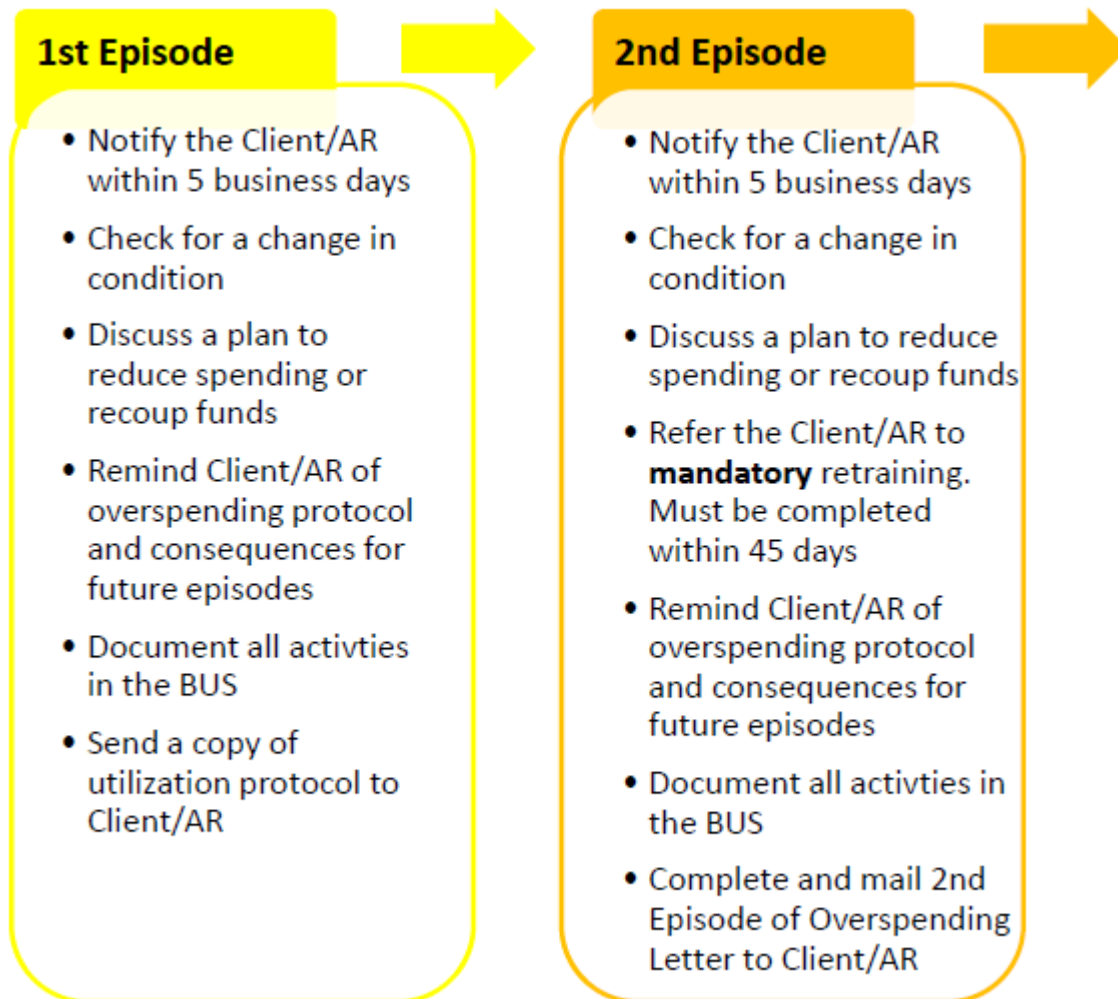
**Case Managers and clients, or their Authorized Representatives should always review the full [CDASS Service Utilization Review & Allocation Management Protocol](#) located on the Consumer Direct of Colorado website.**

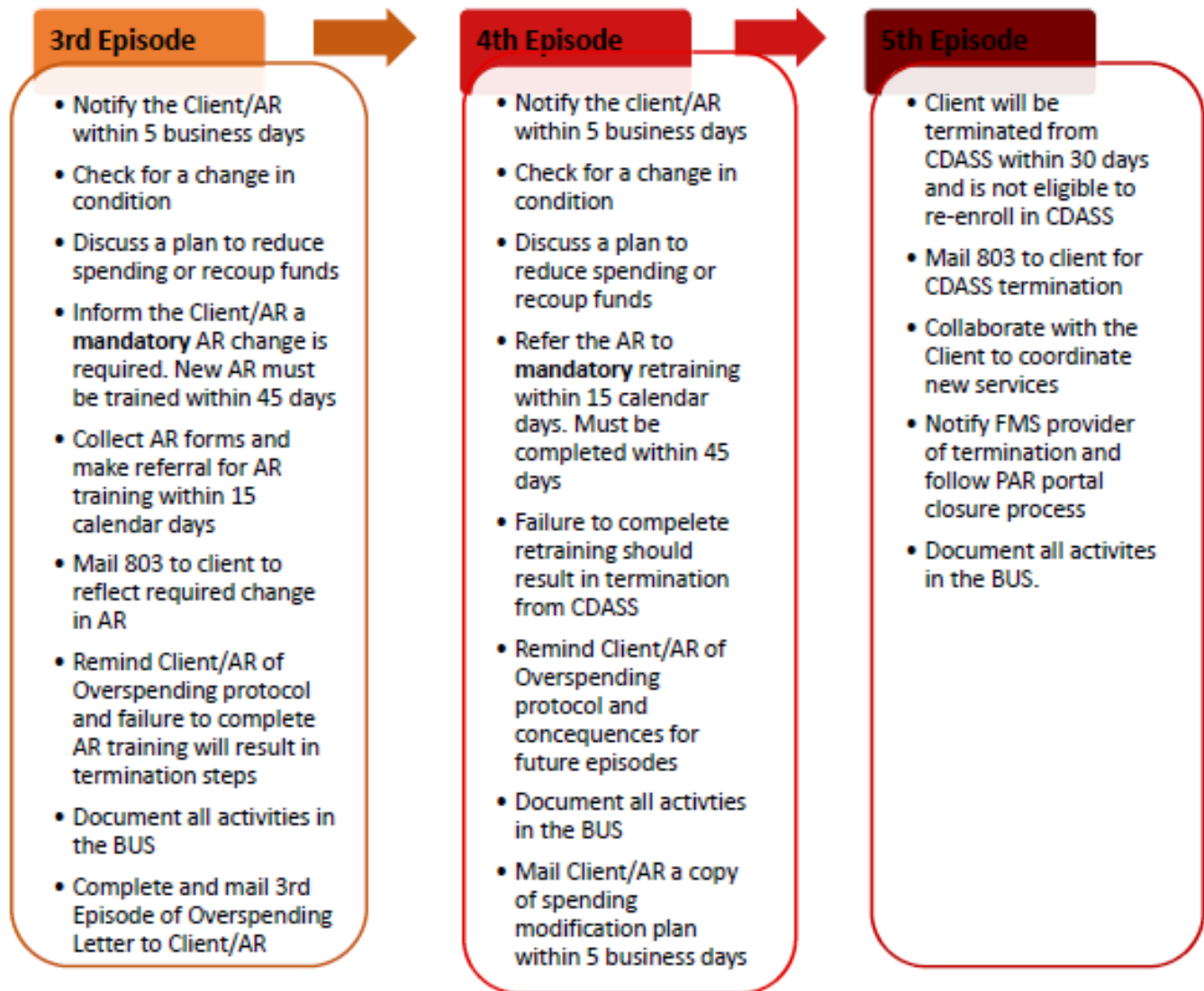
**Overspending** is defined as monthly expenditures exceeding 9.99% of the clients monthly allocation, with no reserve funds from prior months in the certification period, no prior approval for overspending by the Case Manager and/or no documented fluctuation in overspending approved on the clients ASMP.





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](mailto:infocdco@consumerdirectcare.com). A copy of the full CDASS Utilization Protocol is available on Consumer Direct of Colorado website at <https://consumerdirectco.com/>



**COLORADO**  
Department of Health Care  
Policy & Financing

## 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 CDASS Members/Authorized Representatives are required to comply with EVV and all services submitted to the Department 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 should be sent to the FMS vendor and be updated annually with their FMS vendor 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 the Department's ADA Coordinator at 303-866-6010 or [hcpf504ada@state.co.us](mailto: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.

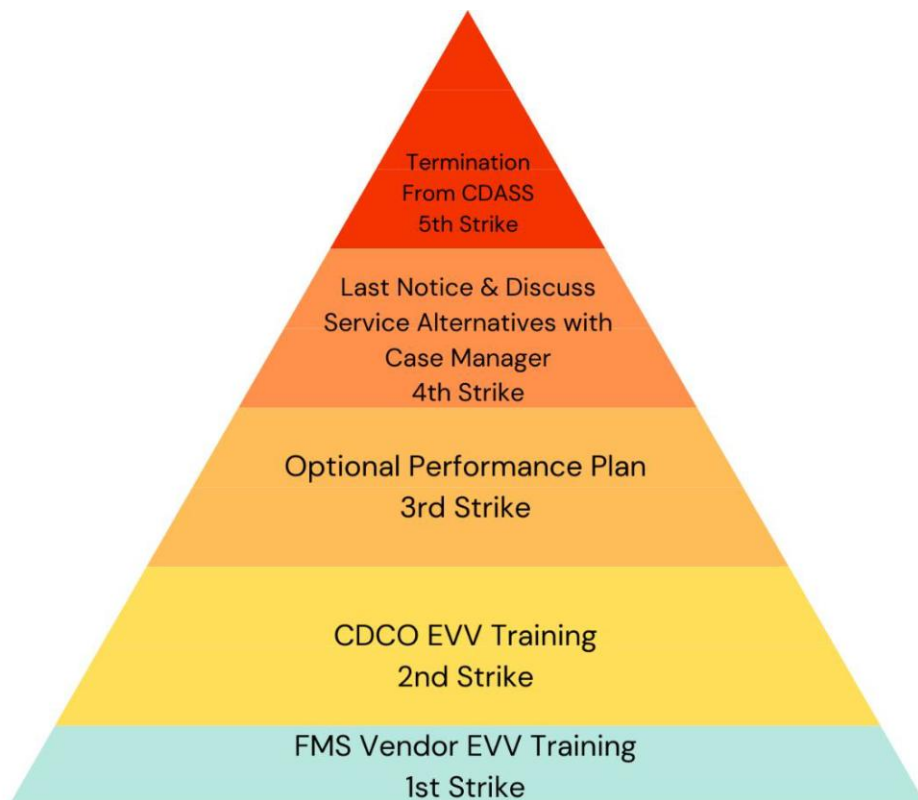
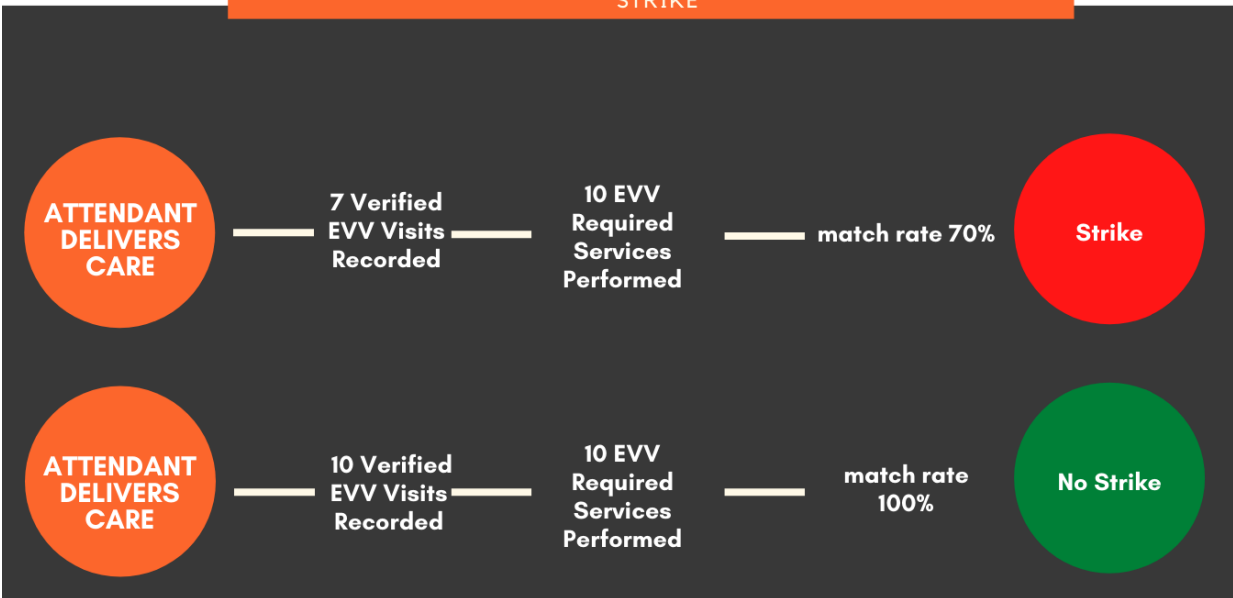
Additionally, at this time entering visits through the web portal by manually entering or modifying visits are both acceptable methods for recording EVV and will not result in a strike. While entering visits through the web portal is acceptable, it should only be used in rare circumstances and not as 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 1<sup>st</sup> 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 2<sup>nd</sup> 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 3<sup>rd</sup> 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 1<sup>st</sup> 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 4<sup>th</sup> Strike and review EVV purpose and requirements.
- Notice to employer/member about possible termination from CDASS if 5<sup>th</sup> strike occurs.
- Discuss service alternatives with case manager

**Strike 5:**

- Notify employer/member within 7 business days of 5<sup>th</sup> 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](mailto: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 you 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 5<sup>th</sup> 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 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 5<sup>th</sup> 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.