



Consumer Directed Attendant Support Services
Training Manual





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Key Terms and Abbreviations

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

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

Attendant Support Management Plan (ASMP):

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

Authorized Representative (AR):

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

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

Consumer Direct for Colorado (Consumer Direct):

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

Consumer Directed Attendant Support Services (CDASS):

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

Electronic Visit Verification (EVV):

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

Financial Management Service (FMS):

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

Fiscal/Employer Agent (F/EA):

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

Home and Community-Based Services (HCBS):

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

Monthly Allocation Worksheet:

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

Monthly Member Expenditure Statement (MMES):

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

Post-Training Assessment (PTA):

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

Task Worksheet (TW):

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



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Introduction to Colorado Consumer Directed Attendant Support Services

Colorado Consumer Directed Attendant Support Services (CDASS) was established in 2002 giving Medicaid Home and Community-Based Services (HCBS) waiver recipients (Members) the opportunity to direct their care and have full control over the services they receive from caregivers (Attendants). This means Members can hire, train, and manage Attendants who best fit their unique needs. Through CDASS, Members may receive homemaking, personal care, and health maintenance services.

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

CDASS is intended to:

- Increase independence and self-sufficiency.
- Offer greater control over Attendant care.
- Improve the quality of support with services being received.
- Enable Members to have a healthier and more productive life.
- Provide opportunity for greater flexibility and control in managing support needs.

Eligibility Requirements

CDASS is available to individuals who meet the following eligibility requirements:

- Medicaid members who qualify for one of Colorado’s HCBS waivers in which CDASS is an approved service delivery option.
- Demonstrated need for personal care, homemaker, or health maintenance services.
- Members are in stable health and can direct their own services and/or assign an Authorized Representative (AR), if one is required.

Requiring an Authorized Representative (AR):

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

Member Experience: Christina Ulmer, Arvada

“Consumer Directed Attendant Support Services (CDASS) has been a life changer for me. I was injured in May of 1993 when I broke my neck, paralyzing me from the shoulders down. I was instantly in a position of needing daily care for everything. I had home health care agency services 24 hours a day for a month, then it dropped to 18 hours a day, still covering nights because of my need for a ventilator. In 2003, Medicaid dropped my hours to 3 per day, leaving me to cover 21 hours a day or go into a nursing home.

I was fortunate to have a special needs trust, but it was being depleted quickly. I signed up for CDASS services in 2006. Since then, this program has relieved a lot of emotional and financial stress, allowing for a much better life.

Not only have I found terrific caregivers, they have become my friends too. I have been able to travel and take my caregivers with me. I have met and am engaged to a man from California, who is also one of my caregivers. And, last but not least, my parents, who have taken care of me my whole life, can be paid for their help.”

Consumer Direction Explained

Consumer direction (also known as self-direction) provides individuals and families with choice and control over the publicly funded services for which they are eligible. Consumer direction is defined as:

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

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

History and Growth of Consumer Directed Services

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

National surveys conducted from 2015-17 found that:

- Nearly 300 programs exist nationwide.
- There is at least one program in every state.
- Over 1.2 million people are enrolled in self-directed LTSS programs nationwide.²

NOTE



Consumer directed service models are founded on the principles of self-determination and reflect the hopes and desires of individuals. The five principles of self-determination are: **Freedom, Authority, Support, Responsibility, and Confirmation.**

Principles and Benefits of Consumer Direction

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

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

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

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

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

1. **FREEDOM** – The opportunity to choose where and with whom you live, as well as how you organize all important aspects of your life with freely chosen assistance as needed. It means deciding for yourself:
 - What choices you want to make about your life.
 - What kind of services and supports to use (if any).
2. **AUTHORITY** –

Budget Authority – You make decisions about how your Medicaid dollars are spent, within certain state and federal rules and regulations. You develop your own spending plan to determine how your CDASS allocation will be used monthly to support you in your home or the community.

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

SUMMARY



Section 1: Purpose of the CDASS

- To utilize CDASS services as a service delivery option, you must meet the Medicaid waiver eligibility requirements, yearly.
- The five principles of self-determination are as follows. Consumer directed services are founded in these principles.
 - Freedom
 - Authority
 - Support
 - Responsibility
 - Confirmation
- The Colorado Department of Health Care Policy and Financing (HCPF) reinforces the principles through CDASS, which is intended to increase independence, quality, control, and flexibility over services, and promote a healthier and more productive life.
- Consumer directed services have been available since the 1950s. The option continues to grow and expand across the United States.



