



C Consumer **D** Directed **A** Attendant **S** Support **S** Services

There are several key players who contribute to the success of Members using CDASS. These key players are:

1. Member or Authorized Representative (AR).
2. Case Manager (CM).
3. Consumer Direct for Colorado (Consumer Direct).
4. Financial Management Service (FMS) provider.
5. Department of Health Care Policy and Financing (HCPF).

Consumer directed services are an important choice for elderly individuals and individuals living with a disability. Clear communication between all parties is essential for successful implementation of services. Clear communication also ensures that you can live and thrive under the CDASS service delivery option. During CDASS training, you will learn about guidelines established by HCPF. The goal of this training is to provide you with knowledge needed to be successful on the program so that you, with the help of other key players, can fulfill your responsibilities within CDASS.

CDASS Key Players & Enrollment Process



1 Case Manager (CM)

#1 Case Manager (CM)

- CM and Member meet, discuss services and obtain CDASS eligibility
- CM and Member collect and complete all enrollment forms
- CM and Member complete the 100.2 Assessment, Task Worksheet and Monthly Allocation
- CM provides the Member/AR with the allocation amount and copies of the Task Worksheet
- CM sends referral and enrollment paperwork for CDASS training to Consumer Direct Colorado (CDCO)

#2 Consumer Direct Colorado (CDCO)

- CDCO Training Coordinator contacts Member/AR
- CDCO sends training materials to Member/AR
- CDCO schedules training either in-person, over-the-phone or self-paced

Consumer Direct Colorado (CDCO) 2

3 CDCO- Training Coordinator/ Peer Trainer

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- Training Coordinator/Peer Trainer will meet with the Member/ AR to complete training and paperwork received

- Trainer will support Member/AR, as needed, to complete Attendant rate setting and the ASMP for submission
- Member/ AR turns paperwork into CDCO for review
- CDCO reviews ASMP and training paperwork for completion and once training is completed, they will submit the ASMP to the CM for approval

#4 CDCO- Training Coordinator/Peer Trainer

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4

5 Case Manager (CM)

#5 Case Manager (CM)

- CM approves ASMP or follows up with Member/AR to revise as needed
- CM sends referral, enrollment paperwork and approved ASMP to Members selected FMS provider

#6 FMS Provider

- FMS outreaches Member/AR
- FMS provides necessary Member Enrollment and Attendant paperwork
- FMS completes New Hire Enrollment once Attendant Paperwork is received
- FMS informs CM of enrollment date with FMS

FMS Provider

6

Case Manager (CM)

#7 Case Manager (CM)

- CM communicates to Member/ AR set CDASS start date

Ready to



Member



Begin

- Member trains Attendants for start date
- Member has Attendant start performing services on set start date

Role and Responsibilities of Member

As a Member, you have a certain role with specific responsibilities while in CDASS.

NOTE



Not all CDASS Members require an Authorized Representative. When an Authorized Representative is required, that person will have the same authority as the Member. The Authorized Representative is responsible for acting on the Member's behalf.

For the purposes of this training manual, the roles and responsibilities of a CDASS Member includes the roles and responsibilities of an AR, when an AR is needed. Greater detail about ARs follows this section under the heading **Role and Responsibilities of an Authorized Representative**.

Demonstrate Required Skills and Ability

In CDASS, you must show that you can direct your Attendants and manage services. You will demonstrate this by:

- Completing CDASS training with Consumer Direct.
- Passing the Post-Training Assessment with a score of 80% or higher.
- Submitting an Attendant Support Management Plan (ASMP) to be approved by your Case Manager.
- Managing your monthly budget to stay within your CDASS allocation.
 - You will need a copy of the Task Worksheet and Monthly Allocation Worksheet from your Case Manager.

If Members cannot demonstrate the required skills and ability needed to pass the required training, then the Consumer Direct Training Coordinator will discuss with your Case Manager the option of implementing an AR and/or finding a new AR to manage CDASS services.

CDASS Training

CDASS training is available in a variety of formats such as in-person, over the phone,

hybrid, or self-paced. Training opportunities are offered throughout the week and specialized to meet the trainees needs. If you have questions about any part of the training or would like the opportunity for retraining, Consumer Direct Training Coordinators or Peer Trainers are available to aid. In certain instances, such as with budget management issues, your Case Manager can also recommend or require you to go through retraining.

Post Training Assessment

At the end of training, you will need to demonstrate an understanding of the material covered. This will be done by completing an assessment. Members must complete this Post-Training Assessment with a score of 80% or higher to complete training with Consumer Direct and continue on with your CDASS enrollment. Members have two attempts to complete the Post-Training Assessment. If the Member is not able to complete the Post-Training Assessment in two attempts, the assessment will be rescheduled for a later date to give the Member more time to review the materials.

TIPS



YOU can get help. If you would like to participate in CDASS but cannot manage your support, you can designate an “Authorized Representative” to help you. This person should be someone you know and trust will manage your care responsibly.

Attendant Support Management Plan (ASMP)

As part of the initial training process, you will complete an ASMP. This plan will help you allocate your Medicaid funds in the best way to support your unique needs. You will be trained on the ASMP format, the necessary components of the ASMP, and key considerations when writing the ASMP. You must have an approved ASMP in place to participate in CDASS.

An essential part of creating your ASMP includes selecting your Financial Management Services (FMS) provider. Throughout the training and in this manual, you will learn more about these options.

During training you will create a budget based on the Task Worksheet you completed with your Case Manager and your CDASS allocation. A copy of the Task Worksheet and CDASS allocation are required to complete the ASMP. Both are available from your Case Manager. Consumer Direct Training Coordinators and Peer Trainers will be

available to answer questions you may have when writing your ASMP and completing your budget.

You will submit your ASMP to your assigned Consumer Direct Training Coordinator who will review it for completeness. If you are missing any components of the ASMP, the Training Coordinator will work with you to make the necessary adjustments. Once you and the Training Coordinator have determined the ASMP is complete, the Training Coordinator will submit the ASMP to your Case Manager for approval. In CDASS, your Case Manager must approve your ASMP.

TIPS



YOU can appeal a disapproved ASMP. Submit a written request to your Case Manager stating the reasons for requesting a review and justifying your proposed ASMP. Your most recently approved ASMP will remain in effect while the review is in process.

Manage Your Health

You are responsible for maintaining your health and monitoring your medical condition(s). If you need medical assistance, you (or your AR) are responsible for making the necessary arrangements. In the case of an emergency, you should contact 911. If there is a change in your health status you must inform your Case Manager.

Manage Your Attendant Support

You have the flexibility of hiring and terminating your Attendants. This means you can choose and hire your Attendants as long as they can legally work in the U.S. and pass the background checks. In hiring your Attendants, you are responsible for following employment laws such as paying at least minimum wage and following standards for non-discrimination in your hiring practices. Additional information about this will be addressed in **Section 6: Being an Employer**.

TIPS



It is YOUR responsibility to maintain your Medicaid eligibility. While in CDASS, your Medicaid eligibility could change. Leaving CDASS won't cause your eligibility to change. Other changes in your life – income, health, etc. – could affect your Medicaid eligibility.

Employer Rights and Responsibilities

There are many rights and responsibilities involved with being a CDASS Member who is also an employer to Attendants. They will be explained in greater detail in **Section 6: Being an Employer**.

In order to utilize CDASS it is your responsibility to:

- Complete CDASS training.
- Develop an ASMP.
- Budget for Attendant care within the Member's approved monthly and annual CDASS allocation.
- Determine wages for each Attendant. Wages are not to exceed the CDASS maximum wage and must not be less than their applicable state minimum wage.
- Decide what knowledge and skills, if any, the person(s) you want to hire must have, such as years of experience or specific credentials.
- Recruit, select, manage, and terminate Attendants.
- Complete employment reference checks on all Attendants prior to hiring.
- Hire the person(s) you want to provide Attendant support.
- Ensure Attendant paperwork is completed, sent to the FMS provider, and the FMS provider has approved the Attendant to begin working.
- Manage all paperwork and maintain employment paperwork, with FMS provider support.
- Train Attendants to meet your needs.
- Review all submitted Attendant time for accuracy of time worked and completeness.
- Understand that misrepresentation and false statements may result in administrative penalties, criminal prosecution and/or termination from CDASS. You are responsible for assuring that timesheets submitted are not altered in any way and that any misrepresentations are reported to the FMS provider immediately.
- Follow all relevant laws and regulations applicable to supervising Attendants.
- Dismiss Attendants who do not meet your needs.
- Prepare for emergencies and arrange backup Attendant support, such as when an Attendant is late or fails to show up for work.

Work With Your Case Manager

There are several ways you can work with your Case Manager to ensure you get the most out of CDASS, such as:

- Enroll in CDASS with your Case Manager and maintain communication about your health needs.
- Complete and manage all necessary CDASS paperwork.
- Budget for your Attendant support within your approved CDASS allocation.
- Review your monthly statements and manage your budget to stay within your monthly allocation.
- Request an allocation adjustment if your needs change.

Choose Your FMS Provider

You have a choice in Financial Management Service (FMS) provider. More information regarding FMS selection is in **Section 3: Choosing Your FMS Provider**.

TIPS



YOU have the ability to change from CDASS to agency-based services. Since CDASS is voluntary, you can change back to agency-based services at any time. To do so, you must contact your Case Manager to get the process started.

Reconcile Financial Records

In CDASS, you must review your Monthly Member Expenditure Statement (MMES). Your FMS provider is required to produce and make an MMES available to you. The FMS provider will train you on how to review and use the MMES. You should review the MMES for accuracy and review your allocation balance on a monthly basis. If you believe there is a discrepancy or issue, contact your FMS provider immediately.

The Monthly Member Expenditure Statement is one of the most useful tools at your disposal. This summary, much like a bank statement, will give you a clear picture of how the budget is being utilized by pay period, monthly, quarterly, and yearly. The FMS Portal, which you log into through their website, provides a deep look into all your financials for the CDASS program including the MMES. Along with reporting to you what the attendants' hourly rate and corresponding cost-to-you is listed as in the system; the MMES shows the following information:

Date (Pay Period)	Total Monthly Allocation	Expenditure: Amount Spent	Hours Approved	Balance (Plus or Minus)	Percent Utilized
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For example, a sample MMES that is within budget will read something like this:

Date:	Allocation:	Expenditure:	Hours:	Balance:	Percent:
7/1-7/31	\$3,678.29	\$3,651.68	209.00	+\$26.61	99%

The “Balance” from this monthly allocation will act as savings or a reserve for any future overages of the budget. It is referred to as “Un-Utilized” allocation. These unspent dollars will roll over each month and stay within your Yearly Allocation amount. Any unspent dollars remaining at the END of your certification period will disappear and NOT be available for the next Medicaid period.

For the next example, this MMES shows an overage of the Monthly Allocation:

Date:	Allocation:	Expenditure:	Hours:	Balance:	Percent:
8/1-8/30	\$3,678.29	\$3,704.27	213.00	-\$25.98	101%

In the example above, the amount that was “Unspent” from the prior month is able to COVER the overage from this month. The usage of the allocation is within the rules and has balanced out. The MMES provides this information to the member/AR first and keeps them up to date on monthly expenditures, available balances, and overages that occur during the entire certification period.

In this example below, the MMES shows an overage of more than 10% of the monthly allocation.

Date:	Allocation:	Expenditure:	Hours:	Balance:	Percent:
9/1-9/30	\$3,678.29	\$4,094.20	235.00	-\$415.91	111%

If there are not enough “reserves” from any past months that can cover this overage, or the member did not have express permission from the Case Manager to do it, this constitutes an Overspending Episode and requires action. Any amount that is spent over the monthly allocation that does NOT have unspent money from past months, will be taken from future months. Or rather, from the Yearly Allocation. This will directly affect how much money will be available for the member/AR to pay the attendants at the end of the certification period unless this overage is accounted for.

In summary, the MMES provides extremely useful information to the member/AR about the monthly allocation and how it is utilized. Following these statements closely each pay period and each month allows the manager of the CDASS Program greater control, and comfort, when it comes to staying within the rules of the allocation. Watching these statements also helps the member/AR budget for those months that have 31 days. Or

because of the way the calendar happens to fall during that pay period, it may have more than the “standard” two weeks of paid workdays.

(If you need any assistance in how to read or locate these statements in your on-line portal, please contact your FMS Provider for how to navigate to this information.

Prepare for Emergencies

Part of your ongoing responsibility as a CDASS Member is preparing for and managing emergencies. You must describe how you will manage emergencies in your ASMP. Having this plan will help you in different types of emergencies, such as medical emergencies, hospitalizations, fires, power outages, severe weather, or unsafe treatment from your Attendant. A plan can help keep you safe and minimize injury or property damage. You should include all your Attendants in your emergency planning, and you must train them on the plan. Keep your emergency procedures in a place where you your Attendants know where it is. For additional information, refer to **Section 7: Health and Safety**.

Ensure Quality Services

One of your responsibilities as a CDASS Member is to make sure you receive quality services. To do this, you must:

- Report the quality of the care you receive to your Case Manager.
- Let your Case Manager know if you are not satisfied with services, if there has been a change in your needs, or if you need additional care.
- Use the ASMP that you developed. This will help you work with your Case Manager when your needs have changed and an adjustment to your allocation is appropriate.

Your Case Manager will contact you once a month for your first three months and then on a quarterly basis (about every three months).

Role and Responsibilities of an Authorized Representative (AR)

A Member who chooses the CDASS service delivery model to receive their Home and Community-Based Services has the right or may be required to select an AR to assist in providing oversight to their health care needs.

You will be required to select an AR if a physician has determined that you are not fully capable of managing your health care on your own. If you desire assistance with managing your budget or Attendants, you can designate an AR who has volunteered to do this for you.

Remember, for the purposes of this training manual, the roles and responsibilities of a CDASS Member includes the roles and responsibilities of an AR, when an AR is needed.

NOTE



ARs cannot receive reimbursement for AR services and shall not be reimbursed for CDASS services as an Attendant for the Member they represent.

An AR is defined as an individual who:

- Is designated by the Member or legal guardian, if appropriate.
- Has the judgement and ability to direct CDASS on a Member's behalf, as assessed by a Screening Questionnaire. This questionnaire is provided by your Case Manager and must be signed before they can become your AR.

- Is willing to provide direct supervision to Attendants and exercise both employer and budget authority.
- Takes full responsibility for the Member’s CDASS participation including all responsibilities outlined for employers. For more information, please refer to the section titled **Employer Rights and Responsibilities**.

An AR must **NOT** have been convicted of any crime involving exploitation, abuse, or assault on another person.

Adding or Transferring a CDASS Authorized Representative

NOTE



CDASS Members can only have one AR, and temporary ARs are not permitted in the CDASS program.

When you have chosen CDASS as your service delivery model, situations may arise where there is a need to add an AR or change your AR.

A few examples of when you may need to add or change an AR may include:

- You choose to designate someone else to manage CDASS services.
- Your AR decides to quit serving as AR.
- An AR demonstrates an inability to continue to serve as an AR.
- The Case Manager determines that an AR is necessary.
- The AR has been unable to manage the Member’s CDASS allocation.
- You have a change in your health condition.

NOTE



The time frame to add or transfer an AR ranges from 45 to 60 days. This time can vary based on the need for training and the AR’s timely completion of necessary paperwork.

To process a request for a new AR, the Case Manager must provide a referral form to Consumer Direct if the AR is new to CDASS and requires training. If they are currently an AR for other CDASS Members, they only need to complete a new Post-Training Assessment and ASMP. A Consumer Direct Training Coordinator will contact the new AR to explain the process and

answer any questions.

To begin processing a request for a new AR, the Case Manager must give the FMS provider:

- CDASS Training and FMS Member Referral Form.
- CDASS Member/AR Roles and Responsibilities form.
- CDASS AR Screening Questionnaire.
- Denver LTSS CDASS Monthly Allocation Worksheet or LTSS CDASS Monthly Allocation Worksheet, if applicable.
- CDASS Physician Attestation, if applicable.

When designating a new AR, the process cannot be finalized until after:

- All appropriate paperwork, as outlined above, is completed.
- CDASS training when applicable, is completed.
- The Post-Training Assessment is returned with a score of 80% or higher.
- ASMP is returned to Consumer Direct for review and initial approval.
- An approved ASMP is submitted to the Case Manager for final approval.

NOTE



CDASS Members who require an AR may not serve as an AR for another CDASS Member.

Third-Party Representative

In situations where you or your AR require assistance with the responsibilities of managing CDASS through a secondary source for communication, a “third-party representative” can be established.

A third-party representative does **not** act on your behalf or in place of your AR.

The primary function of a third-party representative is to assist with communication between you and your FMS provider. A third-party representative can only relay information between you and your FMS provider. **They are unable to direct care, train Attendants, submit timesheets or sign on your behalf for matters pertaining to employees or employee paperwork.**

In order for you to assign a third-party representative, an Authorization to Release Information must be completed and on file with Consumer Direct, the FMS provider, or both. This form is available through your FMS provider.

Role and Responsibilities of HCPF

The Department of Health Care Policy and Financing (HCPF) is the state agency responsible for managing the provision of Medicaid Long-Term Services and Supports in Colorado. Medicaid Home and Community-Based (HCBS) Waiver programs provide additional Medicaid benefits to specific populations who meet special eligibility criteria. The CDASS service delivery option is available for five HCBS Waivers: Elderly, Blind and Disabled Waiver (EBD), Community Mental Health Supports Waiver (CMHS), Complimentary and Integrative Health Waiver (CIH), Supported Living Services Waiver (SLS), and Brain Injury Waiver (BI).

HCPF is committed to providing service delivery options that empower Medicaid Members and their families to direct and manage the Long-Term Services and Supports they need to live at home.

HCPF:

- Is responsible for the development and enforcement of the CDASS rules and regulations.
- Provides direction and oversight to Case Managers.
- Monitors contract compliance of the FMS providers and the training and operations vendor.

NOTE



Your Case Manager, FMS provider and Consumer Direct are the best resources for answering questions and resolving issues. They should be contacted before you reach out to HCPF.

Role and Responsibilities of the Case Management Agency

Colorado residents interested in receiving Long-Term Services and Supports through Medicaid work with a Case Management Agency. The state contracts with a variety of governmental and non-governmental organizations in different regions to perform a functional assessment to determine eligibility for services. The initial assessment of need is the basis for developing an individual service plan.

Case Management Agencies assist individuals in Colorado in navigating the Long-Term Services and Supports network to obtain assistance with daily activities such as eating, bathing, dressing, and homemaking tasks. These services can be provided in someone's home, at an assisted living facility, or in a nursing facility. These agencies determine functional eligibility for community-based

long-term care programs such as CDASS. They provide care planning and case management for Members in these programs and make referrals for other resources. These agencies serve Members by county of residence. A map and listing of case management agency locations and coverage areas can be found in **Appendix E**.

Role and Responsibilities of the Case Manager

Your Case Manager provides a variety of Medicaid services.

Your Case Manager:

- Facilitates enrollment into CDASS.
- Determines eligibility to be on CDASS by assessing your care needs and reviewing all completed CDASS eligibility forms.
- Works with you to develop a Task Worksheet that determines your annual CDASS allocation.
- Is the only person authorized to change your allocation.
- Sends a referral to Consumer Direct for your CDASS training, along with any required supporting paperwork.
- Approves the ASMP, submits a Prior Authorization Request (PAR) and sets a CDASS start date.
- Enters the PAR information into your selected FMS's Portal.
- Monitors the delivery of services and supports you are receiving and ensures you are receiving quality care.
- Will review your care needs noting any changes that may have occurred since the last visit.
- Reassesses your care needs upon your request, the request of HCPF, as often as required by waiver rules, or when deemed necessary. Monitors whether you are completing your responsibilities.
- Works with you to ensure your allocation expenditures are properly managed.
- Can terminate your participation in CDASS for failure to adhere to program rules and requirements.
- Oversees any transition to and from CDASS.
- Will facilitate the above transition upon your request, the request of HCPF or as required by CDASS benefit and Waiver rules.
- Will contact your FMS provider about any transition to or from CDASS.
- Will close your PAR in the FMS's portal should you no longer require services.

Role and Responsibilities of Consumer Direct for Colorado

Consumer Direct for Colorado (Consumer Direct) is the Training and Operations vendor for CDASS. Consumer Direct provides enrollment training for CDASS Members and ARs, ongoing training, and case management training for both CDASS and In-Home Support Services (IHSS). Training enables CDASS Members and ARs to monitor and evaluate the quality of services they receive and to maintain their support services within the Member's CDASS allocation.

Consumer Direct supports Members and ARs with completing Attendant Support Management Plans (ASMP) and budgets. In addition, Consumer Direct assists in the coordination between Members and their selected FMS provider.

Upon receiving your referral to CDASS training from your Case Manager, Consumer Direct will contact you to schedule your training. You have the option of a one-on-one training or group training, individual or group training by telephone, or you can complete training on your own through a self-paced curriculum.

Consumer Direct will:

- Contact you or your AR to schedule training.
- Work with you to complete your CDASS training, including providing you the self-paced materials.
- Assist you with your ASMP.
- Send the ASMP to your Case Manager for approval.
- Support you throughout your CDASS enrollment process.
- Answer questions you may have about CDASS throughout your time on it.

Role and Responsibilities of the Peer Trainer

Peer Trainers are a valuable resource during your training on CDASS because they are CDASS Members or ARs themselves. No matter your method of training, the Peer Trainer is there to answer your questions. They are familiar with many of the same issues you might encounter and have a wealth of knowledge to share with you. Do not hesitate to contact your Peer Trainer for assistance. If you were trained through another method and did not have access to a Peer Trainer, please contact Consumer Direct and they will assist you in getting connected.

Role and Responsibilities of the FMS Provider

In CDASS you have choice regarding your FMS provider. As you read the training manual you will learn how they can support you and their responsibilities. **Section 3: Choosing Your FMS Provider** will have more information about FMS providers.

FMS providers perform several essential tasks. Your FMS provider:

- Establishes you or your AR as the Employer of Record.
- Processes Attendant employment paperwork.
- Processes Attendant timesheets.
- Issues paychecks.
- Files employer related taxes.
- Issues W-2s to your Attendants.
- Ensures workers' compensation insurance coverage.
- Implements and manages Electronic Visit Verification (EVV).
- Comply with state sick time and family medical leave requirements
- Assists you with specific questions you may have about the overall management of the CDASS Program.

SUMMARY



Section 2: Roles & Responsibilities

- You or your AR must attend CDASS training prior to starting CDASS.
- An AR acts on your behalf for CDASS responsibilities.
- A physician will assist in determining if you need the assistance of an Authorized Representative (AR) to manage your CDASS services.
- You or your AR manage Attendants, budget your monthly allocation, and address your health needs.
- Your Case Manager will assist in determining the type of services you are eligible for and approving your CDASS allocation.
- The ASMP provides detail on how you will meet your needs and manage your allocation. It must be approved by your Case Manager.
- Colorado Department of Health Care Policy and Financing (HCPF) oversees CDASS, enforces rules associated with the program and manages contracts and provides oversight of the Case Management Agencies, FMS providers and the Training and Operations provider.
- Consumer Direct for Colorado will provide training and the Training Coordinators or Peer Trainers will assist you with completing your Attendant Support Management Plan (ASMP).
- FMS providers will assist you with employer related tasks such as processing Attendant paperwork, processing, and paying payroll and filing Attendant and employer taxes.