



Consumer



Directed



Attendant



Support



Services

There are a number of key players who contribute to the success of CDASS. These key players include the:

1. Client or Authorized Representative (AR).
2. Case Manager (CM).
3. Consumer Direct for Colorado (Consumer Direct/CDCO).
4. Training Coordinator.
5. Peer Trainer.
6. Financial Management Services (FMS) Provider.
7. Department of Health Care Policy and Financing (The Department).

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

The graphics on the following pages gives an overview of their responsibilities, while the remainder of the section provides more detail about each player.

CDASS Players & Process Flow



#1 Case Manager (CM)



- CM meets with Client to present options for services
- CM and Client obtain CDASS eligibility forms
- CM and Client complete the Task Worksheet
- CM provides the Client with the allocation amount and copy of the Task Worksheet
- CM sends referral for CDASS training to Consumer Direct Colorado

#2 Consumer Direct Colorado (CDCO)

- CDCO Training Coordinator contacts Client
- Explains training options
- Schedules training



#3 CDCO - Training Coordinator/Peer Trainer

- Training Coordinator/Peer Trainer confirms training
- Training Coordinator/Peer Trainer provides CDASS training

#4 CDCO-Training Coordinator/ Peer Trainer

- Support as needed to complete Attendant Support Management Plan (ASMP) and budget
- Training Coordinator reviews ASMP budget for completeness
- Training Coordinator submits ASMP to CM for approval or follows up with Client to revise as needed

**CDCO-
Training Coordinator/
Peer Trainer**

4

**5 Case
Manager (CM)**

#5 Case Manager (CM)

- CM approves ASMP or follows up with Client to revise as needed
- CM sends referral and approved ASMP to Client's selected FMS provider

#6 FMS Provider

- FMS provides necessary Client and Attendant paperwork
- FMS assists with completion of paperwork
- FMS informs CM of enrollment date with FMS

**FMS
Provider**

6

**Case
Manager (CM)**

#7 Case Manager (CM)

- CM and Client set CDASS start date



Authorized Representative (AR) Roles in CDASS and SLS:

The Authorized Representative (AR) role in CDASS is not the same as the Client Representative role you may be familiar with in SLS. One individual may perform both roles, as outlined below, however these roles are very different:

- In CDASS, an AR **manages** client services, acts on your behalf, and may be required by a physician.
- In SLS, a Client Representative is **actively involved** in client services and supports.

You may designate anyone capable of directing attendants as your CDASS Authorized Representative, including your SLS Client Representative.

If you do not designate your SLS Client Representative as your AR under CDASS, they may not complete CDASS AR Responsibilities.

The opposite is also true. Your CDASS AR may not perform SLS Client Representative tasks if they are not designated to do so.

For the remainder of this training manual, the term AR refers to the role of an Authorized Representative in CDASS.

Role of Client or CDASS Authorized Representative (AR)

As a Client in CDASS, you or your Authorized Representative (AR) have certain ongoing responsibilities. These responsibilities are highlighted here, but more detail is provided throughout this manual.

NOTE



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

For the purposes of this training manual, the term Client includes the role of an AR when an AR is needed. Greater detail about ARs follows in this section under the heading **Role and Responsibilities of an Authorized Representative**.

Demonstrate Required Skills and Ability

In CDASS, you must show that either you or your AR can direct your Attendants.

You will demonstrate this by:

- Participating in CDASS Training.
- Passing the Post Training Assessment.
- Submitting an Attendant Support Management Plan (ASMP) to be approved by your Case Manager.
- Managing your budget to stay within your monthly allocation.
 - You will need a copy of the task worksheet and allocation form from your Case Manager.

CDASS Training

CDASS training is available in a variety of formats such as individual, group, phone, or self-paced. Training opportunities are offered multiple times each month throughout the state. If you have questions in any area of the training or would like the opportunity for retraining, Consumer Direct of Colorado (Consumer Direct/CDCO) Training Coordinators or Peer Trainers are available to provide assistance. 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 a basic understanding of the material covered. This will be done by completing an assessment of training.

TIPS



YOU have the ability to receive support for managing CDASS. If you would like to participate in CDASS but cannot manage your support, you can designate an “Authorized Representative” to help you.

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 the training, you will create a budget based on the task worksheet and allocation you completed with your Case Manager. A copy of the task worksheet and 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 Consumer Direct and your assigned Training Coordinator will review the ASMP 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 have the ability to appeal a disapproved ASMP. Submit a written request to the Case Manager stating the reasons for requesting a review and justifying the proposed ASMP. Your most recently approved ASMP will remain in effect while the review is in process.

Manage Your Health

You or your AR is 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 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.

Employer Rights and Responsibilities

There are many rights and responsibilities involved with being a CDASS Client. They will be explained in greater detail in **Section 6: Being an Employer**. In order to utilize CDASS it is your responsibility to:

- Attend CDASS training.
- Develop an ASMP.
- Budget for Attendant care within the established monthly and CDASS certification period allocation.
- Determine wages for each Attendant. Wages are not to exceed the maximum wage established by the Department and must not be less than Colorado state minimum wage.
- Decide what knowledge and skills, if any, the person(s) you want to hire must have, such as a given number of years of experience.
- Recruit, select, manage and terminate Attendants.
- Complete employment reference checks on all Attendants prior to hiring.
- Hire the person(s) you choose 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, or your AR, 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 & 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.

Know your SPAL (Service Plan Authorization Limit)

Every Client on the SLS waiver needs to be aware of their Service Plan Authorization Limit (SPAL). Your SPAL is the maximum amount of funds available for purchasing SLS related services in your plan year. Your SPAL amount is determined from the eligibility assessment with your Community Centered Board. You cannot exceed your SPAL budget under any circumstance.

In CDASS, any services authorized by your Case Manager that are in the "Health Maintenance" category are services that fall outside of your SPAL. This means that you may have two budgets to manage: One for SPAL related services and another for services outside of your SPAL. These services are described in more detail in **Section 3: Available Services**.

For more information regarding your SPAL and funds that are available for services, contact your case manager.

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 monthly allocation.
- Review your monthly statements and manage your budget to stay within your monthly allocation.
- Request an allocation adjustment if your needs change.
- Speak with your Case Manager about your SPAL and how CDASS impacts it.

Choose Your FMS Provider

You have a choice in Financial Management Service (FMS) provider. More information regarding FMS selection is in **Section 5: Financial Management Services (FMS) Provider Choice**.

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 or your AR must review your Monthly Member (client) 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 use the MMES. You or your AR 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.

Prepare for Emergencies

Part of your ongoing responsibility as a CDASS Client 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, and other natural disasters. 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 and all your Attendants know where it is at all times. For additional information, refer to **Section 8: Health and Safety**.

Ensure Quality Services

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

- Report the quality of the care you receive to your Case Manager.
- Let your Case Manager know if you are 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 Responsibility of an Authorized Representative

A Client 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 a voluntary AR to do this for you.

Remember, an AR for CDASS is different than a Client Representative who assists with supports outside of CDASS. Only an SLS Client Representative who is also designated as your CDASS AR may perform both roles, otherwise these roles are not interchangeable.

NOTE



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

An AR in CDASS is defined as an individual who:

- Is designated by the Client or legal guardian if appropriate.
- Has the judgement and ability to direct CDASS on a Client'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 by means of both employer and budget authority.
- Acknowledges full responsibility for CDASS participation including all responsibilities outlined for Clients who are employers. For more information, please refer back 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. These are part of a list called "Barrier Crimes." The complete list is available in **Section 6: Being an Employer**.

Adding or Transferring a CDASS Authorized Representative

When you have chosen CDASS as your service delivery model, situations may arise where there is a need to add or change the designation of an 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.
- An AR's inability to continue service as an AR.
- The Case Manager determines that another AR is necessary.
- AR's inability to manage the budget.
- 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 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 clients, they only need to complete a new Post Training

Assessment and ASMP. A Training Coordinator will contact the new AR to explain the process and answer any questions.

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

- A New Client Referral Form designating AR transfer.
- A New Client or AR Responsibility Form.
- An AR Questionnaire Screening Form.
- A New Allocation Form, if applicable.
- A New Physician's Statement, 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 passing score of 80% or higher.
- ASMP is returned to CDCO for review and initial approval.
- An approved ASMP is submitted to the Case Manager for final approval.

NOTE



CDASS Clients who require an AR may not serve as an AR for another CDASS Client.

Third Party Representative

In situations where you and/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 of The Department

The Department of Health Care Policy and Financing (The Department) 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 in five HCBS Waivers: Elderly, Blind and Disabled Waiver (EBD), Community Mental Health Supports Waiver (CMHS), Spinal Cord Injury Waiver (SCI), the Supported Living Services Waiver (SLS), and the Brain Injury Waiver (BI).

The Department is committed to providing service delivery options that empower Medicaid Clients and their families to direct and manage the long-term services and supports they need to live at home.

The Department:

- 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 as they arise. They should be contacted before the Department.

Role of the Case Management Agency

Colorado residents interested in receiving long-term Medicaid services and supports 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

arranged 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 Clients in these programs and make referrals for other resources. These agencies serve Clients by county of residence. A map and listing of case management agency locations and coverage areas can be found in **Appendix E**.

Role of the Case Manager

Your Case Manager provides a variety of Medicaid services.

Your Case Manager:

- Facilitates transition 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 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 the Department, 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 the Department 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.

- Establish goals for Habilitative support if applicable (SLS only).

Role of Consumer Direct Colorado

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

Consumer Direct supports Clients and ARs with completing Attendant Support Management Plans (ASMP) and budgets. In addition, Consumer Direct assists in the coordination between Clients 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 individual face-to-face training, group training, individual training by telephone, or group training by telephone.

Consumer Direct will:

- Contact you or your AR to schedule training.
- Provide you with training materials for the CDASS service delivery option.
- Assist you with your ASMP.
- Send the ASMP to the Case Manager for approval.
- Support you throughout your CDASS enrollment process.
- Answer questions you may have about CDASS throughout your time on it.

Role of the Peer Trainer

Peer Trainers are a valuable resource during your training on CDASS topics. Whether you are training in the classroom, on the telephone, or remotely by webinar, the Peer Trainer is there to answer questions. They are familiar with many of the same issues you might encounter and have a knowledge base you can tap into. 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.

Role 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.

FMS providers perform a number of 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.
- Ensures Workers' Compensation Insurance coverage.
- Assists you with specific questions you may have about the overall management of the CDASS Program.

The Department has contracted with multiple Financial Management Service providers from which to choose. Specific provider information can be obtained by contacting the providers directly, or by reviewing the FMS Provider Information Sheets provided in your training. The FMS Provider Information Sheets are available in **Section 5: Financial Management Service (FMS) Provider Choice**.

Palco

Toll Free Phone: 866-710-0456 Website: www.palcofirst.com/colorado
Email: CO-CDASS@palcofirst.com

PPL

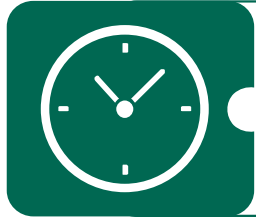
Toll Free Phone: 888-752-8250 Website: www.publicpartnerships.com/state-programs/colorado/
Email: ppcdass@pcgus.com

Consumer Direct for Colorado

Training and Operations Vendor for CDASS

Toll Free Phone: 844-381-4433 Website: www.consumerdirectco.com
Email: infocdco@consumerdirectcare.com

SUMMARY



Section 2: Roles & Responsibilities

- Your Case Manager will assist in determining the type of services you are eligible for and your allocation.
- A physician will assist in determining if you need the assistance of an Authorized Representative (AR) to manage your CDASS services.
- An AR acts on your behalf for CDASS responsibilities.
- You or your AR manage Attendants, allocation and health needs.
- You or your AR must attend CDASS training prior to starting CDASS.
- Consumer Direct Colorado will provide training and the Training Coordinators or Peer Trainers will assist you with completing your Attendant Support Management Plan (ASMP).
- 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 (The Department) 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.
- FMS providers will assist you with employer related tasks such as processing Attendant paperwork, processing and paying payroll and filing Attendant and employer taxes.

