



Consumer-Directed Attendant Support Services and In-Home Support Services Mediation Request Form

Consumer Direct Colorado (CDCO) helps mediate disagreements related to a Consumer-Directed Attendant Support Services (CDASS) or In-Home Support Services (IHSS) member’s service authorization or service delivery. Members, Authorized Representatives (AR), case managers or IHSS agencies can request mediation. **To request mediation, fill out this form and return it to CDCO: infoCDCO@consumerdirectcare.com or fax 866-924-9072.**

Requestor Information

Requestor Name: _____ Relationship to the Member: _____

Member / Authorized Representative Information

Member’s Program: CDASS IHSS

Full Member Name: _____ Health First CO Number: _____

Full AR Name (if applicable): _____ Contact Preference: Phone Email

Phone: _____ Alt. Phone: _____ Email: _____

Case Management Agency or IHSS Agency Information

Complete this section if the mediation is between the member/AR and their Case Management Agency or IHSS Agency.

Agency Name: _____ Agency Type: Case Management IHSS

Phone: _____ Alt. Phone: _____ Email: _____

Attendant Information

Complete this section if the mediation is between the member/AR and their attendant.

Attendant Name: _____ FMS: Palco PPL

Phone: _____ Alt. Phone: _____ Email: _____

Referral Questions

Is the CDASS/IHSS member, or their AR, aware of this request? Yes No

When would you like this mediation to take place? _____

What kind of meeting would you like? Phone Virtual Meeting In-Person

Mediation Questions

Please explain why you are requesting mediation:

What efforts have you taken so far to reach a resolution:

What other details does Consumer Direct for Colorado need to know to prepare for this mediation?