



## Consumer-Directed Attendant Support Services Authorized Representative Assignment Form

Complete this form to become the Authorized Representative (AR) for a Consumer-Directed Attendant Support Services (CDASS) member. Not all members choose to have an AR, but some are required to have one by their doctor.

### Instructions

If you will be the member's AR, complete this form and send it to their case manager.

### Member information

Name (first and last): \_\_\_\_\_

Health First Colorado Member ID Number: \_\_\_\_\_

### Authorized Representative (AR) and member information

Name (first and last): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred contact method: ☐ Phone ☐ Email

Physical address: \_\_\_\_\_  
Street address (incl. Apt./Unit number) City State Zip

Mailing address: \_\_\_\_\_  
Street address (incl. Apt./Unit number) City State Zip

Relationship to member (check one): ☐ Spouse ☐ Parent/Legal Guardian ☐ Family member  
☐ Friend ☐ Other: \_\_\_\_\_

### CDASS Authorized Representative Requirements and Responsibilities

Authorized Representatives **cannot**:

- Have a conviction for a crime involving exploitation, abuse or assault.
- Have a mental, emotional, or physical condition that harms the member.
- Receive payment to be the member's AR.
- Work as an attendant while being the member's AR.

Authorized Representatives **must**:

- Be 18 or older.
- Know the member for two years or more.
- Follow all CDASS rules, policies, and procedures.



- Be the legal employer of record for the member's attendants.
- Create a plan for managing attendants, including backup plans for emergencies.
- Decide what skills or training attendants must have.
- Find, interview and check references for attendants to hire.
- Train attendants to meet the member's care needs and always have at least two available to work.
- Work with a Financial Management Services (FMS) contractor. See below.

As an AR, you must choose and work with a **Financial Management Services (FMS)** company, and explain its role to attendants. An FMS is a company that helps with payroll, taxes, and forms for you.

Authorized Representatives must:

- Submit all required attendant hiring forms to the FMS.
- Make sure the FMS provides a start date before any attendant begins working.
- Set attendants' wages within allowed limits and submit forms if pay rates change.
- Make sure that attendant timesheets are accurate and approved by your FMS payroll deadlines.
- Monitor spending to stay within the member's CDASS budget and tell their case manager if there are any issues.
- Keep all employment and financial records up to date and accurate.
- Communicate regularly with your FMS by phone, email, or mail.
- Submit forms to your FMS when an attendant quits or is terminated.

Authorized Representatives must be committed to the member's well-being and self-direction principles:

- Take action if an attendant isn't doing their job, including firing them if needed.
- Treat all attendants professionally and follow state and federal employment laws.
- Support the member's choices, preferences, and goals.
- Use good judgment and act in the member's best interest.
- Be aware of the member's health status and know when and how to get help if needed.
- Know how to report concerns about fraud, neglect, or exploitation.
- Never abuse, neglect, or exploit the member.
- Never commit or allow Medicaid fraud, waste, or abuse.

### **If the Member Is Choosing to Have an Authorized Representative**

If the member is choosing to have an AR, check the areas where they will still be involved:

- ☐ Hiring and firing attendants      ☐ Training attendants      ☐ Scheduling attendants
- ☐ Tracking spending      ☐ Setting pay rates      ☐ Other: \_\_\_\_\_



## Authorized Representative Agreement

By signing this form, I confirm:

- I have read, understood, and agree to all the CDASS Authorized Representative (AR) responsibilities listed above.
- I agree to be the above-named member's AR.
- I agree to be the legal Employer of Record of the member's attendants. This means the state and the FMS company are not the employer and not responsible for the attendants' actions.
- I agree to serve as the member's AR without getting paid.
- I understand that poor management or poor performance by attendants can cause harm to the member.
- If the member's condition worsens, I will contact their case manager or get help right away.
- I will resign in writing and help with the transfer if the member chooses a new AR or I no longer want the role.
- I understand that false or misleading information on this form could lead to penalties or being removed from CDASS.
- Everything I've written on this form is true and correct.

Authorized Representative printed name (first and last): \_\_\_\_\_

Authorized Representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member or legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Questions?

If you cannot sign this form and do not have a legal guardian, have concerns about these responsibilities, or have any questions about this form, contact your case manager.

All CDASS enrollment forms are on the Department of Health Care Policy and Financing's CDASS website at [hcpf.colorado.gov/consumer-directed-attendant-support-services](http://hcpf.colorado.gov/consumer-directed-attendant-support-services).