 **Case Manager Enrollment Checklist for   
Consumer-Directed Attendant Support Services**

Case managers supporting Health First Colorado members enrolling in Consumer-Directed Attendant Support Services (CDASS) may use this checklist to ensure all necessary steps are followed by the appropriate party. Contact Consumer Direct for Colorado (CDCO) at 1-844-381-4433 or [InfoCDCO@ConsumerDirectCare.com](mailto:InfoCDCO@ConsumerDirectCare.com) if you need additional support or information. All current State approved forms are on [CDCO’s website](https://consumerdirectco.com/).

| **CDASS Enrollment Step** | **YES** | **NO** | **DATE** |
| --- | --- | --- | --- |
| 1. **Has assessment visit and assessment (100.2) been completed?**  * *If YES, proceed to #2* * *If NO, schedule assessment visit and complete assessment* |  |  | Enter Date |
| 1. **Is the member financially approved for Community First Choice (CFC)?**  * *If YES, proceed to #3* * *If NO, obtain CFC approval prior to proceeding* |  |  | Enter Date |
| 1. **Have you discussed service options with the member or their legal guardian to determine their care preferences, goals, and current supports?**  * *If YES, proceed to #4* * *If NO, schedule an assessment visit and complete the assessment* |  |  | Enter Date |
| 1. **Have all the following CDASS enrollment forms been completed and filed appropriately? The forms are:**    1. **Physician Attestation of Member Capacity (needed if member is 18 years or older)**    2. **Member Responsibilities Form**    3. **Authorized Representative Assignment Form (if applicable)**  * *If YES, proceed to #5* * *If NO, request the member/legal guardian obtain and/or complete the forms* |  |  | Enter Date |
| 1. **Has the member’s CDASS Allocation been determined?**  * *If YES, proceed to #6* * *If NO, complete the Direct Care Services Calculator and CDASS Monthly Allocation Worksheet with the member/legal representative and if applicable, the CDASS member’s Authorized Representative (AR).* |  |  | Enter Date |
| 1. **Have the referral documents been sent to CDCO and documented in the member file in the Care and Case Management (CCM) system?**  * *If YES, proceed to #7* * *If NO, complete the Consumer-Directed Attendant Support Services Referral form and send to CDCO* * *Note: If you need assistance accessing CCM, contact CCM Support Center at (888) 235-6944.* |  |  | Enter Date |
| 1. **Have you provided a copy of the Direct Care Services Calculator and CDASS Monthly Allocation Worksheet to the member/AR?**  * *If YES, proceed to #8* * *If NO, send these documents to the member/AR to be completed* |  |  | Enter Date |
| 1. **Has CDCO confirmed receipt of the referral documents within one business day of sending?**  * *If YES, proceed to #9* * *If NO, contact CDCO to confirm referral documents were received* |  |  | Enter Date |
| 1. **Has the member’s Attendant Support Management Plan (ASMP) been sent to you by CDCO for review and approval?**  * *If YES, proceed to #10* * *If NO, contact CDCO for the status* * *Note: CDCO has 45 days to train a member or AR during which the member/AR must complete and return the ASMP to CDCO for review. CDCO has five business days to review it and forward it to you. CDCO reviews the ASMP to ensure each area has been addressed, but the case manager is responsible for reviewing the content for accuracy and appropriateness and approval.* |  |  | Enter Date |
| 1. **Have you reviewed and approved the ASMP and sent the signed document back to CDCO?**  * *If YES, proceed to #11* * *If NO, and if you have concerns about the ASMP’s contents, contact the member/AR directly to make any adjustments* * *If NO, and you do not have concerns about the ASMP’s contents, email it to the assigned CDCO Training Coordinator or to* [*InfoCDCO@ConsumerDirectCare.com*](mailto:InfoCDCO@ConsumerDirectCare.com) *and proceed to #11* |  |  | Enter Date |
| 1. **Has CDCO sent the referral form to the member’s selected Financial Management Services (FMS) contractor and notified you of the date it was sent?**  * *If YES, proceed to #12* * *If NO, follow up with the assigned CDCO Training Coordinator or email* [*InfoCDCO@ConsumerDirectCare.com*](mailto:InfoCDCO@ConsumerDirectCare.com) *for the status* |  |  | Enter Date |
| 1. **Has the FMS emailed you confirming there are a minimum of two attendants with approved employee enrollments and a CDASS Start Date is ready to be set for the member’s services to begin?**  * *If YES, proceed to #13* * *If NO, contact the member’s selected FMS* * *Note: The length of time between CDCO sending the referral to the FMS and you receiving confirmation of attendant enrollment and the member needing a CDASS start date will vary depending on how quickly and accurately they complete and return their enrollment paperwork to the FMS. The confirmation of attendant and member completion of FMS enrollment is often called a “Good to Go” date. Visit the* [*HCPF Participant-Directed Programs webpage*](https://hcpf.colorado.gov/participant-directed-programs) *for FMS contact information* |  |  | Enter Date |
| 1. **Have you created a profile in the FMS online portal and assigned, or had your supervisor assign, the member to you?**  * *If YES, proceed to #14* * *If NO, contact the FMS to request access or support with its portal* |  |  | Enter Date |
| 1. **Has the Prior Authorization Request (PAR) been entered in the Bridge?**  * *If YES, proceed to #15* * *If NO, enter the PAR in Bridge* * *Note: If you need assistance with accessing Bridge, contact Gainwell customer service at* [*ccmhelpdesk@gainwelltechnologies.com*](mailto:ccmhelpdesk@gainwelltechnologies.com) |  |  | Enter Date |
| 1. **Has the PAR been approved in the Bridge?**  * *If YES, proceed to #16* * *If NO, investigate the cause for delayed approval and make any necessary corrections, or email Gainwell customer* |  |  | Enter Date |
| 1. **Has the approved PAR been entered into the FMS portal\* prior to the member’s CDASS Start Date?**  * *If YES, proceed to #17* * *If NO, enter the PAR in the FMS portal or contact the FMS for assistance*   \*If the member has chosen Palco, **you do not need to enter the PAR** in its portal. If the member has PPL **you must enter the PAR** in its portal. Instructions are on [PPL’s website](https://pplfirst.com/programs/colorado/colorado-consumer-directed-attendant-support-services-cdass/). |  |  | Enter Date |
| 1. **Have you received confirmation from the FMS that the PAR is approved in its system and the member’s services can begin?**  * *If YES, proceed to #18* * *If NO, contact the FMS* |  |  | Enter Date |
| 1. **Have you discontinued any existing Personal Care, Homemaking, or skilled services in coordination with setting the CDASS Start Date?**  * *If YES, communicate the CDASS Start Date to the member/Authorized Representative and proceed to #20* * *If NO, send discontinuation notice(s) (803 form) to the applicable providers and follow up to confirm their receipt* |  |  | Enter Date |
| 1. **Have you inputted a log note into the member’s CCM profile detailing the member’s CDASS Start Date, completion of their enrollment, and initiation of services?**  * *If YES, CONGRATULATIONS! THE MEMBER’S ENROLLMENT IS COMPLETE.* * *If NO, enter the log note and when completed celebrate that the member’s enrollment is complete!* |  |  | Enter Date |

# **Notes**

|  |
| --- |
|  |

# **Other Resources**

* [CDASS Member Enrollment in Eight Steps (a member resource)](https://consumerdirectco.com/cdass-eight-steps-to-enrollment/)
* [Introduction to CDASS Video](https://vimeo.com/1036431295)
* [CDASS Forms](https://consumerdirectco.com/cdass-forms/)
* [Consumer Direct for Colorado Website](https://consumerdirectco.com/)
* [Department of Health Care Policy & Financing (HCPF) Website](https://hcpf.colorado.gov)
* [HCPF Case Management webpage](https://hcpf.colorado.gov/care-case-management)
* [HCPF Participant-Directed Programs webpage](https://hcpf.colorado.gov/participant-directed-programs)