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Attachments

- A: Consumer Directed Attendant Support Program Contact Information
- B-1: ISO Contract
- B-2: ISO Request for Proposal
- B-3: Intermediary Service Organization Services Proposal

1. Administration and Structure

1.1 Program Authority

The State of Colorado will implement the Consumer Directed Attendant Support Program (CDAS) pursuant to authority granted by Colorado Revised Statutes §26-4-901 to §26-4-903 and by the United States Department of Health and Human Services under Section 1115 of the Social Security Act. The legislation specifically authorizes the Colorado Department of Health Care Policy and Financing (CDHCPF) “ ... to implement a pilot program that would allow as many as one hundred fifty persons with disabilities to self-direct their attendant support.” According to the legislation, “the purpose of the pilot program authorized by this section shall be to increase the amount of consumer direction in the delivery of attendant support, to increase flexibility in the way attendant support is delivered, and to produce an overall cost savings for the state compared to the estimated expenditures that would have been spent for the same persons with disabilities absent the pilot program.”

1.2 Administrative Home

The CDAS program will be administered by CDHCPF, which is the single State Agency for Medicaid. CDHCPF provides home health services under its State Plan of Regular Medicaid Benefits, and it administers, directly or indirectly, ten Home and Community Based Services (HCBS) waivers. Richard Allen is the State Medicaid Director.

Within CDHCPF, the Division of Long-Term Care, the Community-Based Long-Term Care Section will be responsible for developing and implementing CDAS. Reid Reynolds is the Section Manager. The Section is responsible for administering Medicaid Home Health and several state-funded HCBS waivers and community-based programs. Members of the Section have participated in the development of CDAS and will assist with program implementation. Administration of CDAS is funded by CDHCPF operating funds and by general appropriations from the authorizing legislation.

1.3 Policy Making Bodies

The Consumer Directed Attendant Support Advisory Committee provides input and guidance to CDHCPF regarding design, development and implementation of CDAS. The Committee includes representatives from the disability community, independent living centers, Colorado Cross-Disabilities Coalition, Colorado Developmental Disabilities Planning Council, Cerebral Palsy of Colorado, Accent on Independence (Home Health agency), Brain Injury Association of Colorado, Colorado Department of Labor, Arc of Denver, Colorado Board of Nursing and Residential Alternatives Coalition. The Committee has met monthly or bimonthly throughout the program’s development, and will continue to meet at least

quarterly throughout program implementation. The Committee will provide advice on rules development and policy changes and will oversee the program's quality assurance and evaluation efforts.

The Medical Services Board is the body that reviews and approves all rules for the Colorado Medicaid program. The Board has authority over the promulgation of rules for the Consumer Directed Attendant Support program.

1.4 Staff

1.4.1 The Program Administrator is responsible for program development, rules development and modification, development and dissemination of the Request for Proposals (RFP) for the intermediary service organization (ISO), development and monitoring of contracts, overseeing eligibility determination for the program, training participants, training case managers, providing technical assistance, reporting financial and other information to federal agencies, staffing the advisory committee and providing annual summary reports to the legislature. The Program Administrator is Bill West.

1.4.2 The Administrative Assistant is responsible for tracking monthly program expenditures, tracking reporting by participants and the ISO and for general administrative support. The Administrative Assistant position is currently filled by a temporary employee.

Positions are subject to change based on program needs and personnel assignments.

1.5 Contract Partners

1.5.1 Case managers will be available to assist all participants in planning and administering their attendant support. Case managers will assist CDHCPF in quality assurance and service monitoring functions. CDHCPF will utilize case managers, who are part of Colorado's Long Term Care "Single Entry Point" (SEP) agencies, who provide services to participants under Home and Community Based Services waivers.

1.5.2 CDHCPF will contract with an intermediary service organization (ISO) to provide financial and personnel administration for participants. (See Attachment B of this protocol for the contract and related documents.) CDHCPF will select the contractor through a Request for Proposals (RFP). The ISO will be the employer of record for all Attendants under CDAS and will be responsible for compliance with federal, state and local law. Specifically, the ISO will be responsible for worker's compensation insurance, unemployment compensation insurance, withholding of all federal and state taxes, compliance with federal and state laws regarding

overtime pay and minimum wage requirements, and compliance with any other relevant federal, state or local laws.

1.6 Claims Processing

Given the relatively small number of participants permitted in the demonstration and the complexity and expense of modifying the Medicaid Management Information System (MMIS), CDHCPF will use a manual system for authorizing services and processing claims for the demonstration. CDHCPF will monitor the first year of program operations to determine the necessary features and procedures to use in developing an automated system.

Once an individual is accepted into CDAS, CDHCPF will notify the ISO and the appropriate SEP and provide the individual's name, Medicaid number, Social Security Number, address, phone number, service start date and initial individual allocation. (See later sections of this protocol for details on setting the start date and calculating the initial individual allocation.) The SEP case manager will be responsible for completing a prior authorization (PAR) for CDAS services for each CDAS Program Participant based on his or her caseload. The PAR authorizing CDAS will explicitly deny any further HCBS personal care, HCBS homemaker, long-term nursing and long-term home health aide services. PARs will cover six-month periods, coinciding with the required reassessments, unless revisions are necessary. (See §2.2.4 of this Operational Protocol for more on PARs and §7.6 on reassessments.) The PARs will be sent to the ISO with copies to the participant and CDHCPF.

All payments to the ISO will be reimbursements for services provided and prior authorized. The ISO will make payments to attendants only after services have been provided, as documented by signed worker time sheets. The ISO will submit a monthly bill to CDHCPF showing all payments made for all participants. CDHCPF will process reimbursements through the Colorado Financial Recording System (COFRS).

Savings will accrue when expenditures for a participant are less than the calculated individual allocation for that participant for that month. The ISO will track the difference between allocations and expenditures, and the total difference will constitute program savings. This savings will exist through the accounting process, but no dollars will exist in a fund, no interest will accrue, and no funds will be expended until participants apply for and receive approval for additional services. One half of the savings will be made available to participants as a fund for additional services. The other half will be documented as savings for Medicaid, but the savings will be from unspent allocations, not from funds returned. Federal matching funds will be claimed only on expenditures, so that federal savings will be from fewer expenditures claimed, not from claimed funds being returned.

2. Responsibilities of Organizational Components

2.1 Participants

Participants in CDAS are a critical organizational component of the program and have significant responsibilities.

2.1.1 Health Management

Participants in CDAS are responsible for their own health management. Nurses and case managers will not be available on a regular basis to provide health monitoring. In order to receive CDAS services, individuals will be required to sign a participant responsibilities form acknowledging that they are taking full responsibility for their own health management.

2.1.2 Participant as Supervisor

As the supervisor for attendants, participants are required to:

- a. Determine wages and benefits for each attendant;
- b. Establish hiring agreements with each attendant, outlining wages, benefits, services to be provided, schedules and working conditions;
- c. Be familiar with and follow all relevant laws and regulations regarding the employment of attendants;
- d. Explain the role of the ISO to the attendant;
- e. Communicate with the ISO regarding the hiring of attendants, including wage and benefit information for each attendant;
- f. Review all attendant time sheets for accuracy and completeness;
- g. Ensure that time sheets are signed by the program participant and the attendant in order for the ISO to issue a paycheck to the attendant; and
- h. Direct the ISO to make changes in attendant wages or benefits.

2.1.3 Attendant Support Management

A primary purpose of CDAS is to enable individuals to manage the attendant support they receive. In order to receive CDAS services, individuals will be required to sign a participant responsibilities form acknowledging that they are taking full responsibility for their own attendant support management. Elements of attendant support management include:

- a. Determining attendant support needs;
- b. Budgeting for attendant support needs within the parameters of the individual allocation;
- c. Recruiting and interviewing prospective attendants;
- d. Performing reference checks on prospective attendants;
- e. Reviewing background checks on prospective attendants;
- f. Hiring attendants and negotiating wages and benefits;
- g. Scheduling, training and supervising attendants;
- h. Evaluating attendant performance; and
- i. Dismissing attendants when necessary.

2.1.4 Quality Assurance Activities

Participants in CDAS will take part in assuring the quality of program services. In order to assess quality of care on an ongoing basis, participants will:

- a. Devise and utilize an attendant support management plan, as described in detail in §7.3 of this Operational Protocol. All plans must be approved by CDHCPF. Participants will review their plans at least annually, and modify or develop new plans as needed.
- b. Submit weekly timesheets for all attendants to the ISO, along with comments on the quality of care provided by the attendants.
- c. Complete a self-assessment every 3 months. The self-assessment will identify participant strengths, areas of growth and areas of concern, as they relate to the participant's overall health, attendant support management, quality of care and general satisfaction with the program.
- d. Copies of the self-assessment will be sent to the case manager and to CDHCPF.

2.1.5 Financial Reconciliation

Participants, or their designated support persons, will review the monthly reports from the ISO for the purpose of financial reconciliation. Discrepancies and inaccuracies will be brought to the attention of the ISO.

2.1.6 Managing Emergencies

Participants will be responsible for managing emergencies as they relate to attendant support, such as back-up plans and attendants who are late or fail to come to work. Participants will develop plans for managing emergencies as part of their attendant support management plan. In order to receive CDAS services, individuals will be required to sign a participant responsibilities form acknowledging that they are taking full responsibility for managing attendant support related emergencies.

2.2 Case Managers

CDHCPF will provide CDAS case management through the Options for Long Term Care “Single Entry Point” (SEP) agencies. SEP must comply with single entry point rules governing case management functions, as described in Colorado State Rules Vol. 8, Section 8.393, et. seq., SINGLE ENTRY POINT SYSTEM. Case managers will have additional responsibilities specific to CDAS.

2.2.1 Referral/Screening/Intake

Case managers shall provide their clients with information on CDAS and refer interested individuals to CDHCPF for screening and intake. Case managers will not be involved in screening and intake.

2.2.2 CDAS Denials

During the pilot, CDHCPF, with input from the Eligibility Review Committee (a subcommittee of the CDAS Advisory Committee), will handle denials of CDAS services. CDHCPF will advise case managers when program participants receive denials, so that they may assist the participants in exercising their rights, in returning to their previous Medicaid funded attendant support, and in securing other services.

2.2.3 Planning

Case managers will be available to assist participants in planning for their attendant support, though the participants are ultimately responsible for devising and implementing their own attendant support management plans. Case managers may assist participants in identifying potential providers and in negotiating fees if desired by the participant. They may assist participants in establishing contracts with the ISO. The case managers will not negotiate on behalf of participants. They may advise program participants who wish to obtain or require support from other community resources.

2.2.4 Authorizing Services

Case managers will be responsible for completing a prior authorization (PAR) for CDAS services for each CDAS program participant on their respective caseloads. The PAR authorizing CDAS will be based on the individual allocation for the participant as determined by CDHCPF. The PAR will explicitly deny any further HCBS personal care, HCBS homemaker, long-term nursing or long term home health aide services. By managing the PARs, case managers will play a critical role in preventing duplication of services between CDAS and other Medicaid programs.

2.2.5 Coordination, Monitoring, And Evaluation Of Services

As part of the process of coordination, monitoring, and evaluation of services, case manager's will:

- a. Contact participants twice a month during the first three months of each participant's program to assess their attendant management, their satisfaction with care providers and the quality of services received.
- b. Contact participants quarterly to assess their implementation of service plans, attendant management issues, quality of care, attendant support expenditures and general satisfaction.
- c. Contact the ISO periodically to determine status of the participants' activities.
- d. Assist participants in securing related services as needed.
- e. Notify CDHCPF when problems arise.
- f. Make additional monitoring contacts with participants if requested by CDHCPF.
- g. Refer cases to CDHCPF to determine whether a participant continues to meet program eligibility.

2.2.6 Reassessment

Case managers will conduct a reassessment with each program participant every six months, as described in detail in §7.6 of this Operational Protocol.

2.3 Intermediary Service Organization

The ISO will provide financial and personnel administration for program participants, in accordance with a contract to be awarded by CDHCPF. (See Attachment B.) The ISO may provide other services, such as providing lists of individuals who are interested in serving as attendants. The ISO will:

2.3.1 Work With Participants:

- a. Work collaboratively with people with disabilities in the design and implementation of services to be provided by the ISO in order to ensure that those services are responsive to people with disabilities.
- b. Provide services to a participant only after establishing a contract for services with the participant.
- c. Ensure that contracted services support the participant in exercising the responsibilities of a supervising employer, including recruiting, hiring, supervising and dismissing attendants.
- d. Ensure that participants are informed of the procedures and forms to use in reporting any change in workers and for reporting the hours worked by all attendants.
- e. Review weekly attendant worker timesheets for participant comments or complaints. The ISO will pass such comments to CDHCPF for follow-up.
- f. Monitor the participant's submittal of required information to determine that it is complete, accurate and timely.
- g. Provide a monthly statement to each participant for the purpose of monitoring and financial reconciliation. The contents of this monthly statement will include all of the data elements described in the contract with CDHCPF. (See Attachment B.)
- h. Implement and/or maintain a procedure for handling participant grievances regarding contracted services.

2.3.2 Provide Fiscal Services:

- a. Establish and maintain accounts for each participant in order to track individual allocations for the participant, to make disbursements on the part of the participant, and to accrue savings in the Fund for Additional Services on behalf of the participant.
- b. Make payments from accounts, as directed by participants. No payments will be made to attendants without expressed written approval from the hiring program participant, in the form of a hiring agreement and official timesheets signed by the participant and the attendant.
- c. Track and report program savings to CDHCPF. One half of unspent allocations will constitute program savings, while the other half will be designated for the Fund for Additional services.
- d. Purchase services and equipment for participants from the Fund for Additional Services as directed by the participant and with the approval of CDHCPF.

2.3.3 Provide Personnel Services:

- a. Perform background checks on all potential attendants. At a minimum, such background checks will utilize the Colorado Bureau of Investigation.
- b. Provide personnel services, which will include acting as the employer of record for all attendants, managing payroll, taxes, unemployment insurance and worker's compensation in accordance with all applicable federal, state and local tax and labor laws; and, under the direction of the participant, hiring the attendant.
- c. Advise attendants of their rights and options as employees.

2.3.4 Ensure Quality:

- a. Implement and/or maintain a quality assurance plan that monitors and evaluates ISO services. At a minimum, services must be evaluated in terms of timeliness of processes, accuracy of accounts, completeness of records and customer satisfaction. Details of this monitoring activity are included in the ISO contract. (See Attachment B.)
- b. Ensure fiscal accountability by maintaining fiscal systems in accordance with Statements of Auditing Standards as set forth by the American Institute of Certified Public Accountants.
- c. Provide staff sufficient to carry out the program.
- d. Submit to external evaluation of project-related activities and services as directed by CDHCPF. At a minimum, evaluation will be in terms of timeliness of processes, accuracy of accounts, completeness of records and customer satisfaction.

2.3.5 Coordinate With The Program:

- a. Work cooperatively with case managers and CDHCPF for the purpose of overall program management, quality control and evaluation.
- b. Work with case managers and program staff to address participant performance issues, and report participants' performance of employment-related activities to case managers and CDHCPF as requested.
- c. Develop and maintain a computerized database to track and report participant data, including payments received, payments made, attendant hours used by participants, etc. The database must include the required elements described in the contract with CDHCPF.
- d. Provide monthly and annual summary reports, which include the required elements described in the contract with CDHCPF.

2.4 CDHCPF

The Colorado Department of Health Care Policy and Financing will have the following responsibilities. Details are found elsewhere in this protocol.

- a. Maintain the CDAS Advisory Committee including: appointing members, convening meetings at appropriate intervals (at least quarterly), and keeping minutes.
- b. Market the program.
- c. Issue and manage contracts.
- d. Assess applicants to determine program eligibility.
- e. Provide training.
- f. Enroll participants.
- g. Manage the waiting lists as necessary.
- h. Manage fiscal processes.
- i. Monitor the program for effectiveness and quality.
- j. Modify the program as needed.
- k. Report to federal and state authorities.

3. Reporting

3.1 Progress Calls

Prior to implementation and until 6 months after implementation, CMS and the State will hold monthly calls to discuss progress. During the remainder of the demonstration, progress calls will be held quarterly.

3.2 Quarterly Reports

The State will submit quarterly progress reports to CMS Central and Regional offices within 60 days after the end of each quarter. The reports will include discussion of events occurring during the quarter that affect program operations. Reports will specifically include enrollment and outreach activities; numbers of demonstration enrollees; numbers of rural versus metro enrollees; monitoring of access and quality; complaints, grievances, and appeals to the State; and operational and policy issues. The reports will specifically identify the number of complaints received, the nature of those complaints, and the steps taken by the State to resolve the complaints. The report will also include proposals for addressing any problems identified in that report.

3.3 Annual Reports

The State will submit a draft annual report to CMS Central and Regional offices no later than 120 days after the end of its operational year. The report will document accomplishments, project status, quantitative findings and policy and administrative difficulties. Within 30 days of receipt of comments from CMS, the State will submit a final annual report.

3.4 Final Report

At the end of the demonstration, the State will submit a draft final report to CMS Central and Regional offices for comment. The State shall take CMS' comments into consideration for incorporation into its final report. The final report will be submitted no later than 90 days after the termination of the project.

3.5 Definitions for Financial Reporting

3.5.1 "Expenditures subject to the budget neutrality cap" includes all Medicaid expenditures on behalf of demonstration participants, and those individuals eligible to participate, as described in §3.5.4 below, who are also receiving the services subject to the budget neutrality cap. The services subject to budget neutrality include: HCBS Personal Care; Nursing; Home Health Aide, and Homemaker.

- 3.5.2** Demonstration years are defined as the years beginning on the first day of the demonstration, or the anniversary of that day.
- 3.5.3** “Eligible member/months” means the number of months in which persons are eligible to receive services.
- 3.5.4** The CDAS Medicaid eligibility group (MEG) consists of persons residing in the state who are using home health agency services and for 12 months have utilized at least one Home Health Aide visit per month.
- 3.5.5** “Demonstration eligibles” means persons in the state who are eligible and who are receiving services subject to the budget neutrality cap, whether or not they are participants in CDAS.

3.6 Financial Reporting

- 3.6.1** The State will provide quarterly expenditure reports using Form CMS-64 to report total expenditures for services provided under the Medicaid program, including those provided through CDAS.
- 3.6.2** In order to track expenditures under CDAS, the State will report program expenditures through the Medicaid and State Children’s Health Insurance Program Budget and Expenditure System (MBES/CBES), following routine CMS-64 reporting instructions. Applicable rebates and expenditures subject to the budget neutrality cap will be reported on separate Forms CMS-64.9WAIV and/or 64.9PWAIV, identified by the demonstration project number assigned by CMS (including the project number extension, which indicates the demonstration year in which services were rendered). For monitoring purposes, cost settlements will be recorded on Line 10.b, in lieu of Lines 9 or 10c. For any other cost settlements (i.e., those not attributable to this program), the adjustments will be reported on lines 9 or 10.c, as instructed in the State Medicaid manual.
- 3.6.3** For each demonstration year, Form CMS-64.9WAIV and/or 64.9PWAIV will be submitted reporting expenditures subject to the budget neutrality cap. All expenditures subject to the budget neutrality ceiling for demonstration eligibles will be reported. The services will be reported on a date of service basis. The sum of the expenditures, for all demonstration years reported during the quarter, will represent the expenditures subject to the budget neutrality cap.
- 3.6.4** Though administrative costs will not be included in the budget neutrality limit, the State will separately track and report additional administrative costs that are directly attributable to CDAS.

- 3.6.5** All claims for expenditures subject to the budget neutrality cap (including any cost settlements) will be made within 2 years after the calendar quarter in which the State made the expenditures. Furthermore, all claims for services during the demonstration period (including any cost settlements) will be made within 2 years after the conclusion or termination of CDAS as a demonstration. During the latter 2-year period, the State will continue to separately identify net expenditures related to dates of service during the operation of CDAS on Form CMS-64, in order to properly account for these expenditures in determining budget neutrality.
- 3.6.6** For the purpose of calculating the budget neutrality expenditure cap, the State will provide information quarterly to CMS regarding the actual number of eligible member/months for the demonstration eligibles. This information will be provided in conjunction with the quarterly progress report described in §3.2. If a quarter overlaps the end of one demonstration year (DY) and the beginning of another, member/months pertaining to the first DY will be distinguished from those pertaining to the second DY.
- 3.6.7** The standard Medicaid funding process will be used during the demonstration. The State will estimate matchable Medicaid expenditures on the quarterly Form CMS-37. As a supplement to Form CMS-37, the State will provide updated estimates of expenditures subject to the budget neutrality cap. Within 30 days after the end of each quarter, the State will submit Form CMS-64, quarterly Medicaid expenditure report, showing Medicaid expenditures made in the quarter just ended.
- 3.6.8** The State will certify state/local monies used as matching funds for CDAS and will further certify that such funds will not be used as matching funds for any other Federal grant or contract, except as permitted by Federal law.

4. Outreach

The Colorado Department of Health Care Policy and Financing (CDHCPF) will do all official outreach of CDAS, with cooperation from elderly and disability-related community agencies. Disability and elderly organizations in the state, such as consumer associations and independent living centers, will be available to assist potential participants in learning about and understanding the demonstration program. Potential participants will also learn about the program through existing attendant support providers and other consumers. Other outreach by provider agencies and individuals will not be restricted, as participants will need as much information as possible to assist them in obtaining attendant support.

The outreach and enrollment materials will be provided in English and in Spanish, and will be written at an educational level appropriate to potential participants. These materials will be provided in alternate formats to individuals who request them.

CDHCPF will conduct an initial outreach campaign for CDAS during the summer of 2002. Because of limited resources, the campaign will utilize mailing of low-cost, reprintable documents and electronic reproduction of those documents on web pages and through e-mail distribution lists. Outreach efforts in future years will depend upon the development of the program, particularly the number of applications received from eligible individuals. If early participants are successful, word of mouth may provide much of the marketing in future years.

The initial outreach campaign will use three approaches.

4.1 General Outreach

CDHCPF will develop a simple program brochure and distribute it to a wide range of community organizations in all parts of the state that are likely to have contact with potential program participants. CDHCPF has commitments from a variety of organizations serving people with disabilities and the elderly to assist with dissemination of CDAS information. This includes distributing the brochure at meetings and other gatherings, placing copies of the brochure in public areas of agency offices, reproducing the brochure in newsletters, reproducing the brochure on web sites, and sharing information from the brochure with interested callers. CDHCPF will also disseminate information about CDAS through its own customer service center and the CDHCPF web site. (See Attachment A of this protocol for specific contact information.)

The brochure will provide general information about CDAS, including program eligibility requirements, services available and a brief history of the program. The brochure will direct individuals to contact CDHCPF for a more extensive CDAS information packet including an application.

4.2 Targeted Outreach

CDHCPF has identified approximately 1,000 individuals who make up the CDAS Medicaid eligibility group, as discussed further in Section 3 of this protocol. These are persons residing in the state who are using home health agency services and for 12 months have utilized at least one Home Health Aide service per month. CDHCPF will mail each of these individuals a program brochure approximately eight weeks before the closing date for CDAS applications, and invite them to request a CDAS information packet, which includes a program application.

4.3 CDAS Information Packet

CDHCPF will develop a more detailed information packet to be sent to members of the Medicaid eligibility group who request detailed information, to the SEPs and to anyone else who wants a greater level of detail. The information packet will be available on the CDHCPF web site. (See Attachment A.) Information in the packet will include:

- Background of CDAS
- Covered services
- Benefits of the program to participants
- Eligibility requirements
- Selection process
- Applicant training and testing requirements
- Role of the intermediary service organization
- CDAS program application
- “Release of Information” form for use by the eligibility review committee
- “Doctor’s Certification for CDAS” form
- Participant responsibilities form

5. Eligibility

5.1 Program Eligibility Criteria

Eligibility for CDAS is based on eight factors, as set forth in the governing legislation. An eligible individual must:

- A. Be willing to participate in the pilot program.

Only individuals who volunteer and who are fully informed as to the risks and of their responsibilities will be accepted into the program, though anyone may apply. The program is designed for those who are expressly willing to direct and manage their attendant services.

- B. Be eligible for Medicaid.

- C. Demonstrate a current need for attendant support and have received Medicaid-funded attendant support for the past twelve months.

An individual must have a current plan of care from either a home health provider or HCBS case manager showing an on-going need for attendant services. Additionally, an individual must have received Medicaid-funded attendant support for at least the twelve months prior to application for CDAS. This could include any combination of home health aide visits, nursing visits, personal care visits or homemaker visits. Professional therapy visits do not satisfy this condition.

- D. Document a predictable need for attendant support and a pattern of stable health, such as a person with a disability who seeks appropriate treatment for illnesses and conditions.

“Pattern of stable health” means a condition of health that necessitates a predictable pattern of attendant support, allowing for variation that is consistent with a medically determinable progression or variation of disability or illness. The required documentation may include a doctor’s statement (see below), a statement from an existing plan of care, and must include the individual’s history of utilization of Medicaid-funded attendant support.

- E. Provide a statement from his or her primary care physician or treating physician that indicates the individual has good judgment and is in stable health.

The physician must state, based on his or her professional opinion, whether the applicant has the practical judgment necessary to manage his or her own health and his or her attendant support.

- F. Demonstrate the ability to handle the financial aspects of self-directed attendant care.

“Ability to handle the financial aspects of self-directed attendant care” means the ability to determine how available funds should be spent, so as to ensure that the individual receives necessary attendant support, both in quantity and quality, and that attendants receive appropriate compensation. It also encompasses the ability to verify the accuracy of financial and personnel records as provided by the intermediary service organization. Since some applicants may have had little prior formal experience in this area, they may demonstrate the ability either through prior experience or through completion of the attendant support management training and passing of the attendant support management proficiency test.

An individual, who, because of a cognitive disability, lacks the ability to handle the financial aspects of self-directed attendant care, as defined above, may designate a family member, friend or other support person to be responsible for managing these financial matters on behalf of the individual. As directed by the authorizing legislation, such designated support persons shall not direct the attendant care, nor shall they receive reimbursement for these services. The applicant must specify the designated support person to the project staff. Notwithstanding this provision, the applicant must still be able to direct the attendant services, as discussed below.

- G. Demonstrate the ability to manage the health aspects of his or her life.

“Ability to manage the health aspects of his or her life” means the ability to understand principles and monitor conditions of basic health, and the knowledge of how, when and where to seek medical help of an appropriate nature. This ability must be documented by the physician’s statement. Since some applicants may have had little prior formal experience in this area, they may demonstrate the ability either through prior experience or through completion of the attendant support management training and passing of the attendant support management proficiency test.

- H. Demonstrate the ability to supervise attendants and to give clear directions.

“Ability to supervise attendants” means the knowledge and ability to recruit and hire attendants, to communicate expectations, to provide training, guidance and review for attendants in the accomplishment of attendant tasks, to manage necessary paperwork, and to dismiss attendants when necessary. Components of supervision include initial direction of the

task, periodic review of performance, provision of both positive and negative feedback to attendants, and provision of rewards and corrections as necessary, which may include dismissal of attendants. Since some applicants may have had little prior formal experience in this area, they may demonstrate the ability either through prior experience or through completion of the attendant support management training and passing of the attendant support management proficiency test. Participants must contract with the program intermediary service organization for personnel and fiscal administration; therefore, applicants must be legally able to enter into contracts.

5.2 Eligibility Groups

The following groups will be eligible for the program

- A. Non-HCBS recipients (or non-waiver) Medicaid eligibles. These individuals receive home health services under the State Plan and do not receive any HCBS service. They will receive CDAS service in lieu of long-term home health nursing and long-term home health aide services.
- B. Medicaid and HCBS waiver eligibles. These individuals receive personal care under HCBS and at least one other waiver service. Under the program, these individuals will receive CDAS in lieu of personal care under the HCBS waiver but will continue to receive at least one other HCBS waiver service.
- C. HCBS waiver eligibles. These individuals receive only personal care under HCBS. Under the program, these individuals will receive CDAS in lieu of HCBS personal care services.
- D. Individuals whose income does not exceed 300% of the SSI Federal benefit rate (see 42 CFR 435.236 in conjunction with 42 CFR 435.217) and who have been receiving services under an HCBS waiver. (Note: Since these individuals will have been receiving HCBS services prior to the demonstration, this will not be an expansion of eligibility.)

Individuals who have been receiving HCBS personal care as the only HCBS service, (paragraphs C and D above) and who will substitute CDAS for HCBS personal care, will remain on the HCBS waiver while concurrently participating in CDAS. The services received through CDAS will encompass the personal care services defined in the individual's plan of care through the HCBS waiver.

5.3 Eligibility Determination

Interested individuals should submit applications and supporting documentation to the Consumer Directed Attendant Support program at the Colorado Department of Health Care Policy and Financing. The Eligibility Review Committee, a subcommittee of the CDAS Advisory Committee, may review applications for program eligibility, if CDHCPF requests such a review. In all cases, CDHCPF makes the final determination of program eligibility. All applicants will receive written notification as to whether they have been determined eligible for the demonstration. Those determined not to be eligible will receive a legal notice of participants' rights to fair hearing and appeal procedures, as described in Colorado State Rules.

The Eligibility Review Committee will be a subcommittee of the CDAS Advisory Committee, will be appointed by CDHCPF, and will be comprised of individuals who are knowledgeable in the fields of home health, attendant care and consumer direction, who demonstrate a commitment to consumer directed services, who understand the diversity of backgrounds and circumstances of users of attendant support, and who are familiar with the intent and design of the program. The Eligibility Review Committee will include a nurse, a home health administrator and two individuals who are users of attendant support. Members of the Eligibility Review Committee will not receive information that would provide the identity of the applicant or program participant.

An applicant's eligibility for CDAS will be based initially on the program eligibility criteria. The determination of program eligibility will be based on documentation provided by the applicant and on the applicant's history of service utilization. Some applicants will not have much formal experience related to financial and attendant support management, and they may have been limited in their opportunities to manage their own health. It would be inconsistent with the intent of CDAS to screen out such applicants, since the existing system has prevented them from gaining this experience. Applicants lacking experience, but who otherwise meet eligibility criteria, will have the opportunity to demonstrate their capabilities and develop their skills during the attendant support management training. They will be required to prove their knowledge acquisition by passing the attendant support management proficiency test. Only after completing the training and taking the test will applicants receive final determination as to their acceptance as participants in the demonstration.

5.4 Review of Continuing Eligibility

A program participant, whose continuing eligibility for CDAS has been questioned by a SEP case manager or by CDHCPF, shall receive a review of continuing eligibility for CDAS by CDHCPF, with input from the program participant and the Eligibility Review Committee. The review will assess whether the program participant can take any actions to establish continuing program

eligibility. The participant will be provided with the results of the review and the recommended actions.

Conditions that would result in a review of continuing eligibility are those in which:

- A participant fails to comply with CDAS program requirements;
- A participant demonstrates an inability to manage attendant support;
- A participant's physical or mental condition deteriorates to the point that he or she may no longer meet the admission criteria.

6. Enrollment

6.1 Selection Process

CDHCPF is committed to having a selection process that is fair to all qualified applicants, that is not discriminatory and that is not overly complex. The selection process will occur within a regular schedule so as to allow for the time-intensive training and application review requirements. The process is designed to promote involvement by participants who reside in all parts of the state. It is not strictly “first-come, first-serve”, but it does consider the order in which people apply.

CDHCPF will conduct the applicant selection process twice each year, approximately every six months. Once CDHCPF has determined that an applicant meets program eligibility, the applicant’s name will be placed into one of two applicant pools.

CDAS will use two general applicant pools: one for qualified applicants from metropolitan counties and one for qualified applicants from rural, (i.e. non-metropolitan) counties. In order to maintain some geographic diversity, CDHCPF will initially reserve 20% of program slots for rural participants. This percentage is considerably higher than the percentage of likely applicants who live in rural counties (5%), but CDHCPF anticipates that individuals in rural areas may have a greater need for consumer directed attendant support because of the shortage of traditional providers in those areas. The CDAS advisory committee will review this allotment annually and make adjustments to maintain an optimal rural/metro ratio. CDHCPF will ensure that program participants residing in non-metropolitan counties constitute 5% to 20% of all program participants.

Metropolitan counties are those counties designated as metropolitan by the U.S. Office of Management and Budget, currently these are: Adams, Arapahoe, Boulder, Broomfield, Douglas, Denver, El Paso, Jefferson, Larimer, Mesa, Pueblo and Weld. Qualified applicants from these counties will be placed in the “Metro” pool, and those from all other counties will go into the “Rural” pool.

CDHCPF will fill open slots by randomly selecting an equivalent number of qualified applicants from the applicant pools. Applicants will be selected from each pool so as to maintain the rural/metro ratio as determined by the advisory committee. Applicants who are selected will be referred for attendant support management training.

6.2 Conditions for Enrollment

An individual can be enrolled in CDAS only after:

- a. The individual meets all program eligibility criteria;
- b. The individual completes the attendant support management training, including the development of an attendant support management plan;
- c. CDHCPF approves the attendant support management plan;
- d. The individual passes the attendant support management proficiency test.

Once enrolled, an individual can receive demonstration services only after:

- a. CDHCPF and the individual determine an appropriate start date for services;
- b. CDHCPF notifies the appropriate case manager and the ISO that the individual will be participating in the program;
- c. The individual completes and signs a contract for services with the ISO;
- d. The individual completes and signs a participant responsibilities form;
- e. The individual has provided his/her existing Medicaid-funded attendant support provider(s) with a Provider Notification form informing the provider(s) of the date on which attendant support will cease;
- f. The individual's service start date has occurred.

The Colorado Department of Health Care Policy and Financing is responsible for enrollment of all participants in the program.

In order to receive CDAS services, eligible applicants must complete the attendant support management training offered under the auspices of CDHCPF, and they must pass the attendant support management proficiency test. Details of the training and test are provided in Section 8.3 of this Operational Protocol.

Individuals applying for CDAS will continue with their existing Medicaid funded attendant support arrangements until the conditions for services have been met and the start date for CDAS services occurs.

6.3 Procedures

Once an individual passes the attendant support management proficiency test, CDHCPF will notify him/her in writing that he or she has passed the test and that they need to determine a services start date. CDHCPF will provide individuals with the results of the test within two weeks of the date the test was completed. CDHCPF will give the individual a 30-day window of time in which to finalize consumer directed attendant support arrangements and to contact CDHCPF to set the start date. CDHCPF may grant a 30-day extension of this time frame if circumstances warrant such an extension.

Once CDHCPF and the participant agree on the service start date, CDHCPF will notify the ISO and the Single Entry Point case manager of the participant's enrollment and projected service start date. CDHCPF will confirm the services start date with the participant within 72 hours of that date. The case manager will notify the state fiscal agent to cease payments for all existing Medicaid funded attendant support for the participant as of that person's CDAS service start date. CDHCPF will notify the individual and his or her current Medicaid provider of the date that existing payments will cease.

In order to minimize the instance of accidental duplicate services, a participant must provide his or her existing Medicaid-funded provider(s) with formal notification of the date on which attendant support from that provider will cease. A copy of this notification must be provided to CDHCPF.

Once enrolled in CDAS, participants will be disenrolled from any other Medicaid funded attendant support. For those participants who are receiving HCBS services, the HCBS plan of care will be amended to reflect that the client will be served on the CDAS program to ensure that histories are reported accurately. CDHCPF will make no payments for duplicate attendant support services while a participant is transferring from an existing provider of Medicaid funded home health agency, personal care or homemaker services to services under CDAS.

6.4 Enrollment Limit

The number of program participants is limited by statute to 150 individuals at any one time.

6.5 Waiting List

If the number of qualified applicants exceeds the number of open slots for a given applicant pool, CDHCPF will undertake the random selection described above and then place applicants not selected on a waiting list. Each pool will therefore have its own waiting list, and the two lists will be administered directly by CDHCPF.

When an applicant is placed on a waiting list, CDHCPF will assign the applicant a date-received code. This code will reflect the period between rounds of the selection process in which the application was received. For example, a date-received code could be "July-December, 02" or "January-June, 03."

During the selection process, CDHCPF will fill open slots in a given pool from that pool's waiting list before selecting from among new applicants. Selection will be based on chronological order of the date-received codes. For all applicants having the same code, the selection process will be random. The process will continue until all slots are filled or all applicants have been selected.

6.6 Disenrollment

6.6.1 Voluntary Disenrollment

Participants can disenroll from CDAS at any time. A participant who wishes to disenroll will need to contact the SEP case manager or CDHCPF to be disenrolled from CDAS and to re-enroll in another appropriate Medicaid funded attendant support program. None of the existing Medicaid funded programs, which provide attendant support, have a ceiling on the number of individuals who can be served, so that re-enrollment should not be a problem. An individual may not be able to return to his or her previous provider if that provider does not have the capacity to take on additional clients. In such cases, the case manager will assist the individual to find a new provider.

6.6.2 Disenrollment by CDHCPF

When CDHCPF determines that a program participant is no longer eligible for CDAS, described in §5.4 of this protocol, CDHCPF will inform the participant through a written advance notice of at least 15 calendar days that he or she is no longer eligible for CDAS, and that the individual should contact his or her case manager for assistance in obtaining other home care services. The notice will provide the individual with the reasons for termination and with information about the person's rights to fair hearing and appeal procedures, in accordance with Colorado State Rules, Vol. 8, §8.057 through §8.059. Exceptions will be made to the requirement for 15 days advance notice when CDHCPF has documented that there is danger to the individual or to the attendants. CDHCPF will notify the SEP case manager and the ISO of the date on which the individual is being terminated from CDAS.

Conditions that might result in a loss of eligibility are those in which:

- A participant fails to comply with CDAS program requirements;
- A participant demonstrates an inability to manage attendant support;
- A participant's physical or mental condition deteriorates to the point that he or she may no longer meet the admission criteria.

7. Benefits

7.1 Covered Services

The service offered to program participants is attendant support, defined below, which consists of nursing, home health aide, personal care, and homemaking. No other services are covered.

CDHCPF is defining attendant support as supportive services, which include skilled nursing services and home health aide services, as defined under the State's Home Health Program, and Personal Care and Homemaker Services, as defined under the State's Long-Term Care programs. Attendant support does not include occupational therapy services, physical therapy services or speech/language pathology services. Additionally, attendant support includes Long Term Home Health and Long Term with Acute Episode Home Health, but does not include Acute Home Health, as defined in State Rules.

Attendant support refers to in-home care and other supportive activities to assist eligible individuals to accomplish daily living tasks. This includes those services that enable eligible individuals to live in their own homes and communities rather than in institutions and to carry out functions of daily living, self-care and mobility.

Activities under Attendant Support include, but are not limited to, assistance with:

- a. Physical transfers,
- b. Health Maintenance Activities,
- c. Bathing and personal hygiene,
- d. Dressing and grooming,
- e. Eating, including meal preparation and cleanup,
- f. Homemaker services, such as shopping, laundry and cleaning, and
- g. Other household chores.

Health Maintenance Activities refers to those routine and repetitive activities of daily living which are necessary for health and normal bodily functioning, and which would be carried out by an individual with a disability if he or she were physically able, or by family members or friends if they were available. These activities include, but are not limited to:

- a. Bowel/Bladder care,
- b. Wound care,
- c. Administration of medication,
- d. Ventilator care and monitoring,
- e. Skilled feeding, and
- f. Range of motion.

7.2 Individual Allocations

CDHCPF will make available to each program participant an individual allocation of funds to cover program services. The allocations will be made available each month that a program participant meets program eligibility, and will be calculated based on the program participant's history of utilization of attendant support. The individual allocations will be administered by the program's contracted ISO and prior authorized by the SEP case manager.

CDHCPF will calculate the initial individual allocation for each new program participant as follows. CDHCPF will:

- a. Identify the "Attendant Support" service categories in which payments have been made for the participant during the previous 12 months.
- b. Sum payments made on behalf of the participant during the 12-month period for each service category.
- c. Determine the number of months of service within each service category for each participant.
- d. For each participant and each appropriate service category, divide total payments for the 12 months by total service months, yielding monthly per capita payments for each service category.
- e. Sum the service category per capita payments to get a preliminary monthly allocation per participant.
- f. Adjust the allocation to the fiscal year of the participant's service start date, incorporating the effects of non-CDAS Attendant Support rate changes occurring in the prior 12 months for those service categories that constitute attendant support. Allocations will be calculated so as to ensure conformance with the cost neutrality guidelines set forth in the terms and conditions from CMS.

7.3 Attendant Support Management Plan

In order to participate in CDAS, each participant must develop an attendant support management plan during the attendant support management training. The plan will describe the individual's:

- a. Current status;
- b. Needs and requirements for attendant support;
- c. Plans for securing attendant support;
- d. Assurances and plans regarding direction of Health Maintenance activities;
- e. Plans for handling attendant support emergencies; and
- f. Plans for using the Fund for Additional Services.

Assurances and plans regarding health maintenance activities include:

- a. A statement by the participant that he or she has received adequate instruction from health professionals, and is therefore qualified and able to train his or her attendants in specified health maintenance activities.
- b. A list of the specific health maintenance activities for which the participant will be providing training.
- c. A statement by the participant verifying that attendants, who will perform health maintenance activities, have had or will receive necessary training, either from the participant or from appropriate health professionals.

All plans must be approved by CDHCPF. Participants will review their plans at least every six months, and modify or develop new plans as needed. Case managers will be available to assist program participants in planning attendant support, though the program participants are ultimately responsible for devising and implementing their own attendant support management plans.

7.4 Plans for Use of the Fund for Additional Services

Any unspent portion of participants' monthly individual allocations will be divided equally between CDHCPF, as program savings, and a Fund for Additional Services (FAS), available by application to program participants. The ISO will assist CDHCPF in the management of this fund, and will track the amount of contribution to the FAS by each program participant. The ISO will provide each participant with an accounting of that participant's contribution for the month and of the participant's accumulated contributions, as part of monthly reporting.

As part of the attendant support management plan, approved by CDHCPF, a participant will identify plans for use of the fund for additional services. The FAS must be used to cover costs of services and equipment that promote the participant's independence or that ameliorate conditions related to the participant's disability, as long as the costs for such services and equipment are not covered through other available Medicaid programs. Twice a year, a participant may apply to CDHCPF for a grant from the FAS. The grant request must be consistent with the participant's current attendant support management plan, and the amount of the grant request cannot exceed the total amount contributed to the FAS by the participant up to that point. CDHCPF will convene a committee of consumers of attendant support to review applications to the FAS and to recommend awards based on these criteria.

7.5 Approved Additional Services

Grants from the FAS will cover costs for services and equipment that promote the participant's independence or that ameliorate conditions related to the participant's disability, as long as the costs for such services and equipment are

not covered through other available Medicaid programs. Such services and equipment include, but are not limited to:

- a. Assistive devices and services,
- b. Home modifications related to independent living, and
- c. Skills training and training materials that support independent living in the community.

7.6 Plan Modifications

7.6.1 Reassessments

Case managers will conduct a reassessment with each program participant every six months. A reassessment under CDAS is a comprehensive face-to-face interview conducted with the program participant and appropriate collateral contacts to determine the program participant's level of functioning and service needs. Such a reassessment includes an evaluation by the case manager, collection of supporting information from the program participant's physician, and the program participant's self-assessment of his or her needs. Case managers will conduct additional reassessments if requested by the program participant or by CDHCPF. Case managers should make every effort to perform reassessments within two weeks of the request.

7.6.2 Individual Allocation Adjustments

The case managers will use the six-month reassessments to determine the possible need for adjusting individual allocations. A participant, who believes that he or she needs more attendant support than the existing allocation will cover, may request a reassessment of his or her needs by the case manager. If the reassessment indicates that more support is justified, the participant and case manager may recommend adjustments to the attendant support management plan with a concomitant increase in the individual allocation. In all cases, CDHCPF must approve any changes to the attendant support management plan. If CDHCPF approves the recommended adjustments, CDHCPF will notify the participant, the case manager and the ISO of the new individual allocation and of the date that the new amount will go into effect.

In recommending an increase in the individual allocation, case managers must use professional judgment, as absolute criteria cannot cover the range of possible scenarios that might arise. Case managers should consider:

- a. Any change in the program participant's condition that would necessitate more attendant support;
- b. Discrepancies between the program participant's utilization history and current needs for attendant support;
- c. The appropriateness of attendant wages paid by the program participant for services received;
- d. The quality and quantity of services provided by attendants for the wages they receive;
- e. Revisions in the program participant's budgeting of the current individual allocation to pay for needed services more effectively.

Without any experience in operating the program, CDHCPF cannot determine an appropriate process for reducing individual allocations. After the first year of operations, CDHCPF and the advisory committee will review the data on service utilization and unexpended allocations and determine the process and conditions for making reductions.

Once CDHCPF determines a process and/or criteria for reducing individual allocations, CDHCPF shall incorporate that process into this Operational Protocol and submit the revised section to CMS Central and Regional office for review and approval.

8. Supportive Services

8.1 Relationships with Organizational Components

8.1.1 Eligibility and Enrollment

The Colorado Department of Health Care Policy and Financing (CDHCPF), the Single State Agency for Medicaid, will handle all eligibility and enrollment activities for the demonstration.

8.1.2 Assessments

Since participants must have a minimum of a 12-month history of utilization of in-home services, no initial assessments of participants enrolling in CDAS will take place. Participant reassessments and other case management in the demonstration will be provided through the state's Options for Long Term Care "Single Entry Point" (SEP) agencies. CDHCPF contracts with 25 local agencies to provide case management for approximately 16,000 Medicaid clients enrolled in long-term care programs. SEP agencies must comply with single entry point rules governing case management functions, as described in Colorado State Rules Vol. 8, Section 8.393, et. seq., SINGLE ENTRY POINT SYSTEM.

8.1.3 Counseling

Counseling will not be a specific service under CDAS. Demonstration participants will receive some counseling through the SEPs in the course of overall case management. As part of the mandatory training, participants will identify resources in their local communities to assist them in managing their attendant support responsibilities. This will include counseling from professionals and/or peers.

8.1.4 Training

CDHCPF will work cooperatively with local agencies to coordinate logistical support for participant training. These will be agencies with knowledge and experience working with people with disabilities and the elderly. Volunteers with experience and expertise in attendant management will work closely with CDHCPF to provide the instruction to participants. CDAS training will be coordinated with training activities under Colorado's COMPASS (Community PASS) grant to maximize efficiency and effectiveness. CDHCPF will provide training to case managers. Participants are responsible for ensuring that attendants have had or will receive necessary training, either from the participant or from appropriate health professionals.

8.2 Intermediary Service Organization

CDHCPF will contract with an intermediary service organization (ISO) to provide financial and personnel administration for participants. (See Attachment B of this protocol for the specific contract and related documents.) The ISO will be selected through a Request for Proposals (RFP) in accordance with the State of Colorado Procurement Code and Rules, 24-101-101 through 24-112-101-10, specifically Article 103, Source Selection and Contract Formation. CDHCPF will follow the Contract Management Guide, chapter ten of the Colorado Contract Procedures and Management Manual of 1997, to establish documentation and reporting requirements so as to ensure that the contractor is fulfilling all obligations under the contract. The standards and scope of work for the ISO are set forth in the RFP, provided as Attachment B-2 of this protocol.

All ISO fees will be paid from the individual allocations of program participants. The ISO fees cannot exceed 20% of a participant's individual allocation. CDHCPF and the ISO will determine the exact fees during the contracting process.

All payments to the ISO will be reimbursements for services provided and prior authorized. The ISO will make payments to attendants only after services have been provided, as documented by signed worker time sheets. The ISO will pay attendants twice a month. The ISO will submit a monthly bill to CDHCPF showing all payments made for all participants and the ISO fees. CDHCPF will process reimbursements through the Colorado Financial Recording System (COFRS).

8.3 Support for Participants in Management Responsibilities

8.3.1 Attendant Support Management Training

In order to receive CDAS services, eligible applicants must complete the Attendant Support Management Training and pass the comprehensive test offered by CDHCPF. In order to complete the training, applicants must demonstrate proficiency with a variety of relevant topics including, but not limited to:

- a. Recruiting, hiring, training and supervising attendants;
- b. Recognizing and getting quality attendant support;
- c. Managing one's own health;
- d. Effective communication and conflict management;
- e. Financial management;
- f. Effective use of the case manager and the ISO; and
- g. Program participants' rights and responsibilities.

8.3.2 Attendant Management

The ISO will be the employer of record for all attendants under CDAS. Participants will supervise their attendants, and all will therefore have the management responsibilities listed below. Applicants will receive related training, and they must demonstrate proficiency with their management responsibilities in order to complete the attendant support management training. Those who cannot do so will not be accepted into the program.

As the supervisors of attendants, participants will:

- a. Determine wages and benefits for each attendant;
- b. Establish hiring agreements with each attendant, outlining wages, benefits, services to be provided, schedules and working conditions;
- c. Be familiar with and follow all relevant laws and regulations regarding the employment of attendants;
- d. Explain the role of the ISO to the attendant;
- e. Communicate with the ISO regarding the hiring of attendants, including wage and benefit information for each attendant;
- f. Review all attendant time sheets for accuracy and completeness;
- g. Ensure that time sheets are signed by the program participant and the attendant in order for the ISO to issue a paycheck to the attendant; and
- h. Direct the ISO to make changes in attendant wages or benefits.

8.3.3 Fiscal Management

Since the ISO will handle most fiscal activities for participants under CDAS, the participants themselves will have limited fiscal responsibilities, and they will handle no program funds directly. The fiscal responsibilities will include:

- a. Budgeting, which involves determining how available funds should be spent, so as to ensure that the participant receives necessary attendant support, both in quantity and quality, and that attendants receive appropriate compensation; and
- b. Financial reconciliation, which involves reviewing and verifying the monthly reports provided by the ISO, and notifying the ISO of discrepancies and inaccuracies.

Participants will receive training on their fiscal responsibilities. A participant, who, because of a cognitive disability, lacks the ability to handle the fiscal responsibilities under CDAS, may designate a family member, friend or other support person to be responsible for managing these financial matters. The designated support persons shall not direct the attendant care, nor shall they receive reimbursement for the fiscal

services. The participant must specify the designated support person to CDHCPF.

8.3.4 Legal Responsibilities

Since the ISO will handle most fiscal and personnel activities for participants under CDAS, the participants will have few legal responsibilities other than those included in the previous two sections. Applicants will receive related training, and they must demonstrate proficiency with their legal responsibilities in order to complete the attendant support management training. Those who cannot do so will not be accepted into the program.

8.4 Background Checks

When a participant is seriously considering hiring an individual as an attendant, the participant will notify the ISO and provide necessary information for a background check. Participants will not be able to hire anyone without a background check being performed on the prospective worker. The ISO will perform all background checks utilizing the Colorado Bureau of Investigation. The ISO will provide the results of the background check to the participant who referred the prospective worker. Participants will receive training on interpretation of background check results and attendant selection as part of the mandatory attendant support management training.

9. Quality Assurance

CDHCPF will implement a range of procedures designed to ensure quality throughout CDAS. The following lists the general topics for quality assurance and the procedural responsibilities of the various organizational components of the project.

9.1 Amount and Quality of Services and Participant Safety

9.1.1 Participants will:

- Complete the attendant support management training.
- Pass the attendant support management proficiency test.
- Take responsibility for their own health management.
- Devise and utilize attendant support management plans.
- Review plans at least annually, and modify or develop new plans as needed.
- Select and supervise attendants directly, including evaluating attendants and taking necessary corrective measures.
- Determine wages for attendants.
- Establish hiring agreements with attendants specifying wages, benefits, schedules, services to be provided, work behaviors and other working conditions.
- Submit weekly timesheets for all attendants to the ISO, along with comments on the quality of care provided by the attendants.
- Complete a self-assessment every 3 months. The self-assessment will identify participant strengths, areas of growth and areas of concern, as they relate to the participant's overall health, attendant support management, quality of care and general satisfaction with the program.
- Take responsibility for managing attendant support emergencies.

9.1.2 Case managers will:

- Contact participants twice a month during the first three months of each participant's program to assess their attendant management, their satisfaction with care providers and the quality of services received.
- Contact participants quarterly to assess their implementation of service plans, attendant management issues, quality of care, attendant support expenditures and general satisfaction.
- Conduct a reassessment with each Program Participant every six months to determine the Program Participant's level of functioning and service needs and to review any need for adjusting Individual Allocations.
- Contact the ISO periodically to determine status of the participants' activities.
- Notify CDHCPF when problems arise.

- Make additional monitoring contacts with participants if requested by CDHCPF.
- Refer cases to CDHCPF to determine whether a participant continues to meet program eligibility.
- Assist participants in securing related services as needed.
- Assist participants in returning to their previous Medicaid-funded attendant support, when applicable.

9.1.3 The ISO will:

- Perform criminal background checks on all prospective attendants.
- Review weekly attendant worker timesheets for participant comments or complaints, and pass them on to CDHCPF.
- Report participant's performance of employment-related activities to case managers and CDHCPF as requested.
- Work with case managers and CDHCPF to address participant performance problems.

9.1.4 CDHCPF will:

- Screen applicants for program eligibility.
- Use input from the eligibility review committee in cases where eligibility is doubtful.
- Ensure participants receive necessary and appropriate training.
- Approve all attendant support management plans, including changes in those plans.
- Review weekly consumer comments/complaints referred by the ISO. Comments will be evaluated by CDHCPF to determine if follow-up action is required. Comments will be compiled to serve as feedback to be used in the program evaluation.
- Implement a consumer satisfaction survey.
- Review quarterly consumer satisfaction surveys.
- Twice a year, contact a sample of program consumers by telephone to determine their satisfaction and/or problems with the program.
- Staff a program consumer complaint hotline.
- Monitor participants attendant support usage for risk of self-neglect.
- Provide an appeal and fair hearing mechanism via the existing CDHCPF system.
- Provide oversight of case managers and the ISO contractor.
- Compile, analyze and respond to complaints and other problems discovered in monitoring activities.

9.2 Consumer Satisfaction

9.2.1 Participants will:

- Complete the attendant support management training.
- Take responsibility for their own health management.
- Devise and utilize attendant support management plans.
- Review plans at least annually, and modify or develop new plans as needed.
- Select and supervise attendants directly, including evaluating attendants and taking necessary corrective measures.
- Establish hiring agreements with attendants specifying wages, benefits, schedules, services to be provided, work behaviors and other working conditions.
- Complete a self-assessment every 3 months. The self-assessment will identify participant strengths, areas of growth and areas of concern, as they relate to the participant's overall health, attendant support management, quality of care and general satisfaction with the program.

9.2.2 Case managers will:

- Contact participants twice a month during the first three months of each participant's program to assess their attendant management, their satisfaction with care providers and the quality of services received.
- Contact participants quarterly to assess their implementation of service plans, attendant management issues, quality of care, attendant support expenditures and general satisfaction.

9.2.3 The ISO will:

- Review weekly attendant worker timesheets for participant comments or complaints, and pass them on to CDHCPF.
- Implement and/or maintain a procedure for handling participant grievances regarding contracted services.
- Implement and/or maintain a quality assurance plan that monitors and evaluates services. At a minimum, services must be evaluated in terms of timeliness of processes, accuracy of accounts, completeness of records and customer satisfaction.

9.2.4 CDHCPF will:

- Ensure participants receive necessary and appropriate training.
- Review weekly consumer comments/complaints referred by the ISO.
- Implement a consumer satisfaction survey.
- Review quarterly consumer satisfaction surveys.

- Twice a year, contact a sample of program consumers by telephone to determine their satisfaction and/or problems with the program.
- Staff a program consumer complaint hotline.
- Provide an appeal and fair hearing mechanism via the existing CDHCPF system.
- Provide oversight of case managers and the ISO contractor.
- Compile, analyze and respond to complaints and other problems discovered in monitoring activities.

9.3 Use of Individual Allocations

9.3.1 Participants will:

- Complete the attendant support management training.
- Pass the attendant support management proficiency test.
- Devise and utilize attendant support management plans.
- Review plans at least annually, and modify or develop new plans as needed.
- Establish contracts with the ISO outlining attendant services to be provided and expenses to be paid.
- Establish hiring agreements with attendants specifying wages, benefits, schedules, services to be provided and other working conditions.
- Submit weekly timesheets for all attendants to the ISO.
- Use a support person to handle the fiscal aspects of attendant support management if needed.
- Complete a self-assessment every 3 months. The self-assessment will identify participant strengths, areas of growth and areas of concern, as they relate to the participant's attendant support management and general satisfaction with the program.

9.3.2 Case managers will:

- Authorize CDAS services.
- Contact participants twice a month during the first three months of each participant's program to assess their attendant management, their satisfaction with care providers and the quality of services received.
- Contact participants quarterly to assess their implementation of service plans, attendant management issues, quality of care, attendant support expenditures and general satisfaction.
- Conduct a reassessment with each Program Participant every six months to determine the Program Participant's level of functioning and service needs and to review any need for adjusting Individual Allocations.

- Contact the ISO periodically to determine status of the participants' activities.
- Notify CDHCPF when problems arise.

9.3.3 The ISO will:

- Establish contracts with participants outlining services to be provided and expenses to be paid.
- Establish and maintain accounts for each participant in order to track individual allocations, to make disbursements, and to accrue savings in the Fund for Additional Services on behalf of the participant.
- Charge only those fees that are approved in its contract with CDHCPF. (See Attachment B.)
- Make no payments from a participant's account without permission of the participant.
- Purchase services and equipment for participants from the Fund for Additional Services as directed by the participant and only with the approval of CDHCPF.
- Maintain fiscal systems, in accordance with Statements of Auditing Standards, as set forth by the American Institute of Certified Public Accountants.
- Perform criminal background checks on all perspective attendants.
- Inform participants of the procedures and forms to use in reporting any change in workers and for reporting the hours worked by all attendants.
- Handle personnel activities for attendants in accordance with all applicable federal, state and local tax and labor laws, and under the direction of the participant hiring the attendant.
- Review weekly attendant worker timesheets for participant comments or complaints, and pass them on to CDHCPF.
- Monitor the participant's submittal of required information to determine that it is complete, accurate and timely.
- Report participants' performance of employment related activities to case managers and CDHCPF as requested.
- Work with case managers and CDHCPF to address participant performance problems.
- Establish and maintain quality assurance programs that monitor and evaluate services, in accordance with its contract with CDHCPF. (See Attachment B-3.)
- Provide monthly reports to participants for the purpose of monitoring and financial reconciliation, as specified in contracts with CDHCPF and with the participant.
- Provide reports to CDHCPF as specified in its contract. These reports will include copies of all participant reports and monthly aggregate data for all participants.

9.3.4 CDHCPF will:

- Ensure participants receive necessary and appropriate training.
- Calculate initial individual allocations for participants.
- Approve all attendant support management plans, including revisions to those plans.
- Review weekly consumer comments/complaints referred by Fiscal Intermediaries.
- Twice a year, contact a sample of program consumers by telephone to determine their satisfaction and/or problems with the program.
- Staff a program consumer complaint hotline.
- Track payments and service utilization.
- Review participants actual spending as compared with their plans and allocations.
- Monitor participants spending patterns for risk of financial exploitation.
- Provide oversight of the ISO.
- Compile, analyze and respond to complaints and other problems discovered in monitoring activities.

9.4 Prevention of Duplication of Payments

9.4.1 Participants will:

- Confer with CDHCPF to determine a service start date.
- Provide their existing Medicaid-funded Attendant Support providers with a provider notification form, informing the providers of the date on which Attendant Support from that provider will cease. Participants will provide CDHCPF with a copy of each form.

9.4.2 Case managers will:

- Complete a prior authorization (PAR) for CDAS services for each CDAS Participant. The PAR authorizing CDAS, which will be sent to the CDHCPF fiscal agent, will explicitly deny any further HCBS personal care, HCBS homemaker, long term nursing and long term home health aide services.

9.4.3 CDHCPF will:

- Confer with each participant to determine a service start date.
- Notify the ISO and the case manager of the Program Participant's enrollment and projected service start date.
- Confirm the services start date with the participant within 72 hours of that date.

- Notify the participant and his or her current Medicaid-funded attendant support provider of the date that existing payments shall cease.
- Monitor a sampling of attendant support claims for possible duplicate payments.

9.5 Fraud Control

9.5.1 Participants will:

- Establish hiring agreements with attendants specifying wages, benefits, schedules, services to be provided, work behaviors and other working conditions.
- Establish contracts with the ISO outlining services to be provided and expenses to be paid.

9.5.2 Case managers will:

- Authorize CDAS services.
- Complete a prior authorization (PAR) for CDAS services for each CDAS Participant. The PAR authorizing CDAS, which will be sent to the CDHCPF fiscal agent, will explicitly deny any further HCBS personal care, HCBS homemaker, long term nursing and long term home health aide services.
- Contact the ISO periodically to determine status of the participants' activities.
- Notify CDHCPF when problems arise.
- Make additional monitoring contacts with participants if requested by CDHCPF.
- Refer cases to CDHCPF to determine whether a participant continues to meet program eligibility.

9.5.3 The ISO will:

- Establish contracts with participants outlining services to be provided and expenses to be paid.
- Charge only those fees that are approved in its contract with CDHCPF.
- Make no payments from a participant's account without permission of the participant.
- Maintain fiscal systems, in accordance with Statements of Auditing Standards, as set forth by the American Institute of Certified Public Accountants.
- Perform criminal background checks on all prospective attendants.
- Report participants' performance of employment related activities to case managers and CDHCPF as requested.

- Work with case managers and CDHCPF to address participant performance problems.
- Provide a monthly statement to each participant for the purpose of monitoring and financial reconciliation.
- Provide reports to CDHCPF as specified in its contract. These reports will include copies of all participant reports and monthly aggregate data for all participants.
- Submit to external evaluation of project-related activities and services as directed by CDHCPF. At a minimum, evaluation will be in terms of timeliness of processes, accuracy of accounts, completeness of records and customer satisfaction.

9.5.4 CDHCPF will:

- Approve all attendant support management plans, including revisions to those plans.
- Track payments and service utilization.
- Review participants' actual spending as compared with their plans and allocations.
- Monitor participants spending patterns for risk of financial exploitation.
- Monitor a sampling of attendant support claims for possible duplicate payments.
- Provide oversight of case managers and the ISO contractor in accordance with state established contract management procedures.
- Compile, analyze and respond to complaints and other problems discovered in monitoring activities.

9.6 Case Management Staff

Single Entry Point (SEP) agencies will provide CDAS case management. The SEPs must comply with single entry point rules governing case management functions as set forth in Colorado State Rules, Vol. 8, §8.390 through §8.394, except where CDAS requirements differ as indicated in this Operational Protocol.

In order to ensure quality case management, CDHCPF will:

- a. Provide or arrange for annual training for SEPs,
- b. Provide or arrange for annual technical assistance visits with each SEP,
- c. Provide Telephone technical assistance as needed,
- d. Provide on-site monitoring of each SEP at least annually,
- e. Review a sample of case files and related documentation,
- f. Certify all SEPs annually,
- g. Require that each SEP have an employed or contracted physician and/or registered nurse who provides consultation to SEP staff regarding medical and diagnostic concerns and prior authorizations,

- h. Require that case managers have at least a bachelor's degree in a human behavioral science field, unless CDHCPF and the SEP expressly waive the requirement for a specific case manager,
- i. Require that case managers demonstrate competency in all of the following areas:
 - Knowledge of and ability to relate to populations served,
 - Interviewing and assessment skills,
 - Knowledge of policies and procedures regarding public assistance programs,
 - Ability to develop care plans and service agreements,
 - Knowledge of long term care community resources, and
 - Negotiation, intervention, and interpersonal communication skills.

9.7 Quality Indicators in Service Delivery

In the monitoring of CDAS participants, CDHCPF and its organizational components will consider the following quality indicators in the delivery of attendant support.

- a. Number of hours of attendant support
- b. Disability related health problems
- c. Emergency room visits
- d. Hospitalizations
- e. Service costs as compared to individual allocations
- f. Number of appeals related to attendant support

The following quality indicators of participant satisfaction will be monitored through quarterly consumer surveys.

- a. Frequency of attendants failing to show
- b. Use of back-up attendants
- c. Changes in attendants
- d. Satisfaction with quality of support
- e. Satisfaction with quantity of support
- f. Flexibility in participants' schedules
- g. Level of participants' community involvement
- h. Sufficiency of individual allocation
- i. Satisfaction with overall CDAS process, particularly with training.
- j. Other complaints/concerns/suggestions

9.8 Incorporation of Quality Monitoring Feedback

The CDAS project design incorporates Continuous Quality Improvement principles of collecting data, monitoring progress and feeding evaluation data back into the design process. CDHCPF will compile data from participant, case manager and ISO monitoring and evaluation activity along with that from its own

evaluative measures. CDHCPF will develop a tracking system specific to consumer complaints. This system will track the date and nature of complaints received, actions taken to resolve the complaints and the date and nature of the resolution. CDHCPF will develop a complaint report using the tracked data and provide numbers of complaints and aggregate data about the nature and resolution of complaints. CDHCPF will share the results of these evaluations with program staff and the advisory committee in monthly meetings so as to inform appropriate revisions. CDHCPF will also share the results of these evaluations and any resulting revisions with CMS in quarterly reports.

9.8.1 Single Entry Point Case Managers

As described in Colorado State Rules Vol. 8, §8.393, et. seq., SINGLE ENTRY POINT SYSTEM, each SEP must ensure that, “The client and/or the client's designated representative has access to a uniform complaint system provided for all clients of the Single Entry Point agency,” which includes CDAS participants. Each SEP sets up its own complaint system, but all must use a complaint form that CDHCPF supplies or use a form approved by CDHCPF. The complaint systems typically encourage clients to attempt to resolve issues with case managers directly before seeking intervention from supervisors. The SEP contract requires that the SEP maintain a complaint log. “The complaint log shall include, at a minimum, the complaint, the resolution, and the dates of contact. The complaint log shall be available for review by the Department (CDHCPF) upon request.” CDHCPF reviews complaint logs at least annually. CDHCPF will use this process for monitoring CDAS participant complaints regarding case managers.

9.8.2 Intermediary Service Organization

The contract between CDHCPF and the ISO specifies that the ISO must “Implement and/or maintain a procedure for handling participant grievances regarding contracted services.” The ISO’s grievance procedure is detailed in the ISO proposal, included as Attachment B-3 of this Operational protocol. This procedure encourages participants to attempt to resolve issues with staff members directly before seeking intervention from supervisors or administrators. The ISO routinely maintains a customer complaint log. The portion of the log related to CDAS will be available for inspection by CDHCPF upon request, which will typically be quarterly.

10. Program Evaluation

CDHCPF will hire a consultant to assist in the development of a detailed evaluation plan for CDAS. To ensure timely implementation of the CDAS demonstration, CDHCPF presents the following preliminary evaluation plan and the table below to show the anticipated timeline for development of a comprehensive evaluation plan.

Once CDHCPF develops a final evaluation plan, CDHCPF shall incorporate that plan into this Operational Protocol and submit the revised section to CMS Central and Regional offices for review and approval.

Activity	Begin Date	End Date
Completed Protocol submitted to CMS	July 2002	August 2002
Developmental disabilities Planning council (DDPC) grant (\$3000) awarded to CDHCPF for consultant services for initial evaluation plan development	June 2002	September 2002
Consultant through DDPC develops basic evaluation plan and identifies necessary baseline data	July 2002	August 2002
Selection of initial CDAS participant group	September 2002	September 2002
Enrollment of initial participant group	October 2002	October 2002
Evaluation consultant funds available under Community Integrated PASS grant through CMS	September 30, 2002	September 30, 2005
Evaluation consultant services secured	October 2002	November 2002
CDAS Evaluation plan completed	November 2002	January 2003

10.1 Program Goals and Demonstration Hypotheses

The enabling legislation and the §1115 waiver proposal to the Centers for Medicare and Medicaid Services stated broad goals for the CDAS demonstration program. These goals were developed by the program Advisory Committee and endorsed in the legislation. The goals are to:

1. Increase the independence and self-sufficiency of program participants;
2. Improve the quality of attendant support that participants receive;
3. Improve participant satisfaction with attendant care services;
4. Increase participant control of services;
5. Increase flexibility in the way attendant care services are delivered;
6. Decrease the cost to the State for providing participants with attendant services, compared to the estimated costs for serving the same persons with disabilities absent the pilot program.

These goals are expressed in terms of six corresponding hypotheses that will be tested by the demonstration and evaluated accordingly.

1. The opportunity for participants to direct their attendant support services will increase their sense of independence and self-sufficiency.
2. Participants directing their attendant support will receive services of quality equal to or better than that received by similar persons not directing their support.
3. Participants who direct their attendant support will experience improved satisfaction with services.
4. Participants who direct their attendant support will experience a greater sense of control.
5. Participants successfully directing their attendant support will lead to greater flexibility in the way attendant care services are delivered.
6. Participants directing their attendant support will decrease the cost to the State for providing attendant services to those participants, compared to the estimated expenditures that would have been spent for the same persons absent the pilot program.

10.2 Approach To Evaluation Design

CDHCPF will employ several mechanisms for evaluating CDAS, which will include process, descriptive and outcome measures. One approach will involve measuring various indicators for participants at specific points during the program and comparing those measurements to baseline data for participants gathered before program enrollment. Another approach will compare data from participants (experimental group) with like data from similar Medicaid clients who are not participants (control groups). The control groups would be individuals on the waiting list and/or members of the Medicaid Eligibility Group who did not apply for CDAS. The CDAS Medicaid eligibility group consists of persons residing in the state who are using home health agency services and for 12 months have utilized at least one Home Health Aide visit per month.

CDHCPF will gather information on the following client characteristics, which will be used in the above comparison studies.

- Cost of attendant care services used in past year,
- Number of RN, CNA, PCP visits in past year,
- Total Medicaid cost in past year,
- Length of Medicaid eligibility,
- Age,
- Urban/rural status,

CDHCPF will use a variety of methods for gathering information. These will include:

- Gathering baseline data on the Medicaid eligibility group from existing Medicaid data systems,
- Initial applicant questionnaire,
- Training evaluation sheets,
- Anecdotal data from routine participant feedback on timesheets and from the information line,
- Quarterly participant self-assessments,
- Quarterly participant satisfaction surveys,
- Periodic telephone sampling,
- Surveys of various program components administered at specific program intervals,
- On going tracking of payments, utilization and spending patterns.

10.3 Program Goals, Outcomes, and Measurable Indicators

The following is a preliminary listing of outcomes and indicators. These will be developed and clarified in work with the evaluation consultant prior to initial participant training, and again as CDHCPF gains experience with the program.

Goal 1. Increase the independence and self-sufficiency of program participants.

Outcomes

- Participants, in self-reporting, experience increased independence and self-sufficiency.

Measurable Indicators

- Changes in sum of ADL and IADL scores, from client assessment every 6 months.
- Level of participant's community involvement.
- A quality of life measure.

Goal 2. Improve the quality of attendant support that participants receive.

Outcomes

- Reassessments show maintenance or improvement of participant's level of functioning, controlling for individuals with predictably progressive conditions.
- Reassessments and/or medical reports show maintenance or improvement of overall health, controlling for individuals with predictably progressive conditions.

Measurable Indicators

- Number of consumer complaints on hotline.
- Frequency of attendants failing to show up.
- Changes in attendants.
- Disability-related health problems.
- Attending physician satisfaction.
- Emergency room visits.
- Hospital admissions.

Goal 3. Improve consumer satisfaction with their attendant care services.

Outcomes

- Participants, in self-reporting, experience increased satisfaction with quality and quantity of attendant support.
- CDHCPF receives fewer appeals related to attendant support.

Measurable Indicators

- Satisfaction levels on consumer satisfaction instruments.
- Complaints on hotline.
- Frequency of attendants failing to show up.
- Changes in attendants.

Goal 4. Put consumer in control of services.

Outcomes

- Participant is party to all agreements.
- Participant selects, supervises and dismisses workers.
- Participant negotiates schedules, wages and working conditions for attendants.

Measurable Indicators

- Completion of the attendant support management training.
- Passage of the attendant support management proficiency test.
- Revisions of attendant support management plans.
- Reasons for clients leaving the program after admission, after training, after participation.

Goal 5. Increase flexibility in the way attendant care services are delivered.

Outcomes

- Participants report greater flexibility in their schedules.
- Individual savings funds are used to support other needs.
- Roster of attendant workers shows increased flexibility in who is hired.
- Participants access another (non-CNA) labor market.
- Home health agencies experience more effective use of nurses.

Measurable Indicators

- Number of services received out of home.
- Number of attendants hired who are not associated with agencies.
- Number of visits by nurses and CNAs.

Goal 6. Decrease the cost to the State.

Outcomes

- Individual allocations are sufficient.
- Service costs decrease or do not increase, as compared to control group.
- Administrative costs (ISO and others) do not add to overall program costs.
- Savings in the Fund for Additional Services result.

Measurable Indicators

- Participant costs compared with their prior 12 months.
- Participant costs compared with waiting list.
- Participant costs compared with Medicaid eligibility group (for budget neutrality).

Attachment A

Consumer Directed Attendant Support Program

Contact Information

Bill West, Administrator
Consumer Directed Attendant Support
Colorado Department of Health Care Policy and Financing
1575 Sherman Street
Denver, Colorado 80203
Phone: (303) 866-3358 or (800) 221-3943
Fax: (303) 866-2573 or TTY (303) 866-3883
E-mail: william.west@state.co.us or on the web at www.chcpf.state.co.us/cdas/cdasindex.html