

# STATE OF COLORADO

## DEPARTMENT OF HEALTH CARE POLICY & FINANCING

1570 Grant Street  
Denver, CO 80203-1818  
(303) 866-2993  
(303) 866-4411 FAX  
(303) 866-3883 TTY



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Bill Owens  
Governor

Karen Reinertson  
Executive Director

### **DAL # 275**

December 22, 2004

Dear Options for Long Term Care (OLTC) Administrator:

**SUBJECT:** Consumer Directed Attendant Support (CDAS) Program Training Follow-Up

**PURPOSE:** To provide a follow up on questions and issues identified during the CDAS regional trainings held in Denver, Loveland, Pueblo, Grand Junction and Alamosa during the months of June, July and August.

**BACKGROUND:** During the training sessions, case managers asked many important questions regarding the design and operation of CDAS. CDAS staff have compiled a Frequently Asked Questions document to serve as an additional resource for case managers. This document is attached for your reference and for distribution to case managers. Clarification on CDAS eligibility groups and required assessments are provided below.

The following groups are eligible for CDAS:

- A. Non-HCBS clients. 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 clients. These individuals receive personal care and/or homemaker services under HCBS and at least one other waiver service. Under the program, these individuals will receive CDAS in lieu of personal care and homemaker services under the HCBS waiver but will continue to receive at least one other HCBS waiver service.
- C. HCBS waiver clients. These individuals receive only personal care and/or homemaker services under HCBS. Under the program, these individuals will receive CDAS in lieu of HCBS personal care and homemaker 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.

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

**NECESSARY ACTION:** The case manager must complete a ULTC 100.2 annually for all CDAS clients to ensure that they continue to meet functional eligibility in addition to CDAS reassessments that are completed every six months. The case manager must notify the program administrator whenever a CDAS client does not meet the ULTC 100.2 functional eligibility criteria.

Please share this letter and the attached information with case management staff. We have added a case manager resource link to our website at:

[www.chcpf.state.co.us/HCPF/Syschange/cdas/index.asp](http://www.chcpf.state.co.us/HCPF/Syschange/cdas/index.asp).

**CONTACT:** Thank you for your continued support of the CDAS program. If you have any questions or need further information about the CDAS program, please contact Aggie Berens, CDAS Program Administrator, at (303) 866-3358 or by email at [aggie.berens@state.co.us](mailto:aggie.berens@state.co.us).

Sincerely,

Latrice V. Burrell  
SEP Program Manager

Enclosure

## **Frequently Asked Questions**

### **Options for Long Term Care Case Manager Training Sessions**

#### **Consumer Directed Attendant Support (CDAS) Program**

##### **General**

**1. What is the CDAS Program?**

Consumer Directed Attendant Support is a program that enables people with disabilities and older persons to direct their attendant support services.

**2. What is attendant support?**

Attendant support is in-home care and other supportive activities that assist eligible individuals to accomplish daily living tasks. This includes nursing, home health aide, personal care and homemaker services.

**3. How long will the CDAS Program last?**

The CDAS program is a demonstration pilot program that the Centers for Medicare and Medicaid Services (CMS) approved for five years. The Department of Health Care Policy and Financing (the Department) implemented the program in December 2002.

**4. What is the enrollment cap? Do you have plans to raise it?**

The enrollment cap is currently 500. The Colorado General Assembly removed the cap during the 2003 legislative session and the Department received approval from CMS to raise the cap from 150 to 500 in January 2005.

**5. Who is eligible for CDAS?**

Individuals who meet Medicaid eligibility, have received Medicaid-funded attendant support for twelve months prior to application and have the ability to direct their own care are eligible for the program.

**6. How do people apply for the program?**

Individuals may contact HCPF at (303) 866-2755 and request an application packet or access the information at [www.chcpf.state.co.us/HCPF/Syschange/cdas/cdasindex.asp](http://www.chcpf.state.co.us/HCPF/Syschange/cdas/cdasindex.asp). Family members, advocates or case managers may also make referrals on behalf of the individual.

**7. What happens if a client enrolls in the CDAS Program and it does not work out?**

Since participation in CDAS is voluntary, clients may disenroll at any time. The client would work with the case manager to resume attendant support services through an agency provider.

**8. How do you determine the client's monthly allocation for attendant support services?**

The Department bases the monthly allocation on the client's utilization of long-term care home health services, personal care and homemaker services for the 12-month period prior to the CDAS application. HCPF uses the Medicaid Management Information System (MMIS) to

determine the sum of payments made to providers for these services and averages the sum to derive a monthly allocation.

**9. Does an applicant need to have 12 consecutive months of attendant care to be eligible for CDAS?**

Yes, however, the CDAS program administrator does follow up with the case manager when a 12- month utilization history appears to be absent in MMIS before making an eligibility determination. The program administrator confirms receipt of services with the case manager since claims are sometimes not reflected in the MMIS.

**10. Does foster care meet the utilization requirement?**

No, it does not. The 12-month utilization requirement consists of nursing, home health aide, personal care or homemaker services.

**11. Do attendant support services provided in a nursing facility meet the utilization history requirement?**

Yes, services received in a nursing facility do meet the 12- month utilization requirement. However, the CDAS program administrator coordinates with the case manager to establish a monthly allocation since claims for these specific attendant support services cannot be accessed from MMIS.

**12. What if a client received attendant support services in another state?**

Attendant support services provided by Medicaid in another state can be used to meet the 12-month utilization history requirement. The CDAS program administrator must request documentation from the other state to ensure that the client indeed received Medicaid funded attendant support services. Once the documentation is reviewed and approved, the CDAS program administrator coordinates with the case manager to determine a monthly allocation based on the client's current level of services.

**13. May a client continue to be enrolled in a Home and Community Based Services (HCBS) waiver while enrolled in CDAS?**

CDAS is a Section 1115 demonstration waiver and not a Section 1915(c) HCBS waiver program. Therefore, a client may be enrolled in both programs simultaneously. Clients who get their personal care and homemaker needs met through CDAS may continue to receive other HCBS waiver services such as electronic monitoring, home modification, respite etc.

**14. Can a client receive CDAS without receiving other HCBS services?**

Yes, for instance, a long-term home health only client may receive attendant support through CDAS without receiving HCBS services. Also, a client who is receiving CDAS in lieu of personal care and homemaker services is considered enrolled in HCBS and is not required to receive additional services.

**15. Can a client continue to receive Home Care Allowance (HCA) while enrolled in CDAS?**

Yes, a client may continue to receive HCA while enrolled in CDAS. It is important that the case manager review all services to ensure that there is no duplication of services provided through CDAS and HCA.

**16. How is the CDAS allocation different from the HCA allocation?**

CDAS is a Medicaid program jointly funded by the state and federal governments. The CDAS allocation covers health maintenance activities, personal care and homemaker services. The Department contracts with an Intermediary Service Organization (ISO) to provide personnel and financial services to clients enrolled in CDAS. The ISO is responsible for paying attendants employed through the CDAS program. In contrast, HCA is a state funded program that can be used for personal care and homemaker services only. HCA payments are made directly to the client or the client's representative and the client is responsible for paying the HCA provider.

**17. Can a CDAS client receive unskilled care through CDAS and skilled care through an agency?**

No, when clients enroll in CDAS they have agreed to direct their attendant support services that include nursing, home health aide, personal care and homemaker services.

**18. What happens if a client experiences an acute care need when enrolled in CDAS?**

A client who experiences an acute episode may get that need met through acute home health and receive services from a home health agency provider. The client's attendant support services continue to be met through the CDAS program.

**19. What happens to a client's CDAS eligibility when he or she is hospitalized?**

A CDAS client retains eligibility when hospitalized provided that he or she receives a CDAS service at least once every 30 days. CDAS services can be provided in the client's home or in a community based setting.

**20. Is the physician statement required or optional for CDAS eligibility determination?**

A completed physician statement attesting to the fact that the client is in stable health and has the ability to manage his or her care is required for initial eligibility determination and continuing eligibility in the CDAS program.

**21. Will Medicaid still cover all of the client's other services, such as prescriptions and medical supplies, if he or she enrolls in CDAS?**

Yes, Medicaid will continue to provide and reimburse other services through the current funding system. The CDAS monthly allocation is used for attendant support services only.

**22. Is Accent the only ISO providing financial and personnel services to CDAS clients?**

Yes, at this time the Department contracts with Accent only for provision of these services.

**23. What is the Fund for Additional Services (FAS)?**

Clients that do not expend all of their monthly allocation accrue savings each month. Any unspent portion of monthly allocation is divided equally between the state as cost savings and the individual client's FAS.

**24. Does the FAS "roll forward" each month?**

Yes, the FAS accrued for each client "rolls forward" each month.

**25. Do FAS purchases have to be pre-approved?**

Yes, clients must submit an FAS Grant application to the CDAS program administrator for approval. The CDAS program administrator directs Accent to issue payment to the vendor for approved requests. The CDAS program administrator accepts FAS Grant applications in the months of June and December.

**26. Can a client use the FAS for home modifications?**

The client may use the FAS for any item or service that promotes independence and/or improves the client's condition or disability and is not covered by Medicaid. If the client has exhausted the home modification benefit under HCBS, the client could possibly use the FAS, if the request meets FAS criteria.

**27. Will continual excessive monthly savings result in an allocation reduction?**

The Department, with input from the Advisory Committee, will be developing a policy and procedure regarding reduction of allocations. The Department will analyze the savings pattern of clients enrolled in the program for at least one year in order to develop a policy on allocation reduction.

**28. How is the FAS affected by state budget issues?**

Currently, the FAS is not affected by state budget issues. The Department is required to provide a report to the legislature during the third year of implementation regarding the cost effectiveness of the program.

**29. What training is available for CDAS clients?**

The department requires that anyone wishing to participate in CDAS complete training. The Department offers three methods of training for CDAS clients. We offer group, individual and self-paced training options. We contract with several peer trainers to assist us in this effort. Accent participates in training as requested on topics such as injury prevention and supervising employees.

**30. Is CDAS appropriate for clients who have difficulties with home health agency providers?**

A number of CDAS clients have reported experiencing difficulties with home health agencies and are now reporting satisfaction and improved quality of care.

**31. Are spouses providing the majority of services?**

No, although some clients employ their spouses, they are not providing the majority of services.

**32. How many people are employed as attendants through CDAS?**

As of June 2004, 403 attendants were employed through the CDAS program.

**Case Manager Related**

**33. Is there any way to relax the requirement on the completion of the ULTC 100.2 assessment and CDAS paperwork for a client whose disability is stable? I am asking the client the same questions repeatedly and it feels disrespectful?**

No, the completion of this paperwork is required for continued eligibility in the CDAS program. Case managers do have flexibility in scheduling the CDAS reassessment to coincide with the ULTC 100.2 assessment to reduce the number of home visits being completed while still gathering all of the necessary information.

**34. What if I, as a case manager, question a client's cognitive ability to manage his or her own care?**

Please contact the CDAS program administrator to discuss your concerns.

**35. I have a client on an HCBS waiver and CDAS, can I complete their CDAS reassessment early so the reassessment dates match?**

Yes. Case managers may modify the CDAS end date within the 6-month CDAS reassessment period so it matches the HCBS end date.

**36. What is the certification timeline for CDAS participants?**

We require the case manager to complete a recertification every six months for CDAS participants.

**37. How do I assist my client with completing the CDAS Attendant Support Management Plan?**

The development of the Attendant Support Management plan is the responsibility of the CDAS participant. The case manager may provide support to the CDAS client by helping to identify the current level of nursing, home health aide, personal care, and homemaker services as well as the informal support that the client is receiving.

**38. Do I have to send the 803 Notice of Action form when a client on my caseload is approved or denied participation in the CDAS program?**

No, the case manager is not responsible for sending this form. The Department is responsible for notifying the client and for handling appeals.

**39. Does the case manager need to notify the provider when a client begins CDAS services?**

No, the Department is responsible for sending notification to the provider agency two days before the client's intended start date. The client may also choose to provide notification to his or her provider agency.

**40. What are the program requirements for case manager contacts? Do I have to contact my client's attendants?**

The case manager is required to contact the CDAS client two times a month for the first three months and quarterly thereafter. The case manager is not required to contact the client's attendants. The case manager is also required to complete a face- to-face visit with the client every six months. (See Case Manager's Roles and Responsibilities)

**41. Can I fax the PAR to Accent?**

Yes, you may fax the PAR or mail it to Accent. Accent's contact information has been added to the PAR.

**42. Can a CDAS participant use his or her allocation for transportation?**

Transportation is not identified or appropriate as a stand- alone service. However, for some CDAS clients provision of transportation may be included in their attendant's hiring agreement as natural/logical extension of the attendants' job duties.

**43. What happens if a potential participant has a 12-month utilization history that does not reflect his or her needs?**

The CDAS program administrator coordinates with the case manager to determine the current level of services and adjust the allocation accordingly.

**44. What happens if there is a change in a client's condition, and he or she needs additional services?**

The case manager must send the CDAS program administrator a request for an allocation adjustment and provide justification for the increase in services. The program administrator will review the request and approve, modify or deny it. The program administrator will notify the client and the case manager of the resulting decision. If the Department denies the request, the program administrator handles the notification and appeal process.

**Client Related**

**45. Can a client hire a home health agency to provide attendants?**

No, the client is responsible for recruiting, hiring, training and supervising his or her attendants. Also, Accent serves as the Employer of Record and the attendant must complete the hiring process through Accent.

**46. Can a client hire family members to serve as attendants?**

Yes, because this is a demonstration waiver a client can hire a spouse as well as other family members to provide his or her care. Also, there is no limitation on the number of hours that a family member can be reimbursed for the client's care.

**47. Who pays for attendant training?**

The CDAS client is responsible for training his or her attendants and for the cost incurred.

**48. What are the limitations on the wages a client can pay his or her attendant?**

Clients are required to pay minimum wage, but there is no upper wage limit. The client must stay within his or her monthly allocation.

**49. Can an attendant serve others in the client's family?**

A client must identify all of the needed tasks to maintain his or her health and well-being on his or her Attendant Support Management Plan. There may be times when the attendant might assist the client in meeting another family member's need if the client is unable to do so due to his or her limited functioning or health.

**50. What happens if a client goes over budget?**

If a client spends more than the monthly allocation allows, one or more of his or her attendants may not be paid. Accent cannot process payment for hours that exceed the monthly allocation. The Department will provide the client with additional training on budgeting. If a client routinely goes over budget, the Department will consider removing the client from CDAS participation.

**51. Can a client receive CDAS services outside of the home?**

Yes, CDAS does not restrict the provision of services to the home.

**52. Does the client need to get a criminal background check completed for potential employees including relatives?**

Yes, The Department requires that Accent complete a Colorado Bureau of Investigation (CBI) check for every attendant that the client plans to hire.

**53. Can the client pay attendants overtime?**

No, at this time overtime is not available.

**54. What benefits are available to attendants?**

Accent provides worker's compensation insurance and offers a limited health insurance plan for attendants. The client may choose to negotiate other benefits with attendants.