



COLORADO
Department of Public
Health & Environment

**Colorado Department of Public Health and Environment
Critical Events (CE) System Sponsor Agreement**

By signing below, I affirm the following:

- 1) I am familiar with the rules and procedures of the CDPHE Critical Events (CE) System.
- 2) I will take the required CE Sponsor training provided by CDPHE.
- 3) I will, at all times, act in the best interests of clients that I sponsor for CE assistance, within the rules and procedures of the CE System. I will act expeditiously in cases involving high likelihood of irreversible harm to the sponsee or others.
- 4) I will continuously assess the appropriateness of my sponsee for CE Assistance. If, at any time, I come to believe that the client is no longer appropriate for such assistance, I will immediately inform the CE Coordinator at CDPHE and act promptly to discontinue assistance and minimize further unproductive use of resources.
- 5) I will maintain accurate information in the ARIES system concerning my sponsee's contact information, income, Colorado residency, and other eligibility factors.
- 6) I will objectively assess my sponsee's needs, including immediate needs and more comprehensive needs.
- 7) I will collaborate with the client and with other potential service providers, including CDPHE staff as appropriate, to develop a CE Plan for my sponsee.
- 8) I will develop a budget to accompany the CE Plan which is sufficient to meet identified needs while preserving resources for the benefit of all who need them.
- 9) I will ensure that all required documents are accurately completed and promptly delivered to the CDPHE CE Coordinator.
- 10) I will respond to questions and requests to revise the CE Plan from the CE Coordinator.
- 11) I will be diligent in filling my role in the implementation of the approved CE Plan.
- 12) I will accurately record progress on the CE Plan in ARIES.
- 13) I will schedule payments in ARIES, consistent with the approved CE Plan budget.
- 14) I will re-assess my sponsee's needs and issues and update the CE Plan as needed.
- 15) As my sponsee's CE Assistance comes to an end, I will transition them in a way that maximizes their ability to succeed.
- 16) I will be available for a reasonable number of "check ins" as part of the transition plan.
- 17) I will support the efforts of CDPHE to evaluate the CE project by encouraging my clients to complete the client satisfaction survey and will participate in other reasonable evaluation activities as needed.

Sponsee Name _____

Sponsor Name (printed) _____

Sponsor Employer _____

Sponsor Address _____

Sponsor Phone Number _____ Email: _____

Sponsor Signature _____ Date: _____



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**Colorado Department of Public Health and Environment
Critical Events (CE) System Rights and Responsibilities**

I, as a Critical Events Participant, have the right to:

- Be treated with respect, dignity, honesty, and fairness
- Be educated on all of the available resources
- Understand the rules and expectations of the CE program
- Be informed by my sponsor before an appointment is cancelled
- Have my information kept private and confidential to the fullest extent possible, unless I give permission for release.
- Receive information on CE services that have already been provided to me
- Be informed of when my services will end for the CE program
- Express complaints about services by speaking to my sponsor. If no solution has been made, I may then ask for the CE coordinator's information

I, as a Critical Events Participant, have the responsibility to:

- Treat those supporting me with respect, dignity, honesty, and fairness
- Follow the rules and expectations of the CE program
- Supply information reasonably requested to allow my sponsor to assist me in determining needed services, and in developing and carrying out my treatment plan
- Provide changes to my information (address, phone number, household size, income) in a timely manner
- Be sober and self-aware at each meeting with my sponsor
- Show up on time to scheduled appointments, or inform sponsor if I am not able to attend
- Be actively involved and motivated towards tasks assigned to me
- Inform staff of any medical condition, disability, or cultural need that requires awareness or accommodation
- Inform staff when I no longer choose to participate in the program

I, as a Critical Events Sponsor, have the right to:

- Be treated with respect, dignity, honesty, and fairness
- Cancel your CE services if I deem necessary
- Feel safe when I am in your presence
- Request verifications to be submitted to me in a timely manner

I, as a Critical Events Sponsor, have the responsibility to:

- To treat you with respect, dignity, honesty, and fairness
- Have a full understanding of the expectations and services provided through the CE program
- Attend scheduled appointments on time or inform you if the appointment is cancelled
- Provide you with all the necessary information to complete the program successfully
- Check in with you regularly and follow-up with you on tasks completed
- Submit CE Treatment Plans timely and ensure payments are made correctly

Client Signature

Date

Sponsor Signature

Date



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**Colorado Department of Public Health and Environment
Critical Events (CE) System Grievance Procedure**

The Colorado Department of Public Health and Environment (CDPHE)'s CE program strives to provide the highest quality of services. Periodically, an individual's expectations may not be fully met. When this occurs, CDPHE staff would like to provide guidelines for an individual to voice their dissatisfaction. It is asked that the below process be followed and respected.

- Please refer to the CE Consent and Release of Information form that you signed at the beginning of the program. Ensure that you have complied with all the rules of the program. Request a copy from your sponsor if needed.
- Talk directly to your sponsor about the issue. The sponsor can type an email, write a letter, or make a phone call to the CE Coordinator. If you do not feel comfortable speaking to your sponsor, you should speak to the sponsor's supervisor.
- If the complaint is still not resolved, you may request the CE Coordinator's email address from your sponsor or your sponsor's supervisor. You can expect a response within 4 business days.
- If you are still not satisfied with the CE program's response, the complaint can be escalated, via a request for escalation, to the CE Coordinator's direct supervisor, the Healthcare Access Unit Lead.
- Once a final decision is made by the Healthcare Access Unit Lead, no further action will be taken on your part.

The CE program is not an entitlement program, meaning the assistance is not guaranteed, nor is it a right. For this reason, there is NOT a formal appeal process for decisions. If you have a concern, complaint, or do not agree with a decision made while in the program, the CE staff will take it into full consideration if you follow the above procedure.

By signing below, I understand and agree that if I have any complaints or concerns about the CE program, I will follow the above procedure. If I have any further questions about the CE program, I will contact my sponsor.

Client Signature

Date

Sponsor Signature

Date