

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS) PROTOCOL
CDASS Service Utilization Review & Allocation Management Protocol for Case Management
Agencies Effective 10.1.2015

I. PURPOSE AND AUTHORITY

A. PURPOSE

The purpose of this protocol is to establish policy and procedures for Case Management Agencies (CMA) in the utilization review of services rendered through the Consumer Directed Attendant Support Services (CDASS) service delivery option to ensure appropriate, timely and effective management of CDASS client service and allocation utilization.

B. AUTHORITY

Consumer Directed Attendant Support Services, [10 CCR 2505-10 8.510](#).

II. DEFINITIONS

- A. Allocation means the funds determined by the case manager and made available by the Department to clients receiving Consumer Directed Attendant Support Services (CDASS) and administered by the Fiscal Management Services (FMS) authorized for attendant support services and administrative fees paid to the FMS.
- B. Attendant Support Management Plan (ASPM) means the documented plan for clients to manage their care as determined by §8.510.4 which is reviewed and approved by the case manager.
- C. Authorized Representative (AR) means an individual designated by the client or by the legal guardian, if appropriate, who has judgment and ability to direct CDASS on the client's behalf and meets the qualifications as defined at §8.510.6 and §8.510.7.
- D. Benefits Utilization System (BUS) means the web based data system maintained by the Department for recording case management activities associated with Long Term Care (LTC) services.
- E. Case Management Agency (CMA) means a Department approved agency within a designated service area where an applicant or client can obtain Long Term Care case management services.
- F. Case Manager means an individual who meets the qualifications to perform case management activities by contract with the Department.
- G. Consumer Directed Attendant Support Services (CDASS) means the delivery option for services that assist an individual in accomplishing activities of daily

living when included as a waiver benefit that may include health maintenance, personal care and homemaker services.

- H. Continued Stay Review (CSR) means a periodic face to face review of a client's condition and service needs by a case manager to determine a client's continued eligibility for LTC services in the client's residence.
- I. Department means the Colorado Department of Health Care Policy and Financing
- J. Financial Management Services organization (FMS) means an entity contracted with the Department and chosen by the client/authorized representative to complete employment related functions for CDASS attendants and track and report on individual client allocations for CDASS.
- K. Long Term Care Certification Period means the designated period of time in which a client is functionally eligible to receive LTC services not to exceed one year.
- L. Reassessment means a review of the Assessment, to determine and document a change in the client's condition or client's service needs.
- M. Training and Operations Vendor means the organization contracted by the Department to provide training to CDASS clients/authorized representatives, provide training to case managers on participant direction, and provide customer service related to participant direction.

III. POLICY OVERVIEW

The purpose of this policy is to provide guidance to case managers on how to conduct utilization and allocation reviews of services provided through the CDASS service delivery option. This policy overview does not provide guidance for every situation, but rather provides standards for use by case managers.

Allocation management is a key element of the CDASS service delivery model, allowing for increased client choice and control. Flexibility in how CDASS services are utilized enables clients to manage the services they need to live independently and to more fully participate in their communities. Covered CDASS services as defined in §8.510.3 are Health Maintenance Activities, Personal Care and Homemaker services. The allocation shall only be used to purchase covered CDASS services.

Upon enrollment and at the time of the Continued Stay Review (CSR) the case manager assesses the client's needs and identifies services to address those needs. If the client experiences a change in condition the case manager may determine (as set forth in §8.510.14.E) during the service plan year that a reassessment is necessary. If the change in condition is a result of an acute episode, as defined in 10 CCR 2505-10 §8.523.11.K.1, the case manager shall follow the rules as set forth in §8.510.10.C. If a reassessment is completed and indicates that a change in attendant support is necessary the case manager shall follow Department guidelines to adjust the service plan.

Each month, the Fiscal Management Services (FMS) organization shall notify each CMA when the Client Monthly Allocation Statement is available. The Client Monthly Allocation Statement is a report that details all service utilization during the month. This statement is produced by the FMS organization and includes all payments made to attendants during the month. The statement summarizes expenditures for the month and the remaining yearly allocation amount. The case manager shall review the Client Monthly Allocation Statement for appropriate utilization of services within the allocated amount.

If the Client Monthly Allocation Statement indicates that expenditures do not exceed the client's average monthly allocation determined by dividing the total allocation by the number of months in the CDASS period, by more than 10%, or does exceed it by 10%, but the client has the reserves to cover the expenditure, no formal action is required. Reserves are those funds that remain unspent when a client spends less than the average monthly allocation from the start date of the certification period to month of over expenditure. Additionally, over utilization that is planned and documented in the service plan, Attendant Support Management Plan or BUS log notes also requires no further action.

If however, review of the Client Monthly Allocation Statement shows expenditures which exceed 10% of the average monthly allocation with no reserves, formal action steps should be taken in the form of the following protocol.

IV. PROTOCOL

- A. If the Client Monthly Allocation Statement indicates the expenditures exceed the client's average monthly allocation by more than 10%, the case manager shall:
 1. Review the client's approved Attendant Support Management Plan (ASMP) to determine if the fluctuation in expenditures was authorized and part of the plan or if there are reserves to cover the over expenditure. In these instances the case manager shall document the expenditure review in the Benefits Utilization System (BUS) log notes and no further action is required.
 2. If the first over expenditure of more than 10% of the average monthly allocation is not prior authorized in the ASMP, Service Plan (SP) or Benefits Utilization System (BUS) log notes and there are no reserves to cover the utilization, the case manager shall contact the client or Authorized Representative (AR) within five business days of receipt of the Client Monthly Allocation Statement to:
 - a. Determine if the client experienced a change in condition resulting in the need for additional services.
 - b. Discuss with the client or AR the plan to address the over expenditure. Offer the client the option of additional training through the Department contracted training and operations vendor if the client reports difficulty with managing the allocation. The case manager shall document in the BUS log notes that training was offered, the client's response, and any plans developed.

3. If the second over expenditure of more than 10% of the average monthly allocation is not prior approved in the ASMP, SP or BUS log notes and there are no reserves to cover the expenditure, the case manager shall contact the client or AR within five business days of receipt of the Client Monthly Allocation Statement to:
 - a. Determine if the client experienced a change in condition resulting in the need for additional services.
 - b. Discuss the over expenditure and develop a plan to reduce expenditures for one to two months to support the client to stay within their annual allocation. If the two month timeline creates a health or safety concern the case manager may extend the time needed bring expenditures within the annual allocation as appropriate. The case manager shall document the plan in a letter sent to the client or AR within five business days of the discussion.
 - c. Offer the client the option of additional training through the Department contracted training and operations vendor if the client reports difficulty with managing their allocation. The case manager shall document in the BUS log notes that training was offered, the client's response, and any plans developed.

4. If the third over expenditure of more than 10% of the average monthly allocation is not prior-authorized in the ASMP, SP or BUS log notes and there are no reserves to cover the expenditure, the case manager shall contact the client or AR within five business days of receipt of the Client Monthly Allocation Statement to:
 - a. Determine if the client experienced a change in condition resulting in the need for additional services.
 - b. Inform the client or AR that a mandatory change in AR or a use of an AR will be required. The AR shall be identified and scheduled for training with the Department contracted training and operations vendor within 15 calendar days. The AR training shall be completed within 60 calendar days.
 - c. Discuss the over expenditure and develop a plan to reduce expenditures for one to two months to support the client to stay within their annual allocation. If the two month timeline creates a health or safety concern the case manager may extend the time needed bring expenditures within the annual allocation as appropriate. The case manager shall document the repayment plan in a letter sent to the client or AR within five business days of the discussion.

- d. Require allocation management training with the Department contracted training and operations vendor for the newly assigned AR and optional training for the client.
 - e. The case manager shall document all activities in the BUS log notes.
- 5. If the fourth over expenditure of more than 10% of the average monthly allocation is not prior-authorized in the ASMP, SP or BUS log notes and there are no reserves to cover the expenditure, the case manager shall contact the client or AR within five business days of receipt of the Client Monthly Allocation Statement to:
 - a. Inform the client and AR that the client will be terminated from the CDASS service delivery option in accordance with §8.510.12 within 30 calendar days.
 - b. The case manager will work collaboratively with the client to secure agency based waiver services.
 - c. If the case manager determines that the client cannot be safely served given the type or amount of services available, the case manager shall comply with all provisions of 10 CCR 2505-10 §8.393.25.A.2 The case manager shall provide the client with a Notice of Action, in accordance with §8.510.13.A.2
 - d. The case manager shall notify the FMS organization of the date on which the client is being terminated from CDASS.
 - e. The case manager shall document all activities in the BUS log notes.