



Consumer Directed Attendant Support Services Client or Authorized Representative Responsibilities

Section I: Client Information

Client Medicaid Number: _____

Client Full Name: _____

Section II: Responsibilities

As a client or Authorized Representative using Consumer Directed Attendant Support Services (CDASS), I accept the following responsibilities for CDASS management:

1. Attend CDASS training.
2. Develop an Attendant Support Management Plan (ASMP).
3. Recruit, hire, fire and manage attendants.
4. Determine wages for each attendant not to exceed the wage limit established by the Department.
5. Determine the required credentials for attendants.
6. Complete hiring agreements, as required by the Financial Management Services (FMS) agency with each attendant, outlining wages, services to be provided (limited to Personal Care, Homemaker or Health Maintenance Activities), schedules and working conditions.
7. Ensure the FMS receives hiring agreements prior to attendants providing reimbursable services.
8. Complete employment reference checks on attendants.
9. Follow all relevant laws and regulations applicable to supervision of attendants and the management of the CDASS allocation.
10. Explain the role of the FMS to the Attendant.
11. Train attendants to meet my attendant support needs.
12. Budget for attendant care within the established monthly and CDASS Certification Period allocation.



13. Review all attendant timesheets and statements for accuracy of time worked, completeness, and client/AR and attendant signatures. Timesheets shall reflect actual time spent providing CDASS services.
14. Review and submit approved attendant timesheets to FMS by the established timelines for attendant reimbursement.
15. Authorize the FMS to make any changes in the Attendant wages.
16. Ensure timesheets submitted are not altered in any way and that any misrepresentations are immediately reported to the FMS.
17. Understand that misrepresentation or false statements may result in administrative penalties, criminal prosecution, and/or termination from CDASS.
18. Complete and manage all paperwork and maintain employment records.
19. Develop a plan for emergencies and arrange back-up attendant support, such as when an attendant is late or fails to show up for work.

I understand that any injury or illness I have that results from poor care or poor work by my attendants is my responsibility and not that of the State of Colorado.

SIGNATURE OF CLIENT OR AUTHORIZED REPRESENTATIVE

DATE

I witnessed the above named client sign this document or heard the client acknowledge signing the document

SIGNATURE OF WITNESS

DATE

