

Main Page



Attendant Directory

Consumer Directed Attendant Support Services help people stay in their homes.

[Learn More >>](#)

Find an Attendant Through Our Directory

[Search Attendants >>](#)

Are you an attendant or looking for work in the attendant industry?

Join Our Attendant Directory

[Register With Us >>](#)

Consumer Direct Colorado has partnered with Health Care Policy and Financing to develop a network for connecting employers to potential CDASS Attendants.

Consumer Directed Attendant Support Services (CDASS) is an option in Colorado that empowers employers through self-directed services. Employers hire, train and manage attendants of their choice to best fit their unique needs.

It is Consumer Direct's mission to provide quality services to employers so they can remain in their homes and communities. We strive to provide excellent customer service and simple tools that support success in managing attendants. The Attendant Directory is a tool to help employers connect with attendants who can support them with their quality of life in their home and community.

Employers searching for attendants on the directory choose if they want to interview and hire a potential attendant. This includes determining if the potential attendant's skills and experience are a fit.

All potential attendants seeking work or current attendants seeking additional hours with other employers must register to utilize the Attendant Directory. Please note, completing the employment process with the employer's selected Financial Management Services (FMS) provider is required. [Click here for additional requirements.](#)



COLORADO
Department of Health Care Policy & Financing

Potential Attendants

 **Jane**
Coverage Area: CO

Attendants

[Login](#)

“Learn More Page”

The screenshot shows the 'Learn More' page of the CDASS website. At the top, there are navigation buttons: 'Learn More', 'Search Attendants', and 'Register With Us'. The main content area is titled 'Consumer Direct Attendant Support Services (CDASS)'. It contains a paragraph explaining that CDASS is a Medicaid service option under the Home and Community Based Services Program, empowering employers to direct their own care needs. A second paragraph details the employer's responsibilities, including training, supervising, scheduling, and setting wages for attendants, while a FMS provider handles taxes, payroll, and paperwork. A third paragraph provides a link to contact the Single Entry Point agency in the user's area. Below this, there are logos for the Consumer Direct Care Network Colorado and the Colorado Department of Health Care Policy & Financing. The page also features a sidebar with a 'Potential Attendants' section showing a profile for 'Jane' and a 'Login' button. Three callout boxes with arrows point to specific parts of the page: one to the top right explaining the page's purpose, one to the 'Link to SEP contact info' text, and one to the 'Being Employed as an Attendant Caregiver Under CDASS' section.

Consumer Direct Attendant Support Services (CDASS)

CDASS is a Medicaid service option under the Home and Community Based Services Program. CDASS empowers employers to direct their own care needs rather than going through a traditional home health agency.

Under CDASS, the employer is responsible for training, supervising and scheduling attendants at their own discretion to meet their needs. The employer is able to set the wages for attendants within their monthly budget and decide where and when they receive services. A FMS provider of the employer's choice will assist with taxes, payroll and paperwork for the attendants the employer chooses to hire.

To access CDASS services and find out if you qualify, please [contact the Single Entry Point agency in your area](#).

For more information on CDASS click on the logos below:

Being Employed as an Attendant Caregiver Under CDASS

In the CDASS program, there are certain criteria potential attendants must meet in order to be hired, which include:

- Passing the Criminal Background and Board of Nursing checks,
- Passing an Office of Inspector General (OIG) check,

Potential Attendants

Jane
Coverage

Attendants

Login

The purpose of this page is to inform clients and attendants about CDASS and what is required to be a CDASS attendant

Explains CDASS
Link to SEP contact info for clients seeking services

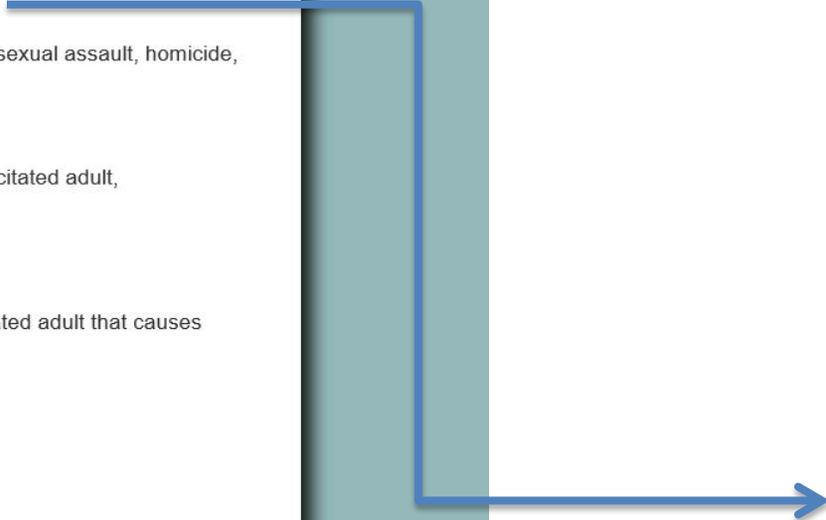
CDASS Attendant requirements

- Passing an Office of Inspector General (OIG) check,
- Authorization to work in the United States (I-9 Form)

The employer’s selected FMS provider will provide all necessary employment paperwork and facilitate completion of all criteria.

Please note: If a potential attendant has ever been convicted of any of the following Criminal Barrier Crimes they are not eligible for employment.

- Abduction,
- Any violent felony crime (including but not limited to rape, sexual assault, homicide, felonious physical assault or felonious battery),
- Child/adult abuse or neglect,
- Crimes that involve the exploitation of a child or an incapacitated adult,
- Felony involving an act of domestic violence,
- Felony arson,
- Felony or misdemeanor crime against a child or incapacitated adult that causes harm,
- Felony drug related offenses (within the last 10 years),
- Felony DUI (within the last 10 years),
- Hate crimes,
- Healthcare fraud,
- Kidnapping,
- Murder/homicide,
- Neglect or abuse by a caregiver,
- Pornography crimes involving children or incapacitated adults, including, but not limited to, use of minors in filming sexual explicit conduct, distribution and exhibition of material depicting minors in sexually explicit conduct or sending, distributing, exhibiting, possessing, displaying or transporting material by a parent, guardian or custodian, depicting a child engaged in sexually explicit conduct,
- Purchase or sale of a child,
- Sexual offenses (including but not limited to incest, sexual abuse, or indecent



**Criminal Barrier
Crime List**

“Learn More Cont...”

- Sexual offenses (including but not limited to incest, sexual abuse, or indecent exposure).

To learn more about CDASS and the requirements for Attendants please contact:

CONSUMER DIRECT COLORADO

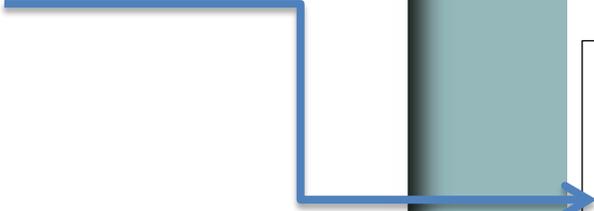
7951 East Maplewood
Suite 125
Greenwood Village, CO 80111

Phone : 844-381-4433

Fax: 866-924-9072

Email: infocdco@consumerdirectcare.com

<http://consumerdirectco.com/>



**Resource for Clients
and Attendants to
contact CDCO for
more info**

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Attendant Search Page

How To Search

Enter the zip code of the location where you would like to have care performed. Choose the number of miles around that you care to search for care providers. Once you have entered the service zip, the care types for the service area you entered will load so that you may select the type of care that best meets your needs and begin connecting with providers in your area.

Provider Search

Zip Code
80123

Radius
30 miles

Type of Care

- Basic Hygiene
- Brain Injury
- CNA
- CPR
- Current CDASS Attendant
- Dementia
- Elderly
- First Aid
- Have a Car
- Have lifting restrictions
- Homemaking/Cleaning
- Intellectual/Developmental Disability
- LPN
- Meal Preparation
- Medical Assistant
- Mental Health
- Non-Smoker
- Nutrition
- Occupational Therapy

Review the providers and select each one you would be interested in using by placing a check in the box

Jane D.
Denver, CO

[insert bio here]

Specialties
Current CDASS Attendant

Certifications
2016 - Physical Therapy

Get Connected Now

Privacy Protected

This is the page CDASS clients will see when they are searching for possible attendants

Profile shows the information the attendant has elected to share. Any specialties/experience, certifications, picture and their BIO

Clients can select a radius around a zip code that they would like to see results in. Options are 10, 20, 30 & 60 mile radius

Attendant Search Page Cont.....

Occupational Therapy
 OK with Pets
 Personal Care Services*
 Physical Therapy
 Physically Disabled
 QMAP
 Quadriplegic/Paraplegic Experience
 RN
 Shopping
 Skilled Care Services**
 Skilled: Bladder & Bowel Care
 Skilled: Exercise/ROM
 Skilled: Medication Administration
 Skilled: Nail & Skin Care
 Skilled: Respiratory Care
 Skilled: Transfers & Use of Lifts
 Skilled: Wound Care
 Spinal Cord Injury
 Uses Public Transportation
 - Select All -

Search

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Check boxes allow the client to designate any specific qualities of a caregiver based on their needs. This will filter the results and show you only people who meets the criteria you have selected.

Register With Us Page

The screenshot shows the CDASS Attendant Directory website. At the top, there are five circular icons with the letters C, D, A, S, and S. To the right of these icons is the text "Attendant Directory". Below this header, there are three blue boxes with white text and green buttons. The first box says "Consumer Directed Attendant Support Services help people stay in their homes." with a "Learn More >>" button. The second box says "Find an Attendant Through Our Directory" with a "Search Attendants >>" button. The third box says "Are you an attendant or looking for work in the attendant industry? Join Our Attendant Directory" with a "Register With Us >>" button. Below these boxes is a large white box with a blue header that says "Interested in joining the CDASS Attendant Directory?". The text inside this box describes the service and includes a "click here" link. At the bottom of this box is a large green button that says "Register Now >>". To the right of the white box is a blue header that says "Potential Attendants". Below this header is a white box with a blue header that says "Jane" and "Coverage Area: CO". Below this is another blue header that says "Attendants" and a green button that says "Login". At the bottom of the page, there is a copyright notice: "© 2016 CDASS Attendant Directory is a registered trademark of Consumer Direct Management Solutions, Inc."

Register Now – Page for Attendants registering in the portal

C D A S S
Attendant Directory
Login

[Home](#) > Register

Join The CDASS Attendant Directory

All attendant profiles and changes will be reviewed for appropriate content (not accuracy) by Consumer Direct Colorado prior activation in the Attendant Directory. Please provide current contact information so we may contact you if necessary.

<p>Email Address <input style="width: 100%;" type="text"/></p> <p>First Name <input style="width: 100%;" type="text"/></p> <p>Last Name <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 100%;" type="text" value="Colorado"/></p> <p>Zip Code <input style="width: 100%;" type="text"/></p> <p>Phone Number <input style="width: 100%;" type="text"/></p> <p>Bio <input style="width: 100%;" type="text"/></p> <p>Terms Of Use</p>	<p>Experience</p> <p><input type="checkbox"/> ASL</p> <p><input type="checkbox"/> Brain Injury</p> <p><input type="checkbox"/> Current CDASS Attendant</p> <p><input type="checkbox"/> Dementia</p> <p><input type="checkbox"/> Elderly</p> <p><input type="checkbox"/> Full-Time</p> <p><input type="checkbox"/> Have a Car</p> <p><input type="checkbox"/> Have lifting restrictions</p> <p><input type="checkbox"/> Homemaking/Cleaning</p> <p><input type="checkbox"/> Intellectual/Developmental Disability</p> <p><input type="checkbox"/> Meal Preparation</p> <p><input type="checkbox"/> Mental Health</p> <p><input type="checkbox"/> Non-Smoker</p> <p><input type="checkbox"/> OK with Pets</p> <p><input type="checkbox"/> Part-Time</p> <p><input type="checkbox"/> Personal Care Services*</p> <p><input type="checkbox"/> Physically Disabled</p> <p><input type="checkbox"/> PRN</p> <p><input type="checkbox"/> Quadriplegic/Paraplegic Experience</p> <p><input type="checkbox"/> Russian Speaking</p> <p><input type="checkbox"/> Shopping</p> <p><input type="checkbox"/> Skilled Care Services**</p> <p><input type="checkbox"/> Skilled: Bladder & Bowel Care</p> <p><input type="checkbox"/> Skilled: Exercise/ROM</p> <p><input type="checkbox"/> Skilled: Medication Administration</p>	<p>Certificates/Education</p> <p><input type="checkbox"/> Basic Hygiene</p> <p><input type="checkbox"/> CNA</p> <p><input type="checkbox"/> CPR</p> <p><input type="checkbox"/> First Aid</p> <p><input type="checkbox"/> LPN</p> <p><input type="checkbox"/> Medical Assistant</p> <p><input type="checkbox"/> Nutrition</p> <p><input type="checkbox"/> Occupational Therapy</p> <p><input type="checkbox"/> Physical Therapy</p> <p><input type="checkbox"/> QMAP</p> <p><input type="checkbox"/> RN</p>
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This is the page attendants will use to register in the portal.

Check boxes are shown in larger point font at end of packet

Page includes:.

- **Contact Info**
- **Experience Selection**
- **Certificates/Education**
- **BIO entry**

Register Now Cont...

Terms Of Use

Accept the [Terms of Use and Privacy Policy](#)

- Skilled: Exercise/ROM
- Skilled: Medication Administration
- Skilled: Nail & Skin Care
- Skilled: Respiratory Care
- Skilled: Transfers & Use of Lifts
- Skilled: Wound Care
- Spanish Speaking
- Spinal Cord Injury
- Uses Public Transportation

***Personal Care may include: bathing, skin care, hair care, basic nail care, mouth care, dressing, feeding, assistance with ambulation, and transfers, positioning, toileting and medication reminders.**

****Skilled Care are tasks that a provider such as a CNA or RN would have traditionally performed outside of CDASS. Although in CDASS a CNA or RN is not required in order to complete the task – it is up to the employer's discretion.**

Please describe any additional experience, qualifications or certifications not listed above in your bio.

[Join the Network](#)

**Definitions for
“Personal Care
Services” and “Skilled
Care”**

“Experience in:”

- | | | |
|---|--|---|
| <input type="checkbox"/> Homemaking/Cleaning | <input type="checkbox"/> Elderly | <input type="checkbox"/> Current CDASS Attendant |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> Quadriplegic/Paraplegic Experience |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Spanish Speaking |
| <input type="checkbox"/> Personal Care Services* | <input type="checkbox"/> Dementia | <input type="checkbox"/> Russian Speaking |
| <input type="checkbox"/> Skilled Care Services** | <input type="checkbox"/> Brain Injury | <input type="checkbox"/> ASL |
| <input type="checkbox"/> Skilled: Nail & Skin Care | <input type="checkbox"/> Intellectual & Developmental Disability | <input type="checkbox"/> Full Time |
| <input type="checkbox"/> Skilled: Wound Care | <input type="checkbox"/> Spinal Cord Injury | <input type="checkbox"/> Part Time |
| <input type="checkbox"/> Skilled: Exercise/ROM | <input type="checkbox"/> OK with Pets | <input type="checkbox"/> PRN |
| <input type="checkbox"/> Skilled: Transfers & Use of lifts | <input type="checkbox"/> Non-Smoker | |
| <input type="checkbox"/> Skilled: Respiratory Care | <input type="checkbox"/> Have a Car | |
| <input type="checkbox"/> Skilled: Medication Administration | <input type="checkbox"/> Uses Public Transportation | |
| <input type="checkbox"/> Skilled: Bladder and Bowel Care | <input type="checkbox"/> Have lifting restrictions | |

Certificates:/Education:

- | | |
|--|--|
| <input type="checkbox"/> Emergency Procedures & First Aid | <input type="checkbox"/> RN |
| <input type="checkbox"/> Basic Hygiene and Basic Infection Control | <input type="checkbox"/> Qualified Medication Administration Person (QMAP) |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> CNA | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> LPN | |

CDASS Attendant Directory Registration

This form is designated for non-computer users. If you would prefer, please visit (URL) to register online

All caregiver profiles will be reviewed and approved by Consumer Direct before activation in the Provider Directory. Please provide current contact information so we may contact you if necessary. Please be advised that any changes to your profile will need to be reviewed internally before it will be available until it has been approved.

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Address				Apartment/Unit #	
City		State		ZIP	
Phone			E-mail Address		

Please use the options below to describe yourself, qualification and services you are willing and able to provide. Please check as many boxes as you would like.

Experience in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Homemaking/Cleaning
<input type="checkbox"/> Shopping
<input type="checkbox"/> Meal Preparation
<input type="checkbox"/> Personal Care Services*
<input type="checkbox"/> Skilled Health Maintenance Services**
<input type="checkbox"/> Skilled: Nail & Skin Care
<input type="checkbox"/> Skilled: Wound Care
<input type="checkbox"/> Skilled: Exercise/ROM
<input type="checkbox"/> Skilled: Transfers & Use of lifts
<input type="checkbox"/> Skilled: Respiratory Care
<input type="checkbox"/> Skilled: Medication Administration
<input type="checkbox"/> Skilled: Bladder and Bowel Care | <input type="checkbox"/> Elderly
<input type="checkbox"/> Physically Disabled
<input type="checkbox"/> Mental Health
<input type="checkbox"/> Dementia
<input type="checkbox"/> Brain Injury
<input type="checkbox"/> IDD
<input type="checkbox"/> Spinal Cord Injury
<input type="checkbox"/> OK with Pets
<input type="checkbox"/> Non-Smoker
<input type="checkbox"/> Have a Car
<input type="checkbox"/> Uses Public Transportation
<input type="checkbox"/> Have lifting restrictions
<input type="checkbox"/> Quadriplegic/Paraplegic Experience | <input type="checkbox"/> Current CDASS Attendant
<input type="checkbox"/> Spanish Speaking
<input type="checkbox"/> Russian Speaking
<input type="checkbox"/> ASL
<input type="checkbox"/> Full Time
<input type="checkbox"/> Part Time
<input type="checkbox"/> PRN |
|---|--|--|

***Personal Care may include:** bathing, skin care, hair care, nail care, mouth care, dressing, feeding, assistance with ambulation, and transfers, positioning, toileting and medication reminders.

***Skilled Health Maintenance Services may include:** bathing, mouth care, dressing, feeding, positioning and ambulation assistance for non-weight bearing individuals

Certificates:/Education:

- Emergency Procedures & First Aid
- Basic Hygiene and Basic Infection Control
- CPR
- MA
- CNA
- LPN
- RN
- QMAP
- Occupational Therapy
- Physical Therapy
- Nutrition

Please describe any additional specializations or certifications not listed above in your Bio

BIO- PLEASE ATTACH ADDITIONAL INFORMATION IF SPACE BELOW IS NOT ENOUGH	

If you would like to have your picture on you profile please attach it and it will be scanned in.

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
I agree to having my information posted on the CDASS Attendant Directory as an eligible caregiver seeking employment with a client in need	
Signature	Date

Please submit completed form to CDCO via mail, email or fax:
Address: 7951 East Maplewood Ave Suite 125, Greenwood Village CO 80111
E: infoCDCO@consumerdirectcare.com F: 866-924-9072

CDASS Attendant Directory Search

The attendant directory tool can be used to access potential caregivers in a selected area who have chosen to register in the network and may be seeking care. Please fill out the below form and you will receive a list of caregivers who meet the selections you have indicated.

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Address				Apartment/Unit #	
City		State		ZIP	
Phone		Preferred Method of Contact			

Please use the options below to describe your needs and the kind of caregiver you are seeking.

Experience in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Homemaking/Cleaning
<input type="checkbox"/> Shopping
<input type="checkbox"/> Meal Preparation
<input type="checkbox"/> Personal Care Services*
<input type="checkbox"/> Skilled Health Maintenance Services**
<input type="checkbox"/> Skilled: Nail & Skin Care
<input type="checkbox"/> Skilled: Wound Care
<input type="checkbox"/> Skilled: Exercise/ROM
<input type="checkbox"/> Skilled: Transfers & Use of lifts
<input type="checkbox"/> Skilled: Respiratory Care
<input type="checkbox"/> Skilled: Medication Administration
<input type="checkbox"/> Skilled: Bladder and Bowel Care | <input type="checkbox"/> Elderly
<input type="checkbox"/> Physically Disabled
<input type="checkbox"/> Mental Health
<input type="checkbox"/> Dementia
<input type="checkbox"/> Brain Injury
<input type="checkbox"/> IDD
<input type="checkbox"/> Spinal Cord Injury
<input type="checkbox"/> OK with Pets
<input type="checkbox"/> Non-Smoker
<input type="checkbox"/> Have a Car
<input type="checkbox"/> Uses Public Transportation
<input type="checkbox"/> Have lifting restrictions
<input type="checkbox"/> Quadriplegic/Paraplegic Experience | <input type="checkbox"/> Current CDASS Attendant
<input type="checkbox"/> Spanish Speaking
<input type="checkbox"/> Russian Speaking
<input type="checkbox"/> ASL
<input type="checkbox"/> Full Time
<input type="checkbox"/> Part Time
<input type="checkbox"/> PRN |
|---|--|--|

***Personal Care may include:** bathing, skin care, hair care, nail care, mouth care, dressing, feeding, assistance with ambulation, and transfers, positioning, toileting and medication reminders.

***Skilled Health Maintenance Services may include:** bathing, mouth care, dressing, feeding, positioning and ambulation assistance for non-weight bearing individuals

Certificates:/Education:

- Emergency Procedures & First Aid
- Basic Hygiene and Basic Infection Control
- CPR
- MA
- CNA
- LPN
- RN
- QMAP
- Occupational Therapy
- Physical Therapy
- Nutrition

Please check as many boxes as you would like. Just know the more you refine your search, the less options you may be given.

Search Area Zip Code(s): _____

Caregivers with in _ mile radius: 10 Miles 20 miles 30 miles 60 miles

I would like to receive an updated copy of the CDASS Training Manual, Chapter 6 “Being an Employer”

Name: _____ Date: _____

If you would prefer to search for caregivers online, please visit: (URL)

Please submit completed form to CDCO via mail, email or fax:
Address: 7951 East Maplewood Ave Suite 125, Greenwood Village CO 80111
E: infoCDCO@consumerdirectcare.com F: 866-924-9072