

Consumer Directed Options in Colorado

Case Management Agency Training

Presented by Consumer Direct Colorado -
Training and Operations Vendor

February 2015



COLORADO
Department of Health Care
Policy & Financing



Consumer Direct Colorado (CDCO)

- Who We Are
- Our Role
 - Customer Services
- www.consumerdirectco.com
 - Training Calendar
 - Resources



Goals

- Overview of Consumer Direction
- Direction in Colorado
- Consumer Direction in IHSS
- Consumer Direction in CDASS
- Your role and responsibilities in Consumer Direction



Participant Direction

- Principles of Self-Determination
 - Freedom
 - Authority
 - Support
 - Responsibility
 - Confirmation
- Shift in the delivery of publicly funded home and community-based services (HCBS)
- Empowers Clients and families by expanding choice and control over services and supports



Basic Features of Participant Direction

- Person-Centered Planning
- Individual Service Plan
- Range of Employer Authority
- Range of Budget Authority
- Information and Assistance

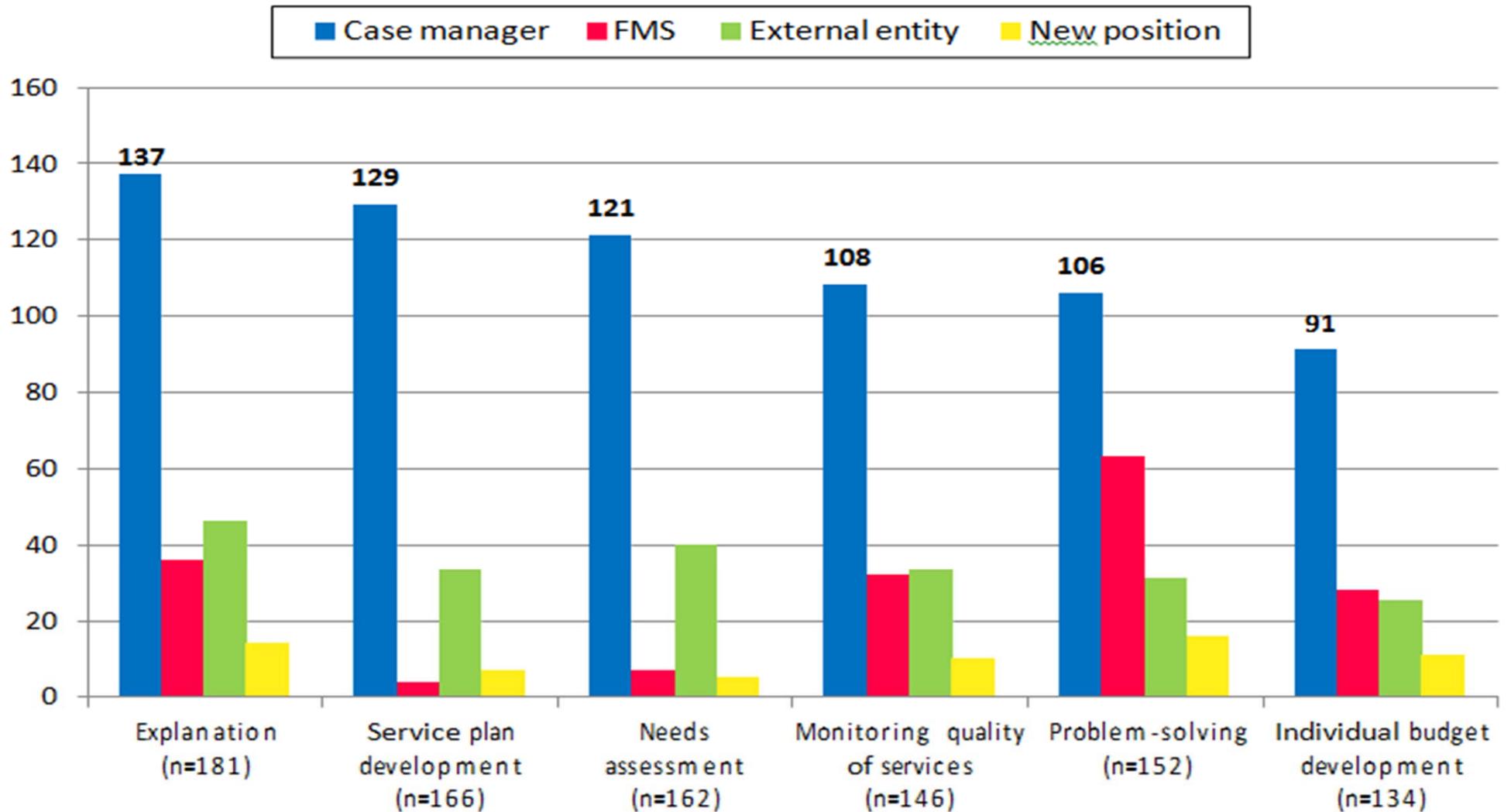


Participant-Directed Options in Colorado

- Two service delivery options
 - Consumer Directed Attendant Support Services (CDASS)
 - In-Home Support Services (IHSS)
- Coming soon
 - CDASS added to Supportive Living Services (SLS) Waiver
- Vision
 - Incorporate some level of consumer direction in all services when appropriate

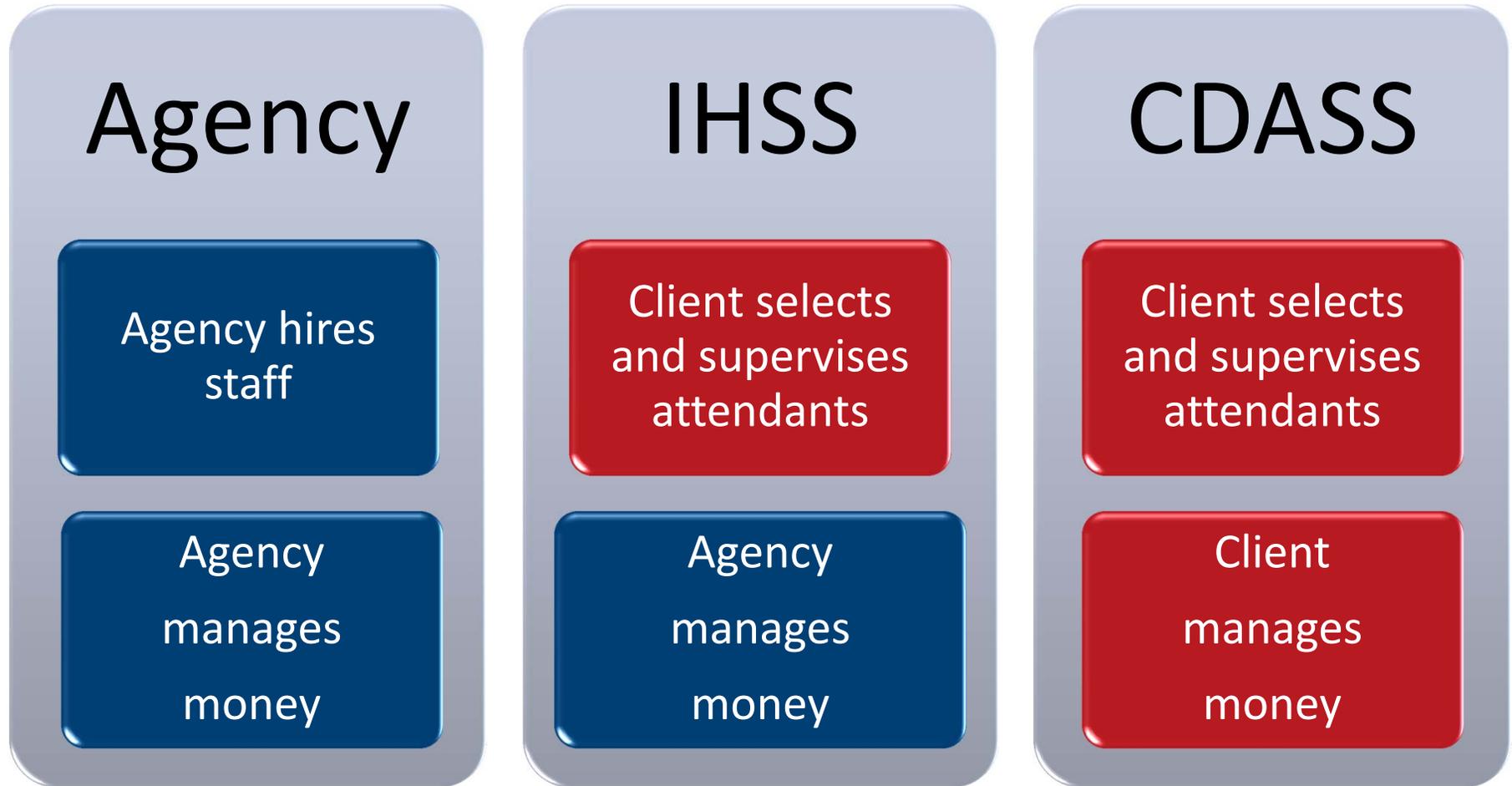


Case Manager Roles



National Resource Center for Participant-Directed Services. "Facts and Figures: 2013 National Inventory Survey on Participant Direction." September 2014

Participant Direction Continuum



IHSS or CDASS... Which Fits?

Factor	IHSS	CDASS
Waivers	Children's HCBS Elderly, Blind and Disabled Spinal Cord Injury	Brain Injury Community Mental Health Supports Elderly, Blind and Disabled Spinal Cord Injury
Interest	Client or Authorized Representative expresses interest	Client or Authorized Representative expresses interest
Need	Case Manager determines need in at least one of the 3 service categories	Case Manager determines need in at least one of the 3 service categories
Health Status	Stable or Unstable Health	Stable Health
Employer Authority	Joint Employer (Additional agency support)	Joint Employer (AWC) Individual Employer (FEA)
Budget Authority	No	Yes
Service Flexibility	Joint	Yes



IHSS or CDASS... Which Fits?

Continued

Factor	IHSS	CDASS
Family Caregivers	Yes, except spouses	Yes
Family Caregiver Hours	444 hours/year maximum for personal care Health maintenance allowed based on Client need	40 hour/week maximum (all services)
Attendant	Agency can assist with staffing	Must have 2 attendants enrolled with FMS
Back-up staffing	Agency is required to have back-up staff	Client is required to have back-up plan
Location	Where IHSS Agencies are available (refer to provider list)	Statewide
Home Health	Long term home health	Acute home health
Additional Support	Agency Access to Health Professional Agency back-up staff Training Support available	Training & Operations Vendor FMS Provider

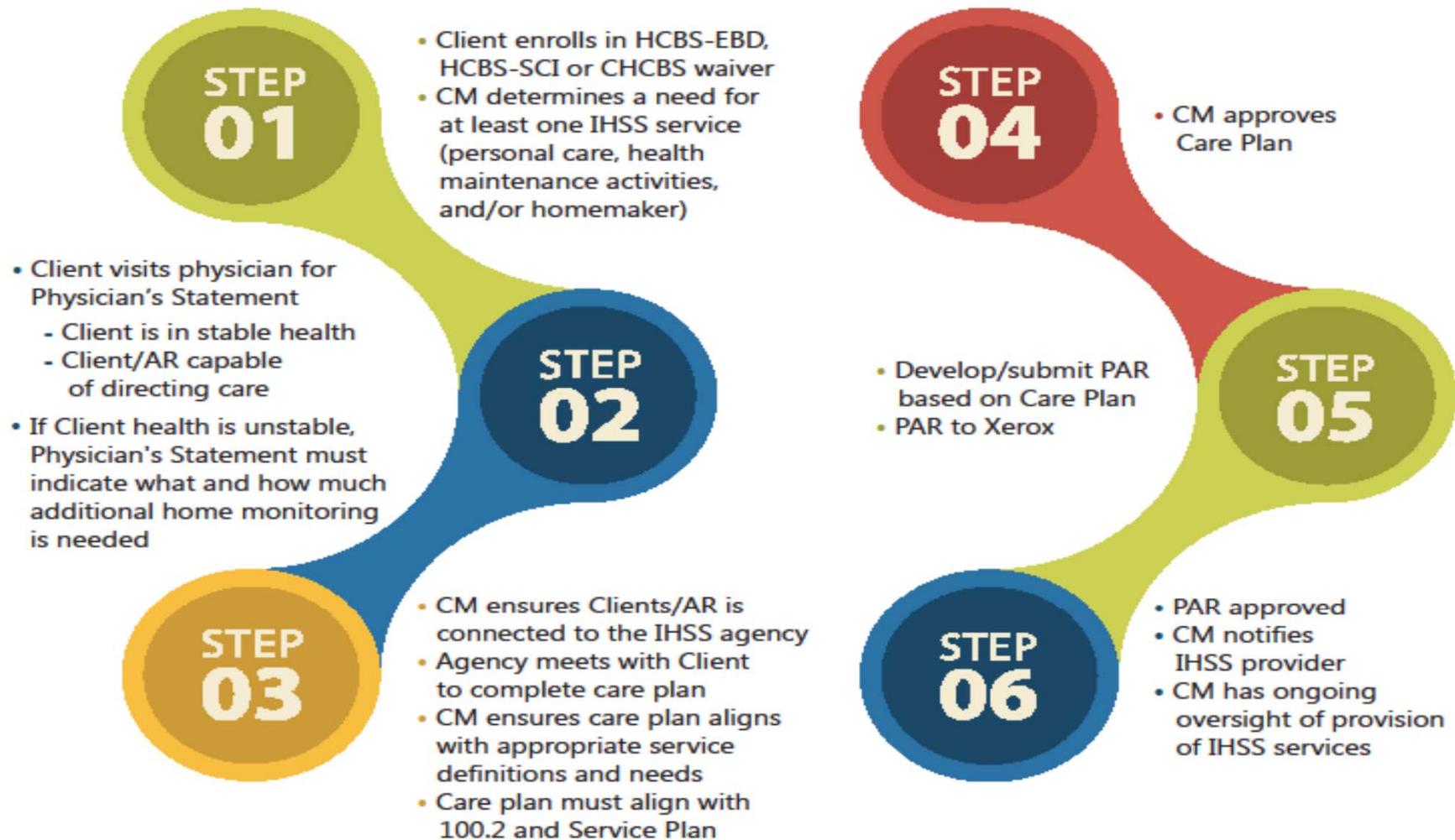


Services Available in IHSS

- Elderly, Blind and Disabled and Spinal Cord Injury Waivers (EBD and SCI)
 - Personal Care
 - Homemaker
 - Health Maintenance Activities (HMA)
- Children's Home and Community Based Services Waiver (CHCBS)
 - Health Maintenance Activities (HMA)
- Refer to Rule: 8.552



Case Manager Steps in IHSS



Services Available in CDASS

- Brain Injury, Community Mental Health Supports, Elderly, Blind and Disabled and Spinal Cord Injury Waivers (BI, CMHS, EBD and SCI)
 - Personal Care
 - Homemaker
 - Health Maintenance Activities
- Refer to Rule: 8.510.3.A and 8.510.3.B



Case Manager Steps in CDASS





Client Requirements

- Client enrolls in HCBS Waiver
- Case Manager ensures the following forms are complete
 - Physician's Attestation of Consumer Capacity (Physician's Statement)
 - Authorized Representative Screening Questionnaire
 - Authorized Representative Designation and Affidavit
 - Client Responsibilities
- Case Manager verifies two Attendants

- Complete Task Worksheet
 - Available online at www.Colorado.gov/hcpf
- Allocation developed
- Save Task and Allocation worksheet to Client file
- Start date dependent on training and FMS enrollment
- Notify Client referral sent to CDCO
- Provide Client copy of Allocation and Task worksheet
- FMS Portal



Client Meets with Case Manager



Referral Form



**CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS)
TRAINING & FMS CLIENT REFERRAL FORM**
This form will only be accepted by the Medicaid client's case management agency

Initial Training Referral (Date: _____) Retraining Referral (Date: _____) FMS Transfer AR Transfer
PLEASE SEND REFERRAL FORM TO CDCO: fax 866/924-9072 or infoCDCO@consumerdirectonline.net

CLIENT INFORMATION		
Name: _____	Waiver: _____	
<i>First</i>	<i>Last</i>	
Date of Birth: _____	Social Security Number: _____	
Complete Address: _____	Gender: _____	
	☎ Home: _____	
Medicaid ID Number: _____	☎ Alt: _____	
Email: _____		
AUTHORIZED REPRESENTATIVE (AR) INFORMATION		
Refer to the client's Physician Statement of Consumer Capabilities form; does the client require an Authorized Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the Physician Statement doesn't require an AR, the client can opt to have one. Does the client voluntarily opt to have an AR? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If the answer to either question above is YES, complete the information below. Otherwise, indicate N/A.)</i>		
Name: _____	Relationship to Client: _____	
Complete Address: _____	SSN: _____	
	☎ Phone: _____	
Email: _____	☎ Alt: _____	
If the AR is optional, what areas of CDASS is the AR authorized to manage (i.e. budget, training)? _____		
CASE MANAGEMENT		
Case Manager Name: _____	SEP Agency: _____	
Email: _____	☎ Direct Phone: _____	
Comments: _____		
FMS REFERRAL INFORMATION		
Program Type: (Choose One) <input type="checkbox"/> AwC <input type="checkbox"/> FEA	FMS Provider: <input type="checkbox"/> ACCESS <input type="checkbox"/> Morning Star <input type="checkbox"/> PPL	
FMS Provider Referral Date: _____	CDASS Desired Start Date: _____	
THE CLIENT'S ASMP, ALLOCATION WORKSHEET, AND AR AFFIDAVIT SHOULD BE SENT WITH THIS FORM TO THE CLIENT'S CHOSEN FMS.		
FMS PROVIDERS:		
ACCESS Fax: (303) 242-8864 Email: cosecure@mycil.org	Morning Star Fax: 1-844-450-3343 Email: MS-COtransition@morningstarfs.com	PPL Fax: 1-866-947-4813 Email: cocdassadmin@pcgus.com

- Please send referrals to Consumer Direct Colorado via secure email:
- infocdco@consumerdirectonline.net
- or -
- fax to: 866-924-9072





STEP
03

Client Training

- Referral to CDCO
- Client/AR attend training
- CDCO assists in completion of ASMP
- CDCO reviews ASMP for completion

- CDCO sends ASMP to Case Manager
- Case Manager reviews ASMP
 - Meets need?
 - Backup plan?
 - Budgeting of allocation?

Attendant Support Management Plan (ASMP)



STEP
04

New CDASS Choices

- Employer Authority
 - Agency with Choice (AWC)
 - Joint employer relationship with FMS Provider
 - Decision-making authority to recruit, train, supervise, schedule, and dismiss attendants
 - Health Insurance
 - Fiscal Employer Agent (F/EA)
 - Client is employer
 - Decision-making authority to hire and fire attendants
 - FMS process payroll, file taxes on behalf of client
 - FMS ensures worker's compensation coverage
 - Exempt relationships



Choice of FMS





- CM sends approved ASMP to CDCO
- CM sends referral to FMS provider

Paperwork to FMS

- FMS provider enrolls Client/Attendants
- FMS notifies CM of enrollment date



FMS Enrollment



PAR

- CM assigns CDASS start date
- CM completes CDASS PAR
- CM sends PAR to Xerox

- PAR is approved
- CM completes PAR in FMS system
- Attendant can provide service to Client

Enrollment Completion



PAR Revision

Change	Details
Same FMS; Different Model	<ul style="list-style-type: none"> • PAR revision is required • AWC = CG modifier • FEA = no CG modifier • Revise to end date current T2040 line • Add new T2040 line with new model • Include existing PA number on PAR and note the revision on the PAR
Different FMS; Same Model	<ul style="list-style-type: none"> • HCPF/Xerox do not require a PAR revision • Client's PAR info must be transferred to the new FMS • Check for accuracy • Enter existing PA number into new FMS • Once Client fully enrolled, CM closes PAR in old FMS system
Different FMS; Different Model	<ul style="list-style-type: none"> • Refer Client to new FMS • Transfer/enter Client info into new FMS system • Change PMPM and rate • Enter existing PA number into new FMS system • Include existing PA number on PAR to Xerox • Save, print, send to Xerox • Once Client fully enrolled with new FMS, CM closes PAR in old FMS system



Handouts

- CDASS or IHSS...Which Fits?
- FMS provider portal information
- Referral Form
- PAR Revision



Questions



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