

**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 **8/1/2019 Revised 4/2/2021**

I. PURPOSE AND AUTHORITY

A. PURPOSE

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

Previous over expenditure episodes expire three years from the date of the episode, except for episode five resulting in termination. This protocol is continuous and applies to the duration of the Member's participation in CDASS.

B. AUTHORITY

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

Questions about the application or enforcement of this protocol can be directed to the Colorado CDASS Training and Operations vendor or the Department of Health Care Policy and Financing.

II. DEFINITIONS

- A. Allocation - means the funds determined by the Case Manager in collaboration with the Member and made available by the Department through the Financial Management Services (FMS) vendor for attendant support services available in the CDASS delivery option.
- B. Attendant Support Management Plan (ASMP) - means the documented plan at 8.510.5, detailing management of attendant support needs through CDASS.
- C. Authorized Representative (AR) - means an individual designated by the Member or the Member's legal guardian, if applicable, who has the judgment and ability to direct CDASS on a Member's behalf and meets the qualifications contained in 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 public or private entity that meets all applicable state and federal requirements and is certified by the Department to provide case management services for Home and Community Based Services

waivers pursuant to §§ 25.5-10-209.5 and 25.5-6-106, C.R.S., and has a current provider participation agreement with the Department.

- F. Case Manager - means an individual employed by a Case Management Agency who is qualified to perform the following case management activities: determination of an individual Member's functional eligibility for one or more Home and Community Based Services (HCBS) waivers, development and implementation of an individualized and person-centered care plan for the Member, coordination and monitoring of HCBS waiver service delivery, evaluation of service effectiveness, and periodic reassessment of Member needs.
- G. Consumer Directed Attendant Support Services (CDASS) - means the service delivery option that empowers Members to direct their care and services to assist them in accomplishing activities of daily living when included as a waiver benefit. CDASS benefits may include health maintenance, personal care and homemaker services. In addition, if the Member is on the SLS waiver their services may include Enhanced Homemaker.
- H. Continued Stay Review (CSR) - means a comprehensive evaluation with the individual seeking services and appropriate collaterals (such as family members, advocates, friends and/or caregivers) conducted by the Case Manager, with supporting diagnostic information from the Member's medical provider to determine the Member's level of functioning, service needs, available resources, and potential funding resources.
- I. CDASS Certification Period Allocation - means the funds determined by the Case Manager and made available by the Department for attendant services for the date span the Member is approved to receive CDASS within the annual certification period.
- J. CDASS Training - means the required CDASS training and comprehensive assessment provided by the Training and Operations Vendor to a Member or Authorized Representative.
- K. Department - means the Colorado Department of Health Care Policy and Financing, the Single State Medicaid Agency.
- L. Financial Management Services (FMS) - vendor means an entity contracted with the Department and chosen by the Member or Authorized Representative to complete employment-related functions for CDASS attendants and to track and report on individual Member CDASS allocations.
- M. Long Term Care Certification Period - means the designated period of time in which a Member is functionally eligible to receive services not to exceed one year.
- N. Monthly Member Expenditure Statement (MMES) - is a report that details all service utilization during the month. This statement is produced by the FMS vendor and includes all payments made to attendants during the month. The statement

summarizes expenditures for the month and the remaining yearly allocation amount. The statement reflects payment that has been processed through the date the statement is generated by the FMS. Late timesheets will not be reflected in the account statement until they are approved and processed by the FMS.

- O. Reassessment - means a review of the Assessment, to determine and document a change in the Member's condition or the Member's service needs.
- P. Allocation Reserves - are funds that remain unspent when a Member spends less than the average monthly allocation from the start date of the certification period to the current month of expenditure.
- Q. Training and Operations Vendor - means the organization contracted by the Department to provide training and customer service for self-directed service delivery options to Members, Authorized Representatives and Case Managers.

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 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 delivery model, allowing for increased Member choice and control. Flexibility in how CDASS is utilized enables Members to manage the services they need to live independently and to more fully participate in their communities. CDASS covered service tasks as defined in 8.510.3 and 8.510.94.B are health maintenance, personal care and homemaker services; with Enhanced Homemaker being an additional service available through the SLS waiver. The allocation shall only be used for covered CDASS tasks within the flexibility of the ASMP.

Upon enrollment, at the time of the CSR, or on request of the Member/Authorized Representative, the Case Manager assesses the Member's needs and identifies services to address those needs. CDASS allocations are authorized utilizing the CDASS Task Worksheet based on the Member's need for services and adhere to all service authorization requirements and limitations established by the Member's waiver program. If the Member experiences a change in condition the Case Manager may determine (as set forth in 8.510.16.E) during the service plan year that a reassessment is necessary. 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. **Previous utilization should not determine an increase or a decrease to the Member's CDASS allocation.**

Each month, the FMS vendor shall notify each CMA when the MMES is available. The Case Manager shall review the MMES for appropriate utilization of services within the allocated amount. CDASS monthly utilization can fluctuate due to factors including but not limited to short term changes in individual needs and attendant turnover. A member is

not allowed to exceed their authorized monthly allocation by more than 29.99% even if reserves are present. Exceeding the monthly allocation by 30% or higher will result in denial of attendant payment. Amounts up to 129.99% of the monthly allocation will be paid out to the attendant if funds are present.

IV. PROTOCOL FOR OVER EXPENDITURE

The Member's assigned Case Manager will review the MMES provided by the Member's FMS vendor on a monthly basis to obtain the percentage of the monthly allocation that the Member/AR spent for the month. Members receiving CDASS through the Elderly, Blind and Disabled (EBD) waiver, Spinal Cord Injury (SCI) waiver, Brain Injury (BI) waiver, or Community Mental Health Supports (CMHS) waiver will have one budget to manage each month. However, Members receiving CDASS through the Supported Living Services (SLS) waiver may have two budgets they will manage each month. The SPAL budget is for personal care, homemaker and enhanced homemaker services while the HMA budget is for health maintenance activities. For these Members, overspending in either budget (or both) will result in one overspending episode.

The Case Manager is expected to discuss CDASS expenditures at each scheduled Member contact to discuss overall spending and budget management. Expenditures exceeding up to 9.99% percent of the Member's average monthly allocation are allowable and do not require the Case Manager to perform immediate follow up. Expenditures which exceed 10% to 29.99% of the average monthly allocation are allowed **if** the Member has allocation reserves that fully cover the expenditure or has received prior authorization from the Case Manager. If prior authorization is granted by the Case Manager, but the Member's remaining annual allocation does not cover the over expenditure, the Case Manager is not responsible as the Member, or their AR, is the legal Employer of Record it is their responsibility to ensure their annual allocation covers the attendants services provided. Prior authorization requires Case Management approval documented in the Service Plan, ASMP or BUS log notes. CDASS expenditures which exceed the Member's monthly CDASS Allocation by 30% or higher are not allowed, even with allocation reserves.

FORMAL ACTION STEPS FOR OVER-EXPENDITURE

If review of the MMES shows expenditures which exceed 10% to 29.99% of the average monthly allocation without reserves available or prior-authorization, the following formal action steps should be taken using the Member/AR preferred communication method:

1. First episode of over expenditure without reserves or prior-authorization:
 - a. The Case Manager shall contact the Member/AR within five business days of receipt of the MMES to:
 1. Request information from the Member/AR on what caused the over expenditure and remind Member/AR to outreach Case Manager for prior-authorization in the future. Determine if the Member experienced a change in

condition (short-term or long-term) resulting in the need for additional services. Discuss with the Member/AR whether the current Task Worksheet is accurate based on change in condition. Evaluate whether additional care needs will continue and if they will be met through natural supports, CDASS, another state plan or waiver benefit; or a combination thereof without duplication of services rendered.

2. Discuss the over expenditure and develop a plan to reduce expenditures for a period of time within the certification period to support the Member to stay within their annual allocation.
 3. Refer the Member/AR to review their ASMP and offer additional training through the Department contracted Training and Operations Vendor if the Member/AR reports difficulty with managing the allocation. Additional training at this point is advised but not a requirement to continue participation in CDASS.
- b. The Case Manager shall document all activity in the BUS log notes including any training referral submission. The Case Manager will send the Member and AR, if applicable, a copy of this protocol and advise it is also available on the Training and Operations Vendor webpage. In addition, the Member and AR, if applicable, will receive a letter from the Case Manager summarizing the conversation within five business days of the discussion.
2. Second episode of over expenditure without reserves or prior-authorization:
 - a. The Case Manager shall contact the Member/AR within five business days of receipt of the MMES to:
 1. Request information from the Member/AR on what caused the over expenditure and remind Member/AR to outreach Case Manager for prior-authorization in the future. Determine if the Member experienced a change in condition (short-term or long-term) resulting in the need for additional services. Discuss with the Member /AR whether the current Task Worksheet is accurate based on change in condition. Evaluate whether additional care needs will continue and if they will be met through natural supports, CDASS, another state plan or waiver benefit; or a combination thereof without duplication of services rendered.
 2. Discuss the over expenditure and develop a plan to reduce expenditures for a period of time within the certification period to support the Member to stay within their annual

allocation.

3. Inform the Member/AR that mandatory retraining is required utilizing the Department contracted Training and Operations Vendor.
- b. The Case Manager will send the Member and AR, if applicable, a letter summarizing the conversation and the referral for additional retraining within five business days of the discussion.
 - c. Refer the Member/AR for **mandatory** training through the Department contracted Training and Operations Vendor.
 1. The Member/AR training shall be completed within 45 calendar days from the date of the referral to the Training and Operations Vendor.
 2. At completion of training the Member/AR must complete an ASMP Update for Case Manager approval to document a plan for service utilization and allocation management, and sign an acknowledgement of this allocation management protocol during the training session.
 3. Failure to complete Member/AR training within designated timelines requires case management action. The Case Manager will issue a Notice of Action (803) to the Member stating CDASS participation is being terminated.
 4. The Case Manager will document in the BUS log notes the discussion and date of training referral submission.
3. Third episode of over expenditure without reserves or prior-authorization:
 - a. The Case Manager shall contact the Client/AR within five business days of receipt of the MMES to:
 1. Request information from the Member/AR on what caused the over expenditure and remind Member/AR to outreach Case Manager for prior-authorization in the future. Determine if the Member experienced a change in condition (short-term or long-term) resulting in the need for additional services. Discuss with the Member/AR whether the current Task Worksheet is accurate based on change in condition. Evaluate whether additional care needs will continue and if they will be met through natural supports, CDASS, another state plan or waiver benefit; or a combination thereof without duplication of services rendered.

2. Discuss the over expenditure and develop a plan to reduce expenditures for a period of time within the certification period to support the Member to stay within their annual allocation.
 3. Inform the Member/AR that a **mandatory** change in AR or use of an AR is required. The AR shall be identified and scheduled for training with the Department contracted Training and Operations Vendor within 15 calendar days.
- b. Mail Member a Notice of Action (803) for requirement to change or appoint an AR.
 - c. Mail Member a copy of the spending modification plan in a letter sent to the Member and AR within five business days of the discussion.
 - d. Refer the new Member/AR for **mandatory** training through the Department contracted Training and Operations Vendor within 15 calendar days.
 1. The Member/AR training shall be completed within 45 calendar days from the date of the referral to the Training and Operations Vendor.
 2. At completion of training the Member/AR must complete an ASMP for Case Manager approval to document a plan for service utilization and allocation management, and sign an acknowledgement of this allocation management protocol during the training session.
 3. Failure to complete Member/AR training within designated timelines requires case management action. The Case Manager will issue a Notice of Action (803) to the Member stating CDASS participation is being terminated.
 - e. The Case Manager will document in the BUS log notes the discussion and date of training referral submission.
4. Fourth episode of over expenditure without reserves or prior-authorization:
 - a. The Case Manager shall contact the Member/AR within five business days of receipt of the MMES to:
 1. Request information from the Member/AR on what caused the over expenditure and remind Member/AR to outreach Case Manager for prior-authorization in the future. Determine if the Member experienced a change in condition (short-term or long-term) resulting in the need

- for additional services. Discuss with the Member/AR whether the current Task Worksheet is accurate based on change in condition. Evaluate whether additional care needs will continue and if they will be met through natural supports, CDASS, another state plan or waiver benefit; or a combination thereof without duplication of services rendered.
2. Discuss the over expenditure and develop a plan to reduce expenditures for a period of time within the certification period to support the Member to stay within their annual allocation.
 3. Inform the Member/AR that mandatory retraining is required utilizing the Department contracted Training and Operations Vendor.
- b. Refer the Member/AR for **mandatory** retraining through the Department contracted Training and Operations Vendor.
1. The Member/AR training shall be completed within 45 calendar days from the date of the referral to the Training and Operations Vendor.
 2. At completion of training the Member/AR must complete an ASMP Update for Case Manager approval to document a plan for service utilization and allocation management, and sign an acknowledgement of this allocation management protocol during the training session.
 3. Failure to complete Member/AR training within designated timelines requires case management action. The Case Manager will issue a Notice of Action (803) to the Member stating CDASS participation is being terminated.
- c. The Case Manager will send the Member and AR, if applicable, a letter summarizing the conversation and the referral for additional training within five business days of the discussion.
- d. The Case Manager will document in the BUS log notes the discussion and date of training referral submission.
5. Fifth episode of over expenditure without reserves or prior-authorization:
- a. The Case Manager shall contact the Member/AR within five business days of receipt of the MMES to inform the Member/AR that the

Member will be terminated from the CDASS service delivery option in accordance with 8.510.12 within 30 calendar days.

- b. Case Manager will mail Notice of Action (803) to Member for CDASS termination. Member is not eligible for re-enrollment in the service delivery option.
- c. The Case Manager will work collaboratively with the Member and their support system to secure agency-based waiver and/or state plan services. If the Case Manager determines that the Member cannot be safely served given the type or amount of services available, the Case Manager shall comply with all provisions of 8.393.25. A.2. The Case Manager shall provide the Member with a Notice of Action (803), in accordance with 8.510.13.A.2
- d. The Case Manager shall notify the FMS vendor of the date on which the Member is being terminated from CDASS.
- e. The Case Manager shall document all activities in the BUS log notes and close the Member's service authorization in the FMS portal.

C. **PROTOCOL FOR UNDER EXPENDITURE**

If the MMES indicates that expenditures are 30% below the Member's average monthly allocation the Case Manager will contact the Member/AR to review service utilization reasons such as; health and safety supports are being met, experienced a change in condition or support needs, or hospitalization. Case Manager shall offer support through the Departments contracted Training and Operations Vendor for hiring and/or budgeting assistance, if needed, and document all activities in the BUS log notes. **Underutilization should not determine a decrease to a CDASS allocation for current certification period or future certification period.**

