

Subject: CDASS Attendant Background Check Results

Hello [Employer Name],

You have submitted [Attendant Name]'s hiring documents to Public Partnerships LLC (PPL) for them to work for you in the Colorado Consumer-Directed Attendant Support Services (CDASS) program. The required criminal background check completed by PPL shows this person has a criminal record. It is your responsibility to review their criminal history. With this notice, PPL has included the following documents. Please read them all carefully:

- Their criminal background report
- Acceptance of Responsibility Form
- CDASS Background Check Crimes of High Risk: Employer Hiring Guide

Based on the results of the criminal background report for this person, they are:

1.	☐ Eligible for hire
2.	$\hfill\square$ Not eligible for hire but are eligible for an exception
3.	☐ Not eligible for hire

If box 1 above is marked and you want to hire this person, you must take the following steps:

Complete the attached Acceptance of Responsibility Form and return it to PPL.

If box 2 above is marked and you want to hire this person, you must take the following steps:

- Complete the attached Acceptance of Responsibility Form and return it to PPL, and
- Submit a CDASS Background Check Exception Request to the Colorado Department of Health Care Policy and Financing.

If box 3 above is marked, this person is not eligible to be hired and not eligible for an exception. Any person who has one or more of the following cannot be hired as a CDASS attendant:

 A conviction for one or more of the CDASS Crimes of High Risk cannot be hired as a CDASS attendant,

- A license or certification from the Colorado Board of Nursing (BON) revoked, suspended or denied, or
- Their name is on the Office of Inspector General List of Excluded Individuals and Entities.

Is there an error in the report?

If your attendant believes there is an error in their report, they have two options to correct the information:

- 1. **Incorrect personal information:** Contact PPL and provide their details. We will run the background check again.
- 2. **Incorrect charges on the report:** Send court documents that show an update to the charges to the Colorado Bureau of Investigation (CBI).

o CBI Fax: 303-239-4405

o CBI Email: cdps cbi ident seal@state.co.us

In your email or fax, include "Attn: Disposition Unit" and your phone number for CBI to contact you.

Where to send the Acceptance of Responsibility Form

You may complete the form online or complete the attached form and send it to PPL:

Mail the forms to: Public Partnerships
8000 Avalon Blvd
Suite 300, Alpharetta, GA 30009

Or send them by email to: <u>cocdassadmin@pplfirst.com</u>

Or send them by fax to: 1-866-947-4813

How can my attendant get an exception?

Go the Participant-Directed Program's <u>CDASS Background Check Exception Request</u> website to request an exception. You should be prepared to complete a safety plan. If you need assistance completing the safety plan, contact Consumer Direct for Colorado at 1-844-381-4433 or <u>InfoCDCO@ConsumerDirectCare.com</u>. If you have questions about the exception process or want a paper request form, call the Colorado Department of Health Care Policy and Financing at 303-866-5638.

Thank you,

PPL Enrollment