CO CDASS
Powered by PPL

Member Enrollment Change Form

The purpose of this form is to tell Public Partnerships LLC (PPL) when a Colorado Consumer-Directed Attendant Support Services (CDASS) member has a service hold or needs to be disenrolled with CDASS. CDASS is a program in Health First Colorado, the state's Medicaid program.

Instructions: This form may be completed and signed by the member, their Authorized Representative, or their case manager. Once you have completed and signed this form, give it to Public Partnerships LLC (PPL).

Employer Name (first and last):

_____

Member Name (first and last):

_____

PPL ID: _____

Referral Type (check any box below that applies)

☐ Service hold ☐ Member CDASS disenrollment

Disenrollment date: _____

Reason member disenrolled:

_____

Service Hold

If you, the member, have been admitted into a hospital, nursing facility, or other long-term living facility, you must complete this section and provide PPL the dates you enter and leave the facility. During this period, PPL will put a service hold in place to prevent unauthorized billing from occurring.

Service Hold Start Date: _____

Service Hold End Date: _____

Did attendant(s) work on this start date before you entered the facility? ☐ Yes ☐ No

Did attendant(s) work on this end date after you left the facility? ☐ Yes ☐ No

Reason for service hold:

_____

CDASS Disenrollment

As of what date should the member be disenrolled from CDASS?

_____

Reason for Disenrollment (check only one):

☐ Deceased ☐ Entered a facility for care

☐ Switched to In-Home Support Services ☐ No longer eligible

☐ Health/Safety concerns ☐ Cannot comply with program policy

☐ Other: _____

Agree and Sign

By signing below, I confirm that I have read this form, and that all

the information I have given on this form is correct and complete. Note: Whoever is the most appropriate person for the situation should sign below. Only one (1) person listed should sign this form.

I, the signer below, am the:

☐ Member ☐ Authorized Representative ☐ Case Manager

Your Signature:

_____

Date: _____

Your Printed Name:

_____