



COLORADO
Department of Health Care
Policy & Financing

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

January 1, 2021

The Honorable Dominick Moreno, Chair
Joint Budget Committee
200 East 14th Avenue, Third Floor
Denver, CO 80203

Dear Senator Moreno:

Enclosed please find a legislative report to the Joint Budget Committee from the Department of Health Care Policy and Financing on In-Home Support Services (IHSS).

Section 25.5-6-1206, C.R.S. requires the Department to submit a report annually to the Joint Budget Committee of the General Assembly, the Health and Human Services Committee of the Senate, and the Public Health and Human Services Committee of the House of Representatives on the implementation of IHSS.

The report provides information on IHSS, a service delivery option available under three Home and Community Based Services (HCBS) waivers. The report includes data on the cost and utilization of IHSS and the Department's efforts to conduct further data analysis. Finally, the report includes the strategies the Department is implementing to improve this service delivery option both programmatically and financially.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Jo Donlin, at jo.donlin@state.co.us.

Sincerely,

A handwritten signature in black ink, appearing to read "KB", is written over a horizontal line.

Kim Bimestefer
Executive Director

KB/ET



Enclosure(s): FY 2019-20 In-Home Support Services Legislative Report

CC: Representative Julie McCluskie, Vice-chair, Joint Budget Committee
Representative Leslie Herod, Joint Budget Committee
Representative Kim Ransom, Joint Budget Committee
Senator Bob Rankin, Joint Budget Committee
Senator Chris Hansen, Joint Budget Committee
Carolyn Kampman, Staff Director, JBC
Eric Kurtz, JBC Analyst
Lauren Larson, Director, Office of State Planning and Budgeting
Edmond Toy, Budget Analyst, Office of State Planning and Budgeting
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John Bartholomew, Finance Office Director, HCPF
Tracy Johnson, Medicaid Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Parrish Steinbrecher, Health Information Office Director, HCPF
Anne Saumur, Cost Control and Quality Improvement Division Director, HCPF
Bonnie Silva, Office of Community Living Division Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
Jo Donlin, Legislative Liaison, HCPF





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Denver, CO 80203

January 1, 2021

The Honorable Rhonda Fields, Chair
Senate Health and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Senator Fields:

Enclosed please find a legislative report to the Senate Health and Human Services Committee from the Department of Health Care Policy and Financing on In-Home Support Services (IHSS).

Section 25.5-6-1206, C.R.S. requires the Department to submit a report annually to the Joint Budget Committee of the General Assembly, the Health and Human Services Committee of the Senate, and the Public Health and Human Services Committee of the House of Representatives on the implementation of IHSS.

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Kim Bimestefer
Executive Director

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Enclosure(s): FY 2019-20 In-Home Support Services Legislative Report

Cc: Senator Faith Winter, Vice Chair, Health and Human Services Committee
Senator Larry Crowder, Health and Human Services Committee
Senator Jim Smallwood, Health and Human Services Committee
Senator Joann Ginal, Health and Human Services Committee
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Denver, CO 80203

January 1, 2021

The Honorable Susan Lontine, Chair
House Health and Insurance Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative Lontine:

Enclosed please find a legislative report to the House Health and Insurance Committee from the Department of Health Care Policy and Financing on In-Home Support Services (IHSS).

Section 25.5-6-1206, C.R.S. requires the Department to submit a report annually to the Joint Budget Committee of the General Assembly, the Health and Human Services Committee of the Senate, and the Public Health and Human Services Committee of the House of Representatives on the implementation of IHSS.

The report provides information on IHSS, a service delivery option available under three Home and Community Based Services (HCBS) waivers. The report includes data on the cost and utilization of IHSS and the Department's efforts to conduct further data analysis. Finally, the report includes the strategies the Department is implementing to improve this service delivery option both programmatically and financially.

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Kim Bimestefer
Executive Director

KB/ET



Enclosure(s): FY 2019-20 In-Home Support Services Legislative Report

Cc: Representative Yadira Caraveo, Vice Chair, Health and Insurance Committee
Representative Mark Baisley, Health and Insurance Committee
Representative Susan Beckman, Health and Insurance Committee
Representative Janet Buckner, Health and Insurance Committee
Representative Dominique Jackson, Health and Insurance Committee
Representative Kerry Tipper, Health and Insurance Committee
Representative Kyle Mullica, Health and Insurance Committee
Representative Matt Soper, Health and Insurance Committee
Representative Brianna Titone, Health and Insurance Committee
Representative Perry Will, Health and Insurance Committee
Representative Mary Young, Health and Insurance Committee
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1570 Grant Street
Denver, CO 80203

January 1, 2021

The Honorable Jonathan Singer, Chair
House Public Health Care and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative Singer:

Enclosed please find a legislative report to the House Public Health and Human Services Committee from the Department of Health Care Policy and Financing on In-Home Support Services (IHSS).

Section 25.5-6-1206, C.R.S. requires the Department to submit a report annually to the Joint Budget Committee of the General Assembly, the Health and Human Services Committee of the Senate, and the Public Health and Human Services Committee of the House of Representatives on the implementation of IHSS.

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Executive Director

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Enclosure(s): FY 2019-20 In-Home Support Services Legislative Report

Cc: Representative Dafna Michaelson Jenet, Vice Chair, Public Health Care and Human Services Committee
Representative Yadira Caraveo, Public Health Care and Human Services Committee
Representative Lisa Cutter, Public Health Care and Human Services Committee
Representative Serena Gonzales-Gutierrez, Public Health Care and Human Services Committee
Representative Sonya Jacquez Lewis, Public Health Care and Human Services Committee
Representative Lois Landgraf, Public Health Care and Human Services Committee
Representative Colin Larson, Public Health Care and Human Services Committee
Representative Larry Liston, Public Health Care and Human Services Committee
Representative Kyle Mullica, Public Health Care and Human Services Committee
Representative Rod Pelton, Public Health Care and Human Services Committee
Representative Emily Sirota, Public Health Care and Human Services Committee
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COLORADO

Department of Health Care
Policy & Financing

**REPORT TO THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, HOUSE HEALTH AND
INSURANCE COMMITTEE, HOUSE PUBLIC HEALTH CARE AND HUMAN SERVICES
COMMITTEE, AND THE JOINT BUDGET COMMITTEE ON
IN-HOME SUPPORT SERVICES (IHSS)
FOR STATE FISCAL YEAR (FY) 2019-20**

January 1, 2021

The Colorado Department of Health Care Policy & Financing (the Department) is pleased to submit this report pursuant to section 25.5-6-1206, C.R.S., regarding In-Home Support Services (IHSS) provided in the state of Colorado. Per the statutory requirement, this report addresses:

- The cost-effectiveness of providing IHSS to the elderly, blind, and disabled, to persons with spinal cord injury, and to eligible disabled children;
- The number of persons receiving such services; and
- Any strategies and resources that are available or essential to assist more people in staying in their homes through the utilization of IHSS.

Introduction

IHSS was authorized in Home- and Community-Based Services (HCBS) waivers by SB 02-027 in 2002. IHSS is a participant-directed service-delivery option that allows participants to direct services accessible through the HCBS – Elderly, Blind, and Disabled (HCBS-EBD), Children’s HCBS (CHCBS), and Spinal Cord Injury (HCBS-SCI) waivers.

IHSS implementation is a collaborative effort between the participant, their IHSS agency, and their case manager. The case manager is responsible for initiating a referral to the IHSS agency and authorizing appropriate services. The participant or their Authorized Representative (AR) has flexibility and control over their services and is encouraged to select, train, and manage attendants. The IHSS agency is the employer of record for attendants and is responsible for providing back-up care, nursing oversight and supervision, and the financial management of services. IHSS is similar to Consumer-Directed Attendant Support Services (CDASS), where a participant or their AR selects and trains the attendant, however differs in that the IHSS agency is the employer of record, not the participant or their AR. The primary differences between the three service delivery options are detailed below:

Table 1 - Service Delivery Options		
Traditional Agency-based Care	IHSS	CDASS
<ul style="list-style-type: none"> • Agency selects, employs, and trains attendants • Agency manages financial aspects of service delivery 	<ul style="list-style-type: none"> • Participant or AR selects and trains attendants • IHSS agency employs attendants and manages financial aspects of service delivery 	<ul style="list-style-type: none"> • Participant or AR selects, employs, and trains attendants • Participant or AR manages annual allocation

Participant Eligibility

As set forth at 10 C.C.R. 2505-10 section 8.552.2, a participant is eligible for IHSS when the following three criteria are met:

- The participant is enrolled in an HCBS waiver approved to offer IHSS (currently the EBD, SCI, and CHCBS waivers);
- The participant’s physician documents that the member has sound judgment and the ability to direct their own care or they have elected an Authorized Representative to assist in directing their care; and
- The participant demonstrates a current need for covered attendant support services.

Available Services

Services are determined by the participant’s case manager and are based on a functional assessment. Adults enrolled in the HCBS-EBD or HCBS-SCI waivers may be eligible to receive health maintenance

activities, homemaker services, and personal care services. A child enrolled in the CHCBS waiver may be eligible to receive health maintenance activities. Personal Care includes assistance with activities such as bathing, dressing, or eating. Homemaker Services include assistance with general household activities needed to maintain a healthy and safe living environment, such as housekeeping, meal preparation, and laundry. Health Maintenance Activities (HMAs) are defined as routine and repetitive skilled health-related tasks, which are necessary for health and normal bodily functioning, that an individual with a disability would carry out if they were physically able, or that would be carried out by family members or friends if they were available. HMA includes services such as wound care, ventilator care, and tracheostomy care. Tasks that require the clinical assessment and judgement of a licensed nurse are not performed in IHSS.

IHSS participants also have access to other services available through the Medicaid State Plan benefit and their HCBS waiver. State plan services include all other Medicaid benefits that are not provided by the HCBS waivers, which may include physician visits, medications, hospitalizations, and durable medical equipment. HCBS waivers offering IHSS include the below services:

Table 2 – Other HCBS Services by Waiver		
Waiver	EBD/SCI	CHCBS
Other HCBS Benefits	Adult Day Services Alternative Care Facility (ACF) (EBD ONLY) Consumer Directed Attendant Support Services (CDASS) Complementary and Integrative Health Services (SCI ONLY) Home Delivered Meals Home Modification Homemaker Services Life Skills Training Medication Reminder Systems Non-Medical Transportation Peer Mentorship Personal Care Personal Emergency Response Systems (PERS) Respite Transition Set Up	Case Management

In accordance with section 25.5-6-1203(3), C.R.S., the following sections of the Nurse Practice Act and Nurse Aide Legislation do not apply to IHSS:

- 12-255-104(7) Definition of Practical Nurse;
- 12-225-104(11) Definition of Registered Nurse;
- 12-255-124 Penalties for practicing without a license;
- 12-255-104(3.3) Definition of Nurse Aide; and
- 12-255-214(1)(b) Limitation of duties of Nurse Aide.

By not requiring licensed or certified health professionals, an IHSS participant has more flexibility and control over their services and supports. The participant may choose to hire a neighbor, friend, or family member to provide both skilled and unskilled care. Attendants are employed by an IHSS agency that provides twenty-four-hour backup services and supervision by a Registered Nurse (RN). This is particularly valuable to participants with complex medical needs who reside in rural areas of Colorado, where access to care and services is a concern.

IHSS Agencies

An IHSS agency must be a licensed home care agency, certified by the Colorado Department of Public Health & Environment (CPDHE), and enrolled as a Medicaid provider with the Department. There are enrolled IHSS agencies serving the entire state of Colorado.

IHSS agencies are required to provide the following in accordance with 10 C.C.R. 2505-10 section 8.552.6.A:

- Independent Living Core Services (information and referral services, independent living skills training, peer and cross-disability peer counseling, individual and systems advocacy, transition services or diversion from nursing homes and institutions to home and community-based living, and transition services upon leaving secondary education);
- Attendant training, oversight, and supervision by a state-licensed Registered Nurse (RN); and
- Twenty-four-hour back-up services for scheduled visits.

Table 3 – Number of IHSS Agencies					
FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
34	48	78	130	157	165

Cost Effectiveness of IHSS

As the table below demonstrates, IHSS generates cost savings compared to providing services in an institutional setting. Serving an adult in an institution costs more than double what it costs to serve them in the community with IHSS and other waiver and state plan services. However, IHSS continues to be more expensive than traditional agency-based care. The savings for children are also significant compared to costs for institutionalization.

Table 4 – IHSS Per-Participant Cost versus Institutional Per-Participant Cost FY 2019-20							
Waiver	IHSS Cost per Participant	Other HCBS Cost per Participant ¹	State Plan Cost per Participant ²	Total Cost per Participant - HCBS	Adjusted Institutional Cost per Participant ³	Adjusted State Plan Costs per Participant ²	Total Cost per Participant – Institution-alization
EBD/SCI ⁴	\$23,842.99	\$2,160.12	\$10,589.30	\$36,592.41	\$69,948.53	\$6,325.65	\$76,274.18
CHCBS	\$51,845.42	\$1,018.83	\$22,228.12	\$75,092.37	\$74,733.58	\$6,754.29	\$81,487.88

1. Other HCBS Costs are the costs for the services listed in Table 2 – Other HCBS Services by Waiver.
2. State Plan Costs include all other Medicaid benefits that are not provided by the HCBS waivers, which may include physician visits, medications, hospitalizations, and durable medical equipment.
3. Adjusted Institutional Costs are the average costs of services provided in an institutional setting.
4. Due to a small population size for participants on the HCBS-SCI waiver, HCBS-EBD and HCBS-SCI data has been combined to protect HCBS-SCI participants' private health information ([Safe Harbor Regulations - Office of the Inspector General](#)).

Table 5 – IHSS Per-Participant Cost Percentage Change

	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
EBD/SCI	+3.53%	-6.41%	-0.19%	+9.08%	+9.08%	+15.95%
CHCBS	+7.65%	-3.81%	-3.66%	+3.76%	+15.60%	+8.56%

The increase in the per-participant costs for children on the CHCBS waiver is related to increased enrollment of pediatric IHSS agencies who are actively marketing the service in their communities. Many families with children on the CHCBS waiver have transitioned some or all of their care from state plan Long-Term Home Health (LTHH) and/or Private Duty Nursing (PDN) to IHSS. For both adults and children, utilization management of the HMA component of IHSS—discussed in more detail below—is expected to help control per-participant cost increases.

The inherent flexibility of IHSS is extremely beneficial for participants with medically complex needs; several members have transitioned out of institutional settings to their homes with the support of IHSS agencies. The spectrum of participants on IHSS varies from participants receiving homemaker services a few times per week to technology-dependent adults and children receiving life-sustaining health maintenance activities.

Increased Participation in IHSS

Pursuant to a legislative change made in 2014 by HB 14-1357, family members, including spouses, may provide up to forty hours per week of personal care services if there is a documented and demonstrated need. Approximately 75% of all Personal Care services are provided by family members. This change, along with the departmental strategies and resources described on page 7, led to significant growth in the number of members accessing IHSS (Tables 6 and 7). As a result, there has been an increase in total IHSS expenditures (Tables 8 and 9). There has also been a corresponding increase in the number of IHSS agencies throughout the state, allowing participants more choice when selecting service-delivery options for their services (Table 3). The Department has instituted mandatory provider training covering the principles of self-direction; initial and ongoing provider training helps improve agency administration and service provision for participants.

Table 6 – IHSS Participant Count

	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
EBD/SCI	988	1415	2359	3491	4201	4690
CHCBS	237	285	406	578	763	953
Total	1225	1700	2765	4069	4964	5643

Table 7 – IHSS Percent Change in Participation

	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
EBD/SCI	+41.95%	+43.22%	+66.71%	+47.99%	+20.34%	+11.64%
CHCBS	+28.80%	+20.25%	+42.46%	+42.36%	+32.01%	+24.90%
Total	+39.20%	+38.78%	+62.65%	+47.16%	+22.00%	+13.68%

Table 8 – IHSS HCBS-EBD/SCI Total Expenditures

	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Health Maintenance	\$21,755,028	\$27,826,620	\$41,824,093	\$60,011,210	\$69,631,194	\$81,378,639
Homemaker	\$971,238	\$1,584,246	\$3,474,425	\$6,575,568	\$11,019,541	\$16,092,053
Personal Care	\$2,563,409	\$4,486,683	\$11,103,409	\$24,456,533	\$39,311,538	\$57,819,154
Total Cost	\$25,289,675	\$33,897,549	\$56,401,927	\$91,043,311	\$119,962,273	\$155,289,846

Table 9 – IHSS CHCBS Total Expenditures

	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Health Maintenance (Total Cost)	\$10,182,009	\$11,778,059	\$16,165,282	\$23,878,144	\$36,438,607	\$49,408,687

Programmatic Changes

Since 2018, the Department has made a number of program changes to ensure the proper implementation and delivery of services in IHSS. The Department worked with stakeholders to clarify roles and responsibilities in IHSS and developed resources and rule changes with their engagement. The Medical Services Board enacted the rule changes, which went into effect August 1, 2019.

The emergence of the COVID-19 pandemic in early 2020 resulted in significant impacts to everyone across the state, including IHSS participants. The impacts are ongoing, and many are yet to be seen as the public health emergency continues. The Department did not make any programmatic changes specific to IHSS as a result of COVID-19, though it did approve flexibility for required home care agency supervisory requirements to be conducted via telehealth. As the pandemic continues to evolve, the Department is prepared to address programmatic changes to IHSS if necessary.

In 2020, the Department, through its R13 Budget Request, received funding to enhance the scope of work of the Long-Term Care Utilization Management (LTC UM) contract. The enhanced scope will direct utilization management activities for IHSS authorizations requesting skilled health maintenance activities (HMA) beginning in FY 2020-21. Determinations of service authorization in IHSS are currently made by case management agency representatives who frequently lack clinical expertise to determine the appropriate clinical skill level needed. The additional UM activities will ensure case managers are authorizing appropriate services to IHSS participants based on both the participant's level of need and the required skill level to perform the tasks. Ensuring appropriate review of this area within IHSS is key to ensuring the program's viability into the future. The Department began Participant Directed Programs Policy Collaborative (PDPPC) subcommittee meetings to discuss the scope of work for the LTC UM contract. These stakeholder engagement meetings will continue to identify operational needs, reporting requirements, and consistent technical and clinical guidance for the authorization of HMA services through IHSS service delivery.

The Department initiated a contract renewal with the Training and Operations Vendor, Consumer Direct of Colorado, effective July 1, 2019. Consumer Direct of Colorado completed the following deliverables related to IHSS in FY 2019-20:

- Case Management Training
 - 10 trainings conducted with 450 case managers participating;
- Case mediation services
 - 9 case mediations facilitated;
- Resources and support for new and existing IHSS participants
 - 1,608 IHSS Participant Guides distributed; and
- Mandatory provider training for new and existing IHSS agencies
 - 24 trainings conducted with 361 agency administrators in attendance.

Continued work with Consumer Direct of Colorado is planned to build upon the current training curriculum for case managers and IHSS agencies in the coming year. Included in this effort is the development of an IHSS Member/Authorized Representative training opportunity. The intent is to provide members with the education and tools to participate more fully in the development and management of their services.

One of the unique benefits of IHSS is participant access to Independent Living Core Services. Independent Living Core Services advance and support the independence of individuals with disabilities and assist those individuals to live outside of institutions. In accordance with 10 C.C.R. 2505-10 section 8.552.6.A.1, an IHSS agency must provide a list of the full scope of Independent Living Core Services provided by the agency to each client on an annual basis. To highlight the importance of this responsibility, the Department has issued guidance on the provision of Independent Living Core Services for IHSS agencies. A fact sheet was developed and distributed to help define these services and offer actionable suggestions on how an IHSS agency can meet the requirements set forth in rule.

Strategies and Resources

The Department works proactively with stakeholders to develop strategies and resources that improve implementation, support the growth of and interest in IHSS, and ensure sound stewardship of public funds. Specifically, the Department:

- Engages in regular stakeholder meetings, including the Participant-Directed Programs Policy Collaborative (PDPPC), the IHSS Subcommittee, and workgroups to increase awareness about IHSS and to solicit IHSS stakeholder feedback in policy development;
- Works proactively with new and existing IHSS agencies, providing resources and support for billing, training, and dispute resolution;
- Ensures sound stewardship of public funds through case reviews, audits, and training initiatives;
- Promotes the principles of self-direction in developing training and information for members, case managers, and agencies;
- Monitors provider reimbursement and cost controls while promoting the participant's choice of attendants and services;
- Maintains a list of current IHSS agencies for the use of participants, families, and case management agencies;
- Provides resources for IHSS through Department communications, web-based training and resources, reference documents, and fact sheets; and
- Revises and submits waiver amendments to the federal Centers for Medicare & Medicaid Services (CMS) to allow greater participant-directed options when approved by the general assembly.

In addition, the following partnerships and resources are crucial to ensuring consistent implementation of IHSS:

- The Department of Public Health & Environment licenses home care agencies, conducts surveys required for IHSS certification, and investigates complaints related to safety and quality of care for home care agencies.
- The Training and Operations Vendor provides support to stakeholders, including participants, case managers, and IHSS agencies.

Conclusion

IHSS continues to experience rapid growth in enrollment and utilization. While the Department has enacted significant policy amendments, stakeholder resources and process improvements, the expenditure rate of IHSS continues to increase. There is strong stakeholder interest in the expansion of IHSS, which would be difficult at the present time because of expenditure growth. Health Maintenance Activities account for most IHSS expenditures. With the approval received for the LTC UM contract, the Department will continue to ensure appropriate utilization of skilled services in IHSS. The Department has committed to ongoing stakeholder engagement in the implementation of the LTC UM contract.

While the expenditure growth of the program is a key area for the General Assembly to consider, another factor is the impact IHSS has to empower participants to direct and manage their care. One of the more impactful outcomes in IHSS occurs when a member is able to transition home from an institutional setting. In 2019, the Department worked collaboratively with interdisciplinary teams and home care agency cooperatives to transition three high-acuity individuals home from Hospital Back-Up facilities. All three members have remained in the community with care provided by IHSS agencies; none have required hospitalization or skilled nursing facility admission in the past year. The members reported no missed visits since returning home, thanks to the diligence of the case managers and agencies involved. These cases continue to demonstrate how IHSS empowers participants to direct and manage their care with the support of an IHSS agency.

Through empowering participants to direct care, supporting member independence through Independent Core Living Services provision, education on key aspects of participant directed programs and the continued involvement of stakeholders and advocates, IHSS continues to be an important part of the service-delivery continuum. The Department is dedicated to ensuring that participants' needs are met while assuring services are appropriately authorized.