In-Home Support Services (IHSS) Report

Pursuant to section 25.5-6-1206, C.R.S.

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Submitted to Colorado Senate Health and Human Services Committee, House Health and Insurance Committee, House Public Health Care and Human Services Committee, and Joint Budget Committee

COLORADO
Department of Health Care Policy & Financing

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COLORADO
Department of Health Care
Policy & Financing

I. Executive Summary

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 Colorado. Per the statutory requirement, this report addresses:

- The cost-effectiveness of providing IHSS to the elderly, blind, and disabled 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.

In-Home Support Services (IHSS) is a participant-directed service delivery option available to members on the Elderly, Blind & Disabled (EBD), Complementary and Integrative Health (CIH), and Children's Home and Community Based Services (CHCBS) waivers. IHSS enables members to direct and manage their homemaker, personal care, and health maintenance activities with the support of a licensed home care agency.

IHSS continues to be an optimal choice for medically complex members with long-term care needs to receive services in the community. IHSS is preferred by members who utilize family or live-in caregivers to provide their services. Members who have used traditional agency-based personal care or homemaker services, Long-Term Home Health (LTHH), and Private Duty Nursing (PDN), have reported that the flexibility of IHSS better meets their care needs and preferences.

Because IHSS is the preferred service delivery option for many members, it has experienced continued enrollment, utilization, and expenditure growth. As of June 30, 2024, the overall increase in IHSS enrollments from FY 2022-23 to FY 2023-24 is 9.44%, while costs have increased by 28%. Despite the increase in per capita costs, IHSS still generates cost savings compared to providing services in an institutional setting for adults. The cumulative average expense for all HCBS services under the EBD and CIH waivers for FY 2023-2024 was $69,673 annually per member, while the overall institutional costs an average of $103,287 annually per member. Although children on IHSS have higher per-member costs, these services are instrumental in preventing more costly institutionalization. Colorado does not have nursing

facilities for children. If IHSS was not available for children with high acuity care needs, there would be an increased need for emergency room utilization, overall hospitalizations, and an increase in longer hospital stays.

With the increased growth and fiscal impact of IHSS, the Department continues to monitor the service delivery option to ensure service quality and provider compliance with rules and regulations. Strategies and resources outlined within the report are intended to improve implementation, support the growth of and interest in IHSS, and ensure sound stewardship of public funds.

II. Introduction

In-Home Support Services (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 members to direct services accessible through the following 1915(c) waivers: HCBS – Elderly, Blind, and Disabled (HCBS-EBD), Children's HCBS (CHCBS), and Complementary and Integrative Health (HCBS-CIH) (formerly the Spinal Cord Injury or HCBS-SCI waiver).

IHSS service planning is a collaborative effort between the member, 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 member 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 training, 24/7 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 member or their AR selects and trains the attendant; however, it differs in that the IHSS agency is the employer of record, not the member or their AR. The primary differences between the three service delivery options are detailed below:

Table 1 - Service Delivery Options

Traditional Agency-Based Care	In-Home Support Services (IHSS)	Consumer-Directed Attendant Support Services (CDASS)
Agency selects, employs, and trains attendants Agency manages financial aspects of service delivery	Member or Authorized Representative (AR) selects and trains attendants IHSS agency employs attendants and manages financial aspects of service delivery	Member or AR selects, employs, and trains attendants Member or AR manages annual allocation

A. Member Eligibility

As set forth at 10 C.C.R. 2505-10 section 8.7527.C. a member is eligible for IHSS when the following three criteria are met:

- The member is enrolled in an HCBS waiver approved to offer IHSS (currently HCBS-EBD, HCBS-CIH, and CHCBS waivers);
- The member'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 member demonstrates a current need for covered attendant support services.

B. Available Services

Services are based on the member's needs and functional assessment conducted by the case manager. Adults enrolled in the HCBS-EBD or HCBS-CIH waivers may be eligible to receive homemaker services, personal care services, and health maintenance activities. A child enrolled in the CHCBS waiver may be eligible to receive health maintenance activities.

Personal Care includes non-skilled 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 skilled feeding, respiratory care, and medication administration. Tasks that require the clinical assessment and judgment of a licensed nurse are not performed or permitted in IHSS.

IHSS members also have access to other services through the Medicaid State Plan and their HCBS waiver. State plan benefits and services covered by Health First Colorado may include physician visits, medications, hospitalizations, non-emergent medical transportation, and durable medical equipment. Additional services available in the HCBS waivers offering IHSS include:

Table 2 – Other Home-and Community-Based Services (HCBS) Services by Waiver

Elderly, Blind, and Disabled (HCBS-EBD)/ Complementary and Integrative Health (HCBS-CIH)	Children's HCBS (CHCBS)
• Adult Day Services • Alternative Care Facility (ACF) (HCBS-EBD ONLY) • Complementary and Integrative Health Services (HCBS-CIH ONLY) • Home Delivered Meals • Home Modification • Homemaker Services • Life Skills Training • Medication Reminder Systems • Non-Medical Transportation • Peer Mentorship • Personal Care • Personal Care/Remote Supports • Personal Emergency Response Systems (PERS) • Respite • Transition Set Up	• Case Management • Wellness Education Benefit (WEB) - effective May 2024

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.

Because they are not required to work with licensed or certified health professionals, an IHSS member has more flexibility and control over their services and supports and who provides them. The member 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 back-up services and supervision by a Registered Nurse (RN). These options are particularly valuable to members with complex medical needs who reside in rural areas of Colorado where

access to care and services is a concern. Additionally, IHSS is often used to support members transitioning from nursing facilities (NF), Hospital Back-up Units (HBU), or members at risk of institutionalization.

C. In-Home Support Services (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. In addition to the skilled and unskilled attendant services, IHSS agencies are required to provide the following in accordance with 10 C.C.R. 2505-10 section 8.7527.H:

- 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 RN; and
- Twenty-four-hour back-up services for scheduled visits.

III. Cost Effectiveness of In-Home Support Services

As shown in Table 3 below, IHSS generates cost savings compared to providing services in an institutional setting for adults. Although children on IHSS have higher per-member costs than adults, these services are instrumental in preventing institutionalization. While IHSS continues to be more expensive per-capita than traditional agency-based care, IHSS provides higher acuity services where necessary. Because agencies can hire caregivers without licenses to complete skilled care, IHSS members are able to get more needs met. Without access to nursing home-level care through IHSS for children, there would be a higher reliance on emergency room visits, an overall increase in hospitalizations, and an increase in longer hospital stays as there are no long-term nursing facilities for children in Colorado. IHSS continues to be an optimal choice for medically complex members to receive services in the community.

Table 3 – In-Home Support Services (IHSS) Per-Member Cost versus Institutional Per-Member Cost FY 2023-24

Waiver	IHSS Cost per Member	Other HCBS Cost per Member[1]	State Plan Cost per Member[2]	Total Cost per Member - HCBS	Instit. Cost per Member[3]	Adjusted State Plan Cost per Member2	Total Cost per Member - Instit.
EBD / CIH	$49,650	$3,500	$16,524	$69,674	$92,137	$11,150	$103,288
CHCBS	$100,802	$828	$41,791	$143,421	$100,087	$12,112	$112,199

[1] Other HCBS Costs are the costs for the services listed in Table 2 – Other HBCS Services by Waiver

[2] State Plan Costs include all other Medicaid benefits that are not provided by the HCBS waivers, which may include long-term home health, in-home therapies, physician visits, medications, hospitalizations, and durable medical equipment

[3] Institutional Costs are the average costs of services provided in an institutional setting.

Table 4 – In-Home Support Services (IHSS) Per-Member Cost Percentage Change

Waiver	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
EBD / CIH	9.08%	-17.02%	10.18%	-2.37%	4.47%	1.17%	17.32%
CHCBS	3.76%	15.60%	8.56%	14.70%	18.54%	20.19%	18.98%

The increase in the per-member costs, shown in Table 4 above, are related to the base wage increases for all forms of attendant care and an increase in serving members with more complex medical needs. Staffing and workforce shortages are a challenge; however, the flexibility of IHSS and the agency-required backup care make IHSS a good alternative for members and families needing skilled care. Additionally, there is cost avoidance within IHSS regarding the increase in actual utilization of services in IHSS versus LTHH and/or PDN. This is because the authorized services in IHSS can be provided by attendants who do not have professional nursing or nurse aide credentials. If there was no workforce shortage, and all authorized services within LTHH and/or PDN were being utilized by an IHSS member instead of IHSS, the cost of care would be similar, if not higher, than costs for IHSS.

For adults and children, utilization reviews of skilled care needs has helped manage per-member cost increases since 2021. Because the reimbursement rate for health maintenance activities (HMAs) is higher than the rates for personal care and other non-skilled HCBS services, requests for HMA are reviewed by a Utilization Review / Utilization Management (UR/UM) vendor. During these reviews, the member's skilled service requests are evaluated and compared to their assessed need to determine the appropriateness of the skilled service request. In cases where the member's needs do not meet skilled criteria, case managers work with the member to arrange non-skilled services such as personal care, adult day, or respite to ensure the member's needs are met. The same person can provide both skilled and unskilled services to the member. UR/UM reviews have contributed to a decrease in unnecessary skilled care approvals. In FY 2018-19, 58% of all services approved were skilled; in FY 2023-24, skilled care accounted for 36.5% of authorized services, but overall IHSS enrollment has remained consistent and growing. This indicates that even though skilled care services are being authorized at a lower rate, members are still accessing non-skilled services and are getting their needs met

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

IV. Increased Participation in In-Home Support Services (IHSS)

Like other state-plan skilled services such as Long-Term Home Health (LTHH) and Private Duty Nursing (PDN), IHSS permits family members to provide skilled health maintenance activities to members with a documented and demonstrated need. Pursuant to a legislative change made in 2014 by HB 14-1357, family members, including spouses, can provide up to forty hours per week of personal care services to adults.

Approximately 81% of members receiving IHSS have live-in attendants providing their health maintenance activities or personal care services; many of these attendants are family members. In high acuity cases, IHSS can be authorized in conjunction with non-duplicative PDN or LTHH services. Additionally, IHSS requires an agency to provide back-up care for all scheduled visits and tasks in the care plan, ensuring services are rendered to the member even if their chosen caregiver is unavailable for a visit. In PDN and LTHH benefits, if an agency is unable to staff a member, they will go without services. In many instances, families choose IHSS as an alternative to PDN or LTHH.

As a result of these flexibilities and the requirement for backup care, the number of IHSS participants (Tables 6 and 7) and total IHSS expenditures (Tables 8 and 9) continue to increase. Although the authorized units could be the same, such as 24 hours of care in some cases, PDN has lower actual utilization compared to IHSS due to shortages of licensed nurses. If the workforce shortages could be resolved in PDN, this would result in higher utilization and expenditures as PDN rates are 36.1% higher than skilled IHSS rates. However, due to the full utilization of authorized services, there are higher costs in IHSS.

Tables 6 and 7 below show the year-over-year increase in IHSS enrollment. Children's IHSS enrollment has increased more over the last several years than adults as families learn about the benefits of self-direction over agency care.

There has also been a corresponding increase in the number of IHSS agencies throughout the state, allowing increased access to the service (Table 3). With the increase in IHSS Agency enrollment, the Department has instituted mandatory initial and annual provider training covering the principles of self-direction. A required post-training assessment ensures competency and comprehension of the

material. This provider training has aided providers in their administration efforts and allowed for growth of agencies and therefore increased capacity to serve more members.

Table 5 – Number of In-Home Support Services (IHSS) Agencies

FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
157	165	189	198	222	236

Table 6 – In-Home Support Services (IHSS) Member Count

Waiver	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
EBD/CIH	4,201	4,690	5,637	6,063	7,088	7,757
CHCBS	763	953	1,183	1,440	1,710	1,853

Table 7 – In-Home Support Services (IHSS) Percent Change in Participation

Waiver	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
EBD/CIH	20.34%	11.64%	20.19%	7.56%	16.91%	9.44%
CHCBS	32.01%	24.90%	24.13%	21.72%	18.75%	8.36%

Table 8 – In-Home Support Services (IHSS) HCBS-EBD/HCBS-CIH (Adults) Total Expenditures

Task	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
HMA	$69,631,194	$81,378,639	$92,752,021	$100,036,085	$113,055,822	$140,598,698
HM	$11,019,541	$16,092,053	$21,447,910	$27,768,526	$34,763,016	$41,965,284
PC	$39,311,538	$14,352,938	$17,014,342	$19,627,599	$26,550,208	$34,664,132
RPC	n/a	$43,466,216	$61,493,845	$89,869,196	$125,604,341	$167,907,563
Total Cost	$119,962,273	$155,289,846	$192,708,118	$237,301,406	$299,973,387	$385,135,676

Table 9 – In-Home Support Services (IHSS) CHCBS (Children) Total Expenditures

Task	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
HMA (Total Cost)	$36,438,607	$49,408,687	$70,346,846	$101,501,213	$144,871,544	$186,786,388

V. Programmatic Updates

To support direct care workers and reduce workforce shortages, the Department increased the Base Wage on July 1, 2023 to $15.75 per hour ($17.29 in Denver). Base Wage means the minimum hourly rate of pay of a Direct Care Worker for the provision of HCBS, including for IHSS. This initiative launched January 1, 2022, following approval by the Joint Budget Committee (JBC). The JBC extended this initiative in 2024, ensuring the continued support of direct care workers.

The Department spent an additional $11,272,076 in Total Funds on IHSS through rate increases approved through the General Assembly in FY 2023-24. This specific initiative increased IHSS expenditures over the prior year by 2.7% outside of Denver and 5.2% in Denver, 3.1% overall.

The Department received approval from the General Assembly in SB 23-289 to implement the Community First Choice (CFC) option, which will expand access to self-directed service delivery options, including IHSS, beginning in July 2025. The implementation of CFC will significantly impact IHSS participation by opening the service beyond the current three waivers and removes the requirement for targeted criteria to utilize waiver services. Additional information is provided at the end of this report in Section VI, Strategies and Resources.

Finally, the Department received approval to implement the Nurse Assessor program during the FY 2024-2025 budget setting. The skilled Nurse Assessor program will assess members for the appropriate level of skilled care services across the service modalities, including IHSS health maintenance activities. By accessing a third-party assessor, the Department will be able to reduce duplicative service authorizations as well as reduce the potential conflict of interest with providers. This initiative will transform the current Long-Term Care Utilization Management (LTC UM) process implemented in 2021 for IHSS. The Department is in the final year of the UR/UM contract and will transition to the Nurse Assessor in FY 2024-25.

Table - 10 In-Home Support Services (IHSS) HCBS-EBD/CIH (Adults) Percentage of Authorized Units by Service & Skill Level

Task	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Health Maintenance	58.0%	52.4%	48.1%	42.2%	37.7%	36.5%
Homemaker	9.2%	10.4%	11.1%	11.7%	11.6%	10.9%
Personal Care	32.8%	9.2%	8.8%	8.3%	8.9%	9.0%
Relative Personal Care	n/a	28.0%	31.9%	37.9%	41.9%	43.6%
Total Percent Skilled	58.0%	52.4%	48.1%	42.2%	37.7%	36.5%
Total Percent Unskilled	42.0%	47.6%	51.9%	57.8%	62.3%	63.5%

VI. Training

The Training and Operations Vendor for Colorado's self-directed care programs, Consumer Direct of Colorado (CDCO), has several IHSS deliverables outlined in its contract. CDCO's role is to provide training and support to participant-directed programs stakeholders. In the past fiscal year, CDCO has conducted the following:

- Case management training
    - 28 training sessions were conducted, and 474 case managers participated.
- Resources and support for new and existing IHSS members
    - 1,480 IHSS Member Guides were distributed.
- Mandatory provider training for new and existing IHSS agencies
    - 18 trainings were conducted with a total of 613 agency administrators in attendance from 100% of IHSS agencies.

VII. 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 of 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 member's choice of attendants and services;
- Develops policy and programmatic updates necessary to maintain and enhance the effectiveness of service authorization and delivery;
- Maintains a list of current IHSS agencies for the use of members, 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 In-Home Support Services (IHSS):

- The Colorado Department of Public Health & Environment (CDPHE) licenses home care agencies, conducts surveys required for IHSS certification, and investigates complaints about home care agencies' safety and quality of care.

- The Training and Operations Vendor supports stakeholders, including members, case managers, and IHSS agencies.
- The Utilization Review/Utilization Management (UR/UM) Vendor conducts health maintenance activity and over-cost containment reviews for case management agencies.

Community First Choice (CFC)

Created by the 2010 Affordable Care Act and incorporated into Title XIX of the Social Security Act at Section 1915(k), CFC allows states to move select mandatory services and related optional services that promote independence or substitute for human assistance into the Medicaid state plan. These services become available to all Medicaid-eligible beneficiaries who meet the institutional level of care, along with the needs-based criteria for each CFC service (42 CFR 441.500-590). As an incentive for adopting CFC, states receive an ongoing six additional percentage points on the federal medical assistance percentage (FMAP).

The Department will implement CFC by July 2025; the transition of waiver members will be completed by 2026. This transition to the state plan will increase access beyond the three waivers in which IHSS is currently available. The Department anticipates that within the first three years of CFC being available, IHSS is expected to see a 24% increase in participation. Despite the increase in utilization of IHSS under CFC, the state is still projecting a significant savings from implementing CFC due to the number of existing services which will receive the enhanced 6% match.

Third-Party Assessments for Nursing Services (FY 2024-25 R-10)

In FY 2023-2024, the Department requested funding for FY 2024-25 to modernize and streamline skilled nursing services by securing funding for a third-party nurse assessor using one acuity tool for all nursing benefits, including HMA services. In April 2024 the General Assembly approved HB 24-1430 to allow the Department to begin work on this initiative. This will allow the Department to establish a third-party assessor for the PDN, LTHH, and HMA benefits.

The third-party assessor approach will utilize a standardized assessment tool to prospectively assess members' skilled needs. Not only will this approach allow for

greater clarity for members, families, and advocates, but it also facilitates holistic, person-centered assessments. Stakeholders will benefit from reduced time and effort in the assessment, review, and approval process and from the incorporation of clinicians who are well-informed and knowledgeable about medically necessary skilled services and participant direction.

The Department anticipates that this will result in long-term cost savings by assessing members for the appropriate level of nursing services across the service modalities, thereby reducing duplicative service authorizations, potential conflicts of interest with the service providers, and member appeals. The third-party nurse assessor will also provide members with education surrounding service delivery options to include self-direction. Following the assessment, members will decide which services best meet their needs. The Department made a request for proposal (RFP) to solicit vendor interest in the Fall of 2024. Ultimately, the streamlined assessment process will reduce the burden on members and their families, improving access to medically necessary services.

The anticipated increases in IHSS utilization through the expansion of the program with the implementation of CFC in July 2025, make the nurse assessor initiative crucial for long-term program sustainability.

VIII. Conclusion

IHSS continues to experience growth in enrollment and authorized service utilization. The Department has enacted significant policy changes, stakeholder resources, and process improvements to ensure appropriate authorization of services. Programmatic growth is attributed to the fact that IHSS is one of the most reliable options for service provision in the long-term care continuum.

While per-member costs are increasing, more members benefit by receiving all medically necessary services authorized in a person-centered way. The work conducted by the UR/UM Vendor ensures adherence to existing policy and programmatic controls while ensuring members' identified needs are met. The Department will continue to analyze options on how to better manage this critical service, including the implementation of the Nurse Assessor program.

Members who have experienced staffing shortages or missed visits in other skilled service delivery options, like Private Duty Nursing, have successfully transitioned to IHSS. Because attendants are not required to be licensed nurses or certified nurse aides, there is a larger potential pool of attendants who can assist the member. Many IHSS members hire their friends or family members to provide the services needed to stay independent in their homes and communities. Home care agencies across the state have reported challenges in hiring and retaining staff; IHSS agencies have been less impacted thanks to the built-in workforce for IHSS members and the inherent flexibility of the services.

By empowering members with access to direct their own care, supporting member independence through Independent Core Living Services provisions, education on critical aspects of participant-directed programs, and the involvement of stakeholders and advocates, IHSS continues to be an essential part of the service-delivery continuum. The implementation of Community First Choice will increase access to IHSS, resulting in long-lasting impacts on the Home and Community-Based Services landscape in Colorado. The Department remains dedicated to meeting members' needs, as appropriately authorized.