

# *In-Home Support Services (IHSS)*

A participant-directed service delivery option

April 2018



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Department of Health Care  
Policy & Financing

# *Our Mission*

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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# *What Will You Learn Today?*

- Overview of IHSS
- Rule changes effective April 30, 2018
  - Roles and Responsibilities
  - Referral and Care Planning
  - Discontinuation and Termination from IHSS
- IHSS Forms
- Questions



# *What is Participant Direction?*

Participant-directed services are home and community-based services (HCBS) that help people maintain their independence and determine what mix of services and supports works best for them. Participant direction empowers each client to exercise choice and control over decisions made about their long-term services and supports in a highly personalized manner.

## *Participant Direction Options in Colorado*

CDASS

IHSS

# *What is IHSS?*

In-Home Support Services (IHSS) is a participant-directed service delivery option where participants have flexibility and control over their services, including the selection, scheduling and training of their Attendants. In-Home Support Services are provided through a licensed Home Care Agency certified in IHSS, which manages the financial and supervisory aspects of service delivery.



Choice



Autonomy



Flexibility

# *HCBS Waivers with IHSS*

- Elderly, Blind & Disabled Waiver (EBD)
  - [www.colorado.gov/hcpf/elderly-blind-disabled-waiver-ebd](http://www.colorado.gov/hcpf/elderly-blind-disabled-waiver-ebd)
- Spinal Cord Injury Waiver (SCI)
  - [www.colorado.gov/hcpf/spinal-cord-injury-waiver](http://www.colorado.gov/hcpf/spinal-cord-injury-waiver)
- Children's Home & Community Based Services Waiver (CHCBS)
  - [www.colorado.gov/hcpf/childrens-home-and-community-based-services-waiver-chcbs](http://www.colorado.gov/hcpf/childrens-home-and-community-based-services-waiver-chcbs)



# *Services Available in IHSS*

## EBD and SCI

- Homemaker
- Personal Care
- Relative Personal Care
- Health Maintenance Activities

## CHCBS

- Health Maintenance Activities

Clients in IHSS also have access to acute and long-term home health, hospice, and Private Duty Nursing

# *Client Eligibility Criteria*

1. Client must be enrolled in an HCBS waiver approved for IHSS
  - Adult Waivers: Elderly, Blind & Disabled (EBD) and Spinal Cord Injury (SCI)
  - Children's Waiver: Children's Home & Community-Based Services (CHCBS)
  
2. Client must provide a signed Physician Attestation of Consumer Capacity form at enrollment & following any change in condition
  - Client's Physician may recommend additional Supervision needs
  - Client's Physician determines if an Authorized Representative (AR) is required
    - Clients required to have an AR must designate one or utilize the IHSS Agency for additional supports as necessary to participate in IHSS
    - Clients who are not required to have an AR may choose to designate one



# *IHSS Agency Criteria*

Agencies wishing to provide IHSS must:

- Be a licensed Home Care Agency certified to provide In-Home Support Services
- Be enrolled as a Medicaid provider through the Colorado Department of Health Care Policy and Financing's Fiscal Agent (DXC Technologies)

Applicable Rules:

[10 C.C.R. 2505-10 § 8.076.5](#) / [10 C.C.R. 2505-10 § 8.487](#) / [10 C.C.R. 2505-10 § 8.489](#)  
[10 C.C.R. 2505-10 § 8.490](#) / [10 C.C.R. 2505-10 § 8.506](#) / [10 C.C.R. 2505-10 § 8.552](#)

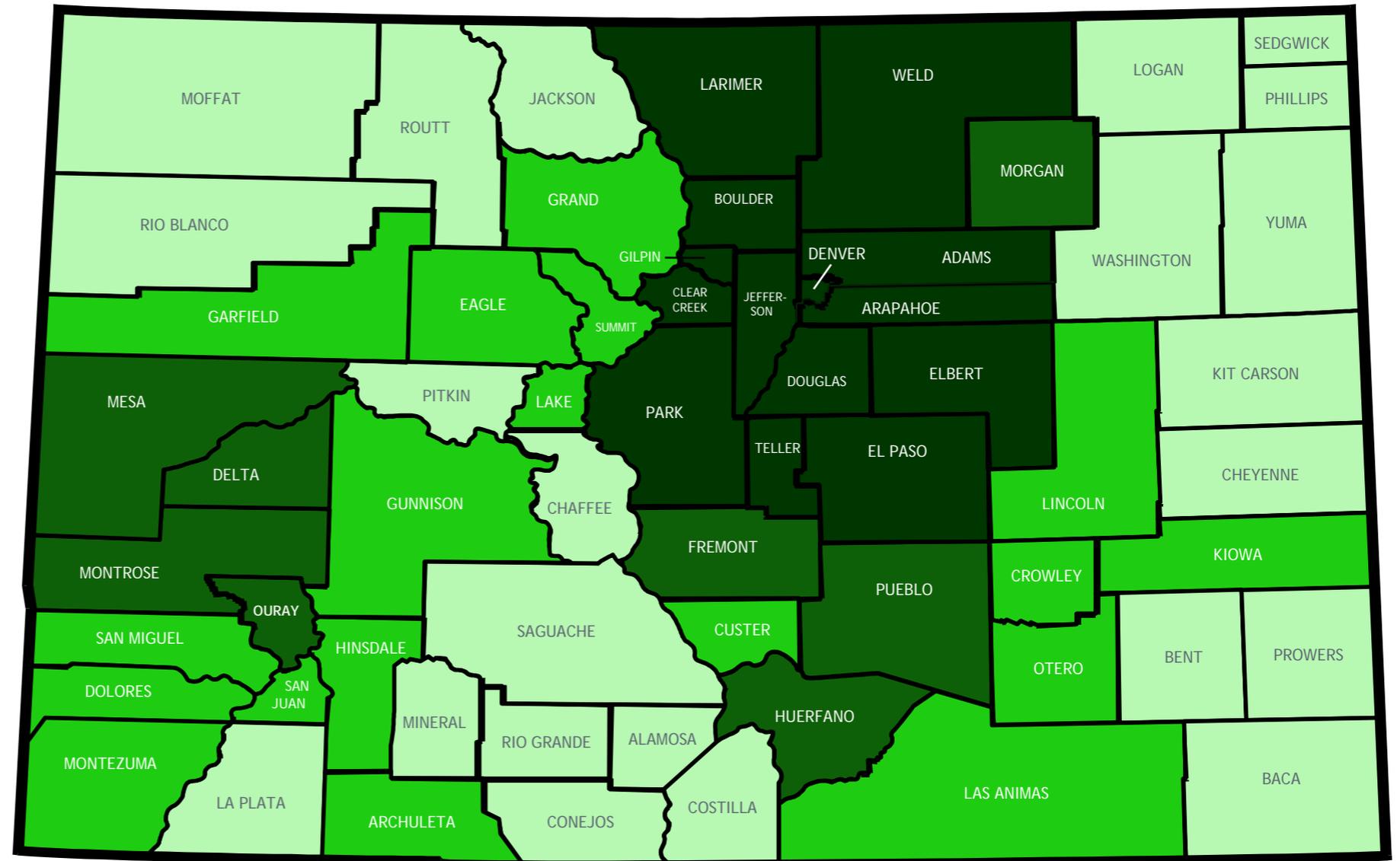


# IHSS Agencies in Colorado

## Agency Growth

2007	2013	2016	2017
11	23	54	93

## Agency Availability by County



IHSS Agency Enrollment, 02/2018



# *Homemaker Services*

Homemaker Services means general household activities provided in the home of an eligible client to maintain a healthy and safe home environment for a client, when the person ordinarily responsible for these activities is absent or unable to manage these tasks.



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# *Homemaker Services*

## Services may include:

- Routine light housecleaning, such as dusting, vacuuming, mopping, and cleaning bathroom and kitchen areas
- Meal preparation
- Dishwashing
- Bedmaking
- Laundry
- Shopping
- Trash



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# *Homemaker Services*

## Services do NOT include:

- Personal care services
- Tasks the person can perform independently
- Tasks completed by family members
- Homemaking in shared living spaces
- Homemaking in parts of the residence that are not the permanent living space of the client



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# *Personal Care Services*

Personal Care means services which are furnished to an eligible client in the client's home to meet the client's physical, maintenance and supportive needs, when those services are not skilled Personal Care, do not require the supervision of a nurse, and do not require physician's orders.



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# *Personal Care Services*

Services may include the following unskilled tasks:

- Bathing
- Skin Care
- Hair Care
- Nail Care
- Mouth Care
- Shaving
- Dressing
- Feeding
- Ambulation
- Exercises
- Transfers
- Positioning
- Bladder Care
- Bowel Care
- Medication Reminding
- Accompaniment
- Protective Oversight



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# *Personal Care Services*

Services do NOT include:

- Health Maintenance Activities or skilled tasks
- Homemaker services
- Companionship
- Travel or Transportation
- Services that are duplicative



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# *Health Maintenance Activities*

Health Maintenance Activities means those 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.

These activities include any excluded personal care tasks as defined in 10 C.C.R 2505-10 § 8.489, as well as skilled tasks typically performed by a Certified Nursing Assistant (CNA) or licensed nurse that do not require the clinical assessment and judgement of a licensed nurse.



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# *Health Maintenance Activities*

May include the following skilled tasks:

- Bathing
- Skin Care
- Hair Care
- Nail Care
- Mouth Care
- Shaving
- Dressing
- Feeding
- Ambulation
- Exercises
- Transfers
- Positioning
- Bladder Care
- Bowel Care
- Medication Management
- Accompaniment



Health Maintenance Activities must follow the definitions of EXCLUDED Personal Care Tasks in 10 C.C.R 2505-10 § 8.489.

# *Health Maintenance Activities*

## Do NOT include:

- Tasks that require the clinical judgement and assessment skills of a nurse
- Companionship
- Travel or Transportation
- Services that are duplicative



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# *Limitations of IHSS*

- Personal Care is limited to 40 hours for relatives of clients on the HCBS-EBD and SCI waivers

*\* Exception: does not apply to parents who provide Attendant services to their eligible adult children.*

- Health Maintenance is the only service available for CHCBS clients



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# *Limitations of IHSS Continued*

- A family member shall not be reimbursed for providing only IHSS Homemaker Services
  - A family member may perform homemaker or personal care tasks which are secondary and contiguous to Health Maintenance Activities, as determined by the Case Manager
  - Family members are not eligible to be the client's IHSS homemaker
- For more information, refer to the IHSS Categorization Table online:  
[www.colorado.gov/hcpf/participant-directed-programs#IHSS](http://www.colorado.gov/hcpf/participant-directed-programs#IHSS)



# *Questions so far?*



# *What's New for IHSS?*

In 2018 the following changes will be made in IHSS:

- New rules have been approved by the Medical Services Board (MSB) and take effect on April 30, 2018
- New & Updated IHSS Forms available for use starting immediately
  - [www.colorado.gov/hcpf/participant-directed-programs#IHSS](http://www.colorado.gov/hcpf/participant-directed-programs#IHSS)



# *2018 Rule Changes*

- New and updated service definitions
- Updated Roles and Responsibilities
- New referral and care planning process
- Updates to discontinuation/termination from IHSS
- Additional Case Management responsibilities



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# Service Definitions

## Updated

Attendant  
Case Manager  
Health Maintenance  
Activities  
In-Home Support Services  
IHSS Agency

## Removed

IHSS Plan

## New

Authorized Representative (AR)  
Care Plan  
Extraordinary Care  
Family Member  
Homemaker Services  
Inappropriate Behavior  
Independent Living Core  
Services  
Licensed Medical Professional  
Personal Care

# Important Roles in IHSS

## Client/AR

May direct and manage their services and care

Communicates regularly with Case Manager and IHSS Agency to ensure safe delivery of services

May request or change services; may appeal decisions

## Case Manager

Provides IHSS information & list of providers

Manages IHSS forms and documentation for services

Determines and authorizes services

## Agency

Provides back-up care, access to a nurse, & Independent Living Core Services

Conducts training, supervision & oversight as agreed upon by the client

Creates and Implements Care Plans as authorized by the Case Manager

Is the Employer of record for all Attendants

# *Client / Authorized Representative Role*

Clients & Authorized Representatives are encouraged to take an active role in directing and managing their services by:

- Presenting an Attendant of their own choosing
- Participating in Attendant interviews and selection
- Training Attendants to meet their individualized needs
- Dismissing Attendants who are not meeting their needs
- Selecting / changing IHSS Agencies or Authorized Representatives
- Determining the level of in-home supervision provided by the agency
- Communicating with the IHSS Agency and Case Manager to ensure safe, accurate, and effective delivery of services

 The client's licensed medical professional (MD, DO, PA, NP) determines if an Authorized Representative is required. A client may elect to have an Authorized Representative.



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# Case Manager Responsibilities

## Service Planning & Authorization

- Provide information and referrals
- Ensure Care Plans are appropriate given the client's functional condition
- Initiate, revise, or discontinue services
- Authorize cost-effective and non-duplicative services on the PAR

## Documentation

- Work with the client to obtain IHSS forms
- Document services and supports provided by the IHSS Agency (ILCS, supervision, etc.)
- Manage / request supporting IHSS documentation

## Ongoing Case Management

- Determine functional eligibility for HCBS
- Coordinate / monitor waiver services
- Coordinate transitions to/from HCBS
- Maintain regular communication with client/AR & agency



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# Agency Responsibilities

1

## Provide Independent Living Core Services (ILCS) to all clients

- Information and referral services
- Independent living skills training
- Peer and cross-disability peer counseling
- Individual and systems advocacy
- Transition from nursing services to the community
- Transitions upon leaving secondary education



Agencies must document a client's choice to utilize or refuse Independent Living Core Services offered. Independent Living Core Services are not billable services and are not reimbursable.

# Agency Responsibilities, continued

2

The IHSS Agency must staff a licensed health care professional who is at minimum a Registered Nurse (RN)

- Provide Attendant training, oversight and supervision
- Administer skills validation tests
- Verify & document Attendant skills and competency
- Counsel staff on difficult cases & dangerous situations
- Consult with the client about medical issues
- Ensure Attendants follow the Care Plan
- Review the Care Plan and Physician's Attestation annually & at change of condition OR upon the request of the client, AR or Case Manager
- Provide in-home supervision as recommended by the Physician and agreed upon by the client/AR
- Investigate complaints and critical incidents within 10 calendar days



Attendant training, oversight, or supervision provided by the IHSS Agency's licensed health care professional are not separately reimbursable.

# Agency Responsibilities, continued

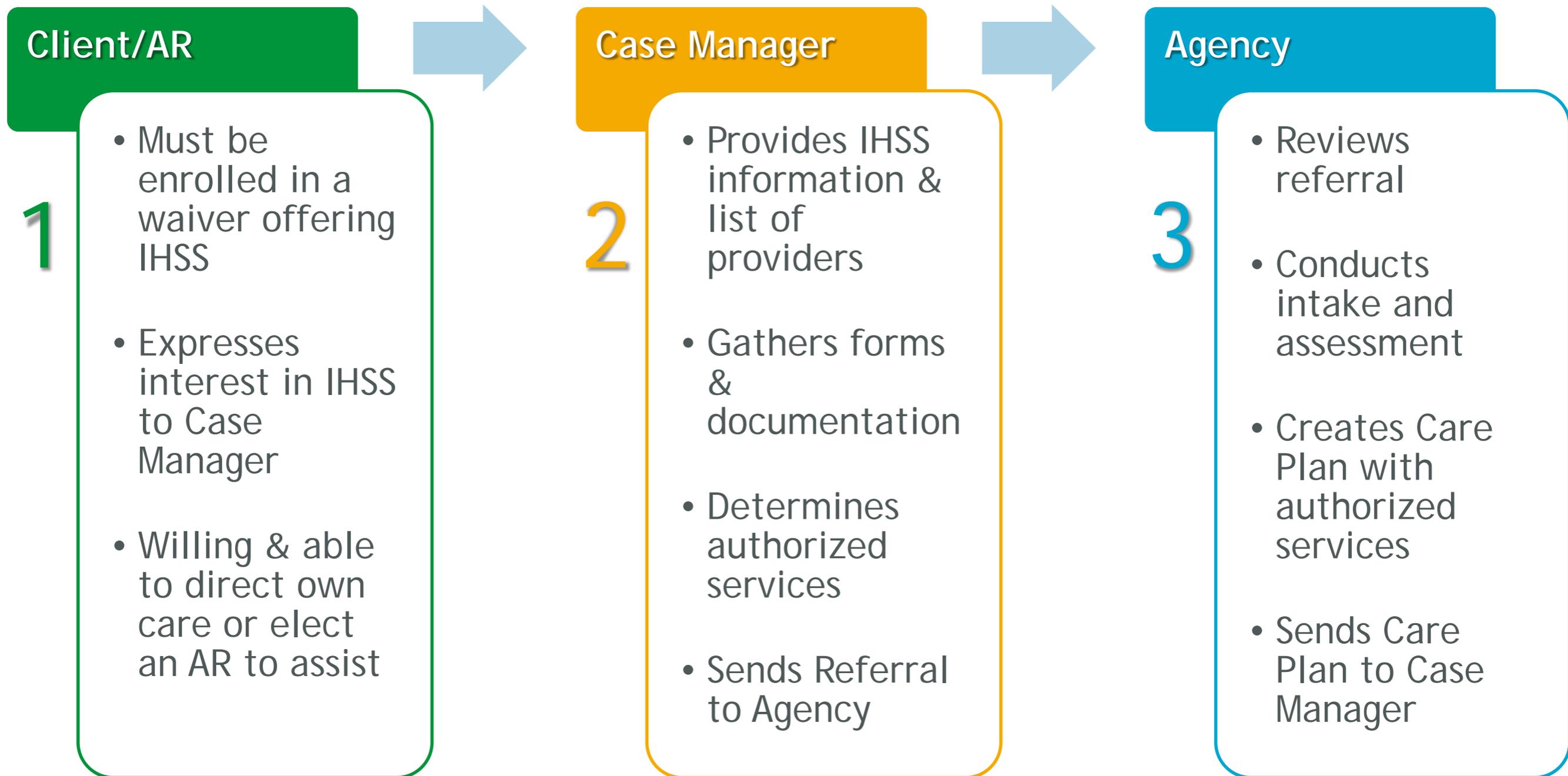
## 3 Provide 24-hour back-up service for scheduled visits when an Attendant is unavailable

- Agencies must have qualified staff in sufficient quantity to provide back-up services for scheduled visits
- Back-up services must be identified during Care Plan development
- If the IHSS Agency admits clients with needs that require care or services to be delivered at specific times or parts of day, there must be effective back-up plans to ensure the needs of the client are met
- Agencies are encouraged to develop their own policies and procedures related to 24-hour back-up services



Back-up services are not separately reimbursable. Agencies must coordinate with Case Managers to reallocate previously authorized units.

# Referral / Care Planning Process



# Referral / Care Planning Process

## Case Manager

4

- Reviews Care Plan
- Ensures all documentation is on file
- Requests additional documentation if needed
- Approves or denies Care Plan (803 notice)
- Sends PAR to agency

## Agency

5

- Recruits and hires client's Attendants
- Provides training and orientation for Attendants
- Validates Attendant Skills
- Services begin when PAR is received

## Client/AR

6

- Communicates regularly with the agency and Case Manager
- Directs and manages their care
- Can change agencies, AR, or services at any time

# Changes to the Referral Process

## Case Managers

Determine what services can be authorized and collect required IHSS forms and documentation **BEFORE** referral to an IHSS Agency.

## Agencies

Working with the client/AR, agencies will develop a Care Plan following the Case Manager's authorized services.

## Clients

Initiate referrals to IHSS through their Case Manager. Clients/Authorized Representatives help with collecting IHSS forms and documentation, and are responsible for choosing an IHSS Agency. Clients or their AR must take an active role in directing and managing their care.



# Care Plan Calculator

<b>IHSS Care Plan Calculator</b>														
Client Name: <input type="text"/>			Medicaid ID: <input type="text"/>			Date: <input type="text"/>			Case Manager: <input type="text"/>					
Homemaker					Personal Care					Health Maintenance*				
Task	Norm	min per task	times per week	min per week	Task	Norm	min per task	times per week	min per week	Task	Norm	min per task	times per week	min per week
Floor Care	15min/room			0	Bathing	30min/each time			0	Bathing	IND*			0
Bathroom	35min/week			0	Dressing	15min/each time			0	Dressing	15min/each time			0
Kitchen	35min/week			0	Skin Care	5min/each time			0	Skin Care	IND*			0
Trash	5min/each time			0	Transfers	5min/each time			0	Transfers	15min/each time			0
Meal Prep	30min/each time			0	Mobility	5min/each time			0	Mobility	5min/each time			0
Dishwashing	20min/load			0	Eating	30min/meal			0	Feeding	IND*			0
Bed Making	5min/each time			0	Respiratory Assistance	30min/week			0	Respiratory Care	IND*			0
Laundry	20min/load			0	Positioning	15min/2 hours			0	Positioning	15min/2 hours			0
Shopping	120min/week			0	Bladder/Bowel	10min/each time			0	Bladder	IND*			0
Dusting	35min/week			0	Hygiene	30min/day			0	Bowel	IND*			0
<b>TOTAL</b>				<b>0.00</b>	Medical Equipment	60min/week			0	Nail Care	30min/week			0
<b>Is the client bringing Attendants?</b> Unsure					<b>Medication Reminders</b> 5min/each time					<b>Mouth Care</b> 15min/each time				
<b>Does the client plan to hire a family member as their Attendant?</b> No					<b>Protective Oversight</b> IND*					<b>Medical Management</b> 10 min/each time				
Note: Agency must define RPCP tasks on the Care Plan. RPCP max is 40 hours per client.					<b>Accompanying</b> IND*					<b>Medication Assistance</b> 5min/each time				
<b>Current living situation (please select):</b>					<b>Exercise</b> IND*					<b>Accompanying</b> IND*				
Lives Alone					<b>TOTAL</b> 0.00					<b>Exercise</b> IND*				
Private residence					<b>IND = Individualized based on client need</b>					<b>TOTAL</b> 0.00				
<b>Other HCBS clients in household?</b> No					<b>Is there documentation for HMA tasks?</b> Yes					<b>Tasks are determined by the client's most recent 100.2 assessment. If there is any increase or decrease in the client's approved services, please provide details below:</b>				
					<b>Is there documentation for IND* tasks?</b> Yes									
					<b>Does the client have other services?</b> Yes									
					<b>Current Services (non-IHSS) Hours per Week</b>									
					Personal Care									
					Long Term Home Health									

Approved IHSS Hours	
Homemaker	0.00
Personal Care	0.00
Health Maintenance	0.00
<b>TOTAL</b>	<b>0.00</b>



# *Care Plan Calculator*

- This Case Management tool will provide helpful information for IHSS Agencies
- Definitions can be found on page 2
- Case Managers will use the ULTC 100.2 assessment and service plan to enter tasks, frequency and duration
- The resulting service authorization is indicated in the **Approved IHSS Hours** box
- Agencies will receive a copy of the Care Plan Calculator in the referral packet to aid in the development of the Care Plan



# Care Plan Calculator

<p><b>Is the client bringing Attendants?</b> Unsure</p> <p><b>Does the client plan to hire a family member as their Attendant?</b> No</p> <p>Note: Agency must define RPCP tasks on the Care Plan. RPCP max is 40 hours per client.</p> <p><b>Current living situation (please select):</b> Lives Alone Private residence</p> <p><b>Other HCBS clients in household?</b> No</p>	<table border="1"> <tr> <td>Medication Reminders</td> <td>5min/each time</td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Protective Oversight</td> <td>IND*</td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Accompanying</td> <td>IND*</td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Exercise</td> <td>IND*</td> <td></td> <td></td> <td>0</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td></td> <td></td> <td><b>0.00</b></td> </tr> </table> <p><b>IND = Individualized based on client need</b></p> <p><b>Is there documentation for HMA tasks?</b> Yes</p> <p><b>Is there documentation for IND* tasks?</b> Yes</p> <p><b>Does the client have other services?</b> Yes</p> <table border="1"> <thead> <tr> <th>Current Services (non-IHSS)</th> <th>Hours per Week</th> </tr> </thead> <tbody> <tr> <td>Personal Care</td> <td></td> </tr> <tr> <td>Long Term Home Health</td> <td></td> </tr> </tbody> </table>	Medication Reminders	5min/each time			0	Protective Oversight	IND*			0	Accompanying	IND*			0	Exercise	IND*			0	<b>TOTAL</b>				<b>0.00</b>	Current Services (non-IHSS)	Hours per Week	Personal Care		Long Term Home Health		<table border="1"> <tr> <td>Mouth Care</td> <td>15min/each time</td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Medical Management</td> <td>10 min/each time</td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Medication Assistance</td> <td>5min/each time</td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Accompanying</td> <td>IND*</td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Exercise</td> <td>IND*</td> <td></td> <td></td> <td>0</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td></td> <td></td> <td><b>0.00</b></td> </tr> </table> <p><b>Tasks are determined by the client's most recent 100.2 assessment. If there is any increase or decrease in the client's approved services, please provide details below:</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	Mouth Care	15min/each time			0	Medical Management	10 min/each time			0	Medication Assistance	5min/each time			0	Accompanying	IND*			0	Exercise	IND*			0	<b>TOTAL</b>				<b>0.00</b>
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Approved IHSS Hours	
Homemaker	0.00
Personal Care	0.00
Health Maintenance	0.00
<b>TOTAL</b>	<b>0.00</b>

There are multiple drop-down boxes to provide details on the client's services, potential attendants, and living situation

Approved IHSS Hours auto-populate from the task line items



# *Care Plan Calculator*

- The Care Plan Calculator may NOT replace the IHSS Agency Care Plan
- Agencies must develop a person-centered Care Plan that meets the needs of the client
- Agencies must schedule attendants accordingly, and bill services accurately
- If during the agency intake/assessment it appears that the client's condition has changed, please communicate with the Case Manager
- Case Managers must have supporting documentation for ALL HMA and IND\* tasks



# Care Plan Development

### IHSS Care Plan Calculator

Client Name: Dave Davidson    Medicaid ID: ABC123    Date: 02/01/2018    Case Manager: Abby Albertson

Homemaker					Personal Care					Health Maintenance*				
Task	Norm	min per task	times per week	min per week	Task	Norm	min per task	times per week	min per week	Task	Norm	min per task	times per week	min per week
Floor Care	15min/room	15	1	15	Bathing	30min/each time			0	Bathing	IND*	30	3	90
Bathroom	35min/week	25	1	25	Dressing	15min/each time			0	Dressing	15min/each time	15	3	45
Kitchen	35min/week	25	1	25	Skin Care	5min/each time			0	Skin Care	IND*	30	3	90
Trash	5min/each time	5	3	15	Transfers	5min/each time			0	Transfers	15min/each time			0
Meal Prep	30min/each time	30	3	90	Mobility	5min/each time			0	Mobility	5min/each time			0
Dishwashing	20min/load			0	Eating	30min/meal	15	3	45	Feeding	IND*			0
Bed Making	5min/each time	5	3	15	Respiratory Assistance	30min/week	30	1	30	Respiratory Care	IND*			0
Laundry	20min/load	20	2	40	Positioning	15min/2 hours			0	Positioning	15min/2 hours			0
Shopping	120min/week			0	Bladder/Bowel	10min/each time	30	3	90	Bladder	IND*			0
Dusting	35min/week			0	Hygiene	30min/day	30	3	90	Bowel	IND*			0
<b>TOTAL</b>				<b>3.75</b>	Medical Equipment	60min/week			0	Nail Care	30min/week	30	1	30
Is the client bringing Attendants?    Unsure					Medication Reminders    5min/each time    0					Mouth Care    15min/each time    0				
Does the client plan to hire a family member as their Attendant?    No					Protective Oversight    IND*    0					Medical Management    10 min/each time    0				
Note: Agency must define RPCP tasks on the Care Plan. RPCP max is 40 hours per client.					Accompanying    IND*    0					Medication Assistance    5min/each time    0				
Current living situation (please select):					Exercise    IND*    0					Accompanying    IND*    0				
Lives Alone					<b>TOTAL</b> 4.25					Exercise    IND*    0				
Private residence					IND = Individualized based on client need					<b>TOTAL</b> 4.25				
Other HCBS clients in household?    No					Is there documentation for HMA tasks?    Yes					Tasks are determined by the client's most recent 100.2 assessment. If there is any increase or decrease in the client's approved services, please provide details below:				
					Is there documentation for IND* tasks?    Yes					Client DD has an open wound on his R leg and is seeing wound care at PSL weekly. He has LTHH and wants to transition to IHSS. Most recent assessment was 12/14/2017.				
					Does the client have other services?    Yes									
					Current Services (non-IHSS)    Hours per Week Personal Care    9.00 Long Term Home Health    3.50									

Approved IHSS Hours	
Homemaker	3.75
Personal Care	4.25
Health Maintenance	4.25
<b>TOTAL</b>	<b>12.25</b>

This is an example of a completed Care Plan Calculator.

The client's current services are 12.50 hours per week. The Case Manager has authorized 12.25 IHSS hours per week.

The client does not plan to use a relative as an attendant.



# Care Plan Development

## IHSS Care Plan Calculator

Client Name: Dave Davidson    Medicaid ID: ABC123    Date: 02/01/2018    Case Manager: Abby Albertson

Homemaker					Personal Care					Health Maintenance*				
Task	Norm	min per task	times per week	min per week	Task	Norm	min per task	times per week	min per week	Task	Norm	min per task	times per week	min per week
Floor Care	15min/room	15	1	15	Bathing	30min/each time			0	Bathing	IND*	30	3	90
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Kitchen	35min/week	25	1	25	Skin Care	5min/each time			0	Skin Care	IND*	30	3	90
Trash	5min/each time	5	3	15	Transfers	5min/each time			0	Transfers	15min/each time			0
Meal Prep	30min/each time	30	3	90	Mobility	5min/each time			0	Mobility	5min/each time			0
Dishwashing	20min/load			0	Eating	30min/meal	15	3	45	Feeding	IND*			0
Bed Making	5min/each time	5	3	15	Respiratory Assistance	30min/week	30	1	30	Respiratory Care	IND*			0
Laundry	20min/load	20	2	40	Positioning	15min/2 hours			0	Positioning	15min/2 hours			0
Shopping	120min/week			0	Bladder/Bowel	10min/each time	30	3	90	Bladder	IND*			0
Dusting	35min/week			0	Hygiene	30min/day	30	3	90	Bowel	IND*			0
<b>TOTAL</b>				<b>3.75</b>	Medical Equipment	60min/week			0	Nail Care	30min/week	30	1	30
Is the client bringing Attendants?    Unsure					Medication Reminders	5min/each time			0	Mouth Care	15min/each time			0
Does the client plan to hire a family member as their Attendant?    No					Protective Oversight	IND*			0	Medical Management	10 min/each time			0
Note: Agency must define RPCP tasks on the Care Plan. RPCP max is 40 hours per client.					Accompanying	IND*			0	Medication Assistance	5min/each time			0
Current living situation (please select):					Exercise	IND*			0	Accompanying	IND*			0
Lives Alone					<b>TOTAL</b>				<b>4.25</b>	Exercise	IND*			0
Private residence					<b>IND = Individualized based on client need</b>					<b>TOTAL</b>				
Other HCBS clients in household?    No					Is there documentation for HMA tasks?    Yes					Tasks are determined by the client's most recent 100.2 assessment. If there is any increase or decrease in the client's approved services, please provide details below:				
					Is there documentation for IND* tasks?    Yes					Client DD has an open wound on his R leg and is seeing wound care at PSL weekly. He has LTHH and wants to transition to IHSS. Most recent assessment was 12/14/2017.				
					Does the client have other services?    Yes									
					Current Services (non-IHSS)    Hours per Week									
					Personal Care    9.00									
					Long Term Home Health    3.50									

Approved IHSS Hours	
Homemaker	3.75
Personal Care	4.25
Health Maintenance	4.25
<b>TOTAL</b>	<b>12.25</b>

The IHSS Agency meets with the client to develop a Care Plan.

The client and agency agree to schedule the attendant for 4 hour visits, 3 days per week.

The agency creates a Care Plan with 4.25 hours HMA and 8 hours PCP. The agency bills the services in 15 minute increments.



# *Questions*



# *Frequently Asked Questions*

Q: Our IHSS Agency received a referral, and the Case Manager did not give the client enough hours for the care they need.

A: The Case Manager authorizes services that are appropriate given the client's medical/functional condition, natural supports, and need. Clients may speak to their Case Manager about their service options.



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# *Frequently Asked Questions*

Q: My agency received a call from a family interested in IHSS. How do we get them started?

A: Eligible clients may request IHSS with their Case Manager.

Q: This family needs services. Can I send the Care Plan to the Case Manager on their behalf?

A: No.



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# *Frequently Asked Questions*

Q: During the assessment, our RN observed the client with unsteady balance during a transfer. The Case Manager requested unskilled transfers, but this client's transfers are skilled.

A: Contact the Case Manager to discuss. Perhaps the client's condition has changed recently. Ultimately, the Case Manager determines what services can be approved based on the most recent functional assessment.



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# *Frequently Asked Questions*

Q: Our agency has a client who has both HMA and PCP tasks authorized. One attendant completes a one hour visit and both HMA and PCP tasks are completed. How do we bill this?

A: Tasks must be billed in 15 minute increments in the appropriate category (HMA, PCP).



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# *Frequently Asked Questions*

Q: During our intake assessment the client asked for someone to sit with her at the dialysis center for three hours a few times a week. What do we do?

A: The client may request services with the Case Manager. If the Case Manager is unable to approve the request, they will issue a Notice of Action (803).



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# *Authorized Representative Criteria*

Must be at least 18 years of age.

Must have known the client for at least two years. For children under the age of two, the Authorized Representative must have known the child for the duration of their life.

Has not been convicted of any crime involving exploitation, abuse, neglect, or assault on another person.

Must attest to the above requirement on the Authorized Representative Designation for In-Home Support Services (IHSS) form.

# *Attendant Criteria*

Must be at least 18 years of age and demonstrate competency in caring for the client to the satisfaction of the client or Authorized Representative.

Must be able to perform the assigned tasks on the Care Plan.

In their role as an IHSS Attendant, they may not represent themselves to the public as a licensed nurse, a certified nurse's aide, a licensed practical or professional nurse, a registered nurse or a registered professional nurse.

Must not have had their license as a nurse or certified nurse aide suspended or revoked or their application for such license or certification denied.

Must be employed by an approved IHSS Agency



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# Roles in Discontinuation / Termination

## Client/AR

May change to or from IHSS at any time

May seek equivalent care in the community

Have the right to a fair hearing and may appeal discontinuation/termination from IHSS

## Case Manager

Coordinates transition to new agency or other home care services

Sends Notice of Action explaining the reason of discontinuation, appeal information and rights

Determines and authorizes services

## Agency

Facilitates transitions between agencies

Must provide 30-day written notice of discontinuation

Is the Employer of Record for all Attendants

# *IHSS Discontinuation / Termination, continued*

## Case Managers may terminate a client's participation in IHSS for the following reasons:

- Client/AR fails to comply with IHSS program requirements.
- Client no longer meets program criteria, such as enrollment in an approved waiver.
- Client's medical condition deteriorates causing an unsafe situation for the client or Attendant by the client's doctor.
- Client refuses to designate an AR or receive assistance from an IHSS Agency when the client requires AR.
- Client provides false information, false records, or is convicted of fraud.
- Client/AR exhibits inappropriate behavior and attempts at dispute resolution have failed.



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# *IHSS Discontinuation / Termination, continued*

An IHSS Agency may discontinue services with a written notice of at least 30 days

- Notice must be provided in person, by certified mail or another verifiable-receipt service.
- Notice must be received by the client/AR and Case Manager.
- IHSS Agencies may allow the client or their Authorized Representative to use the 30-day notice period to address conflicts that have resulted in discontinuation.



An IHSS Agency may discontinue services without advanced notice when there is a documented immediate threat to the client, IHSS Agency, or Attendants.

# IHSS Forms



## IHSS Physician Attestation of Consumer Capacity

The following client is interested in participating in In-Home Support Services (IHSS). To qualify for IHSS, the client's primary care physician shall attest that the client has the capability to direct their own care; or recommend the client appoint an Authorized Representative\*(AR); or recommend the client utilize additional support from an IHSS agency.

**Note:** Sections of the Nurse Practice Act and Certified Nursing Aide legislation does not apply to IHSS.

I. Client Information			
Client Medicaid #:			
Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip:
Date of Birth:	Phone:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
II. Services			
<p><b>In-Home Support Services Agencies</b> provide intake and orientation services, assistance with selecting attendants, verification of attendant skills and competency, attendant training and oversight, supervision by a licensed health care professional, and 24-hour back-up staffing. Additionally, IHSS agencies are required to offer additional assistance to all IHSS clients. Examples of the additional supports that may be provided by IHSS agencies include support with selecting and dismissing Attendants, information and referral services, systems advocacy, independent living skills training, and cross disability peer counseling.</p> <p>If the client has an unstable medical condition, the physician may indicate whether additional in-home supervision is necessary and if so, the amount and scope of the in-home supervision.</p> <p>Medical recommendations for additional in-home supervision for clients in an unstable medical condition:</p>			
III. Statement of Consumer Capacity			Licensed Medical Professional Initials
<p><i>* Must be completed by a licensed medical professional: Physician (MD/DO), Physician Assistant (PA) and Advanced Practice Nurse (APN)</i></p> <p>Review and initial ONE of the following: As the treating physician, I believe this individual has sound judgment<sup>2</sup> and has the ability to direct their own care.<sup>3</sup></p> <p>OR</p> <p>As the treating physician, I am of the opinion this individual requires an Authorized Representative<sup>4</sup> or requires additional support from an IHSS agency<sup>5</sup> to assist them in acquiring and utilizing services through IHSS.</p>			
IV. Licensed Medical Professional <sup>6</sup>			
Name of Attesting Licensed Medical Professional:		License #:	
Address:		City:	
State:	Zip:	Phone:	
Name of Person Completing Form:		Date:	
Signature of Attesting Licensed Medical Professional:		Date:	

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See back page for definitions

Page 1 of 2



This form is required at initial enrollment and following a change in the client's condition

Find  
IHSS Physician Attestation of Consumer Capacity Form online:

[www.colorado.gov/hcpf/participant-directed-programs#IHSS](http://www.colorado.gov/hcpf/participant-directed-programs#IHSS)



# IHSS Forms



## Authorized Representative Designation for In-Home Support Services (IHSS)

Participants can designate an Authorized Representative (AR) to assist with tasks that are necessary to participate in IHSS. Participants can select, schedule, train, and direct IHSS through an Authorized Representative. To participate in IHSS, the eligible person must be enrolled on a Health First Colorado (Colorado's Medicaid Program) waiver that offers IHSS.

A participant may elect to change their Authorized Representative if desired; participants must work with their IHSS agency and case manager to change the Authorized Representative. If the individual identified as the Authorized Representative changes, a new form must be completed.

Participant Information		
Last Name:	First Name:	Middle Initial:
Street Address:		City, State, Zip:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (MM/DD/YYYY)	Phone:
Medicaid ID#:	Email:	

Authorized Representative Information		
Last Name:	First Name:	Middle Initial:
Street Address:		City, State, Zip:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (MM/DD/YYYY)	Phone:
Relationship to Participant:	Email:	

Authorized Representative Responsibilities		
An Authorized Representative has the responsibility to complete the following:		
<ul style="list-style-type: none"> <li>Present person(s) to IHSS agency as potential attendant(s)</li> <li>Schedule, manage, and supervise Attendants with the support of the IHSS agency</li> </ul>	<ul style="list-style-type: none"> <li>Train attendant(s) to meet individual's needs</li> <li>Determine, in conjunction with the IHSS agency, the level of in-home monitoring by a licensed medical professional</li> </ul>	<ul style="list-style-type: none"> <li>Dismiss attendant(s) who are not meeting the individual's needs</li> </ul>

Authorized Representative Affidavit
<p>I personally affirm that</p> <ul style="list-style-type: none"> <li>I am at least eighteen years of age.</li> <li>I have known the client for at least two years. For children under the age of two, the AR needs to have known the child for the duration of their life.</li> <li>I have not been convicted of any crime involving exploitation, abuse, or assault on another person.</li> <li>IHSS clients who require an Authorized Representative may not serve as an Authorized Representative for another IHSS client.</li> </ul> <p>Authorized Representative Signature: _____</p>

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www.colorado.gov/hcpf



This form is required at initial enrollment and following a change in the Authorized Representative

Find Authorized Representative Designation Form for IHSS online:

[www.colorado.gov/hcpf/participant-directed-programs#IHSS](http://www.colorado.gov/hcpf/participant-directed-programs#IHSS)



# IHSS Forms



This form is required for any client who chooses to have the IHSS Agency provide additional supports to participate in IHSS



This form should only be used if the client is unable to elect an Authorized Representative that meets the defined criteria

Find

IHSS Client and Provider Agency Responsibilities Form online:

[www.colorado.gov/hcpf/participant-directed-programs#IHSS](http://www.colorado.gov/hcpf/participant-directed-programs#IHSS)

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**In-Home Support Services (IHSS)  
Client and Provider Agency Responsibilities**

**Section I: Client Information**

Client Full Name: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_

IHSS Provider Agency: \_\_\_\_\_

**Section II: Responsibilities**

The client's physician has indicated the client is able to participate in IHSS with the requirement of having either:

- a) An Authorized Representative designated by the client to direct and manage IHSS services.
- OR**
- b) An agreement to receive additional support from an IHSS provider agency in directing and managing IHSS. The client must receive one or more of the additional supports listed below.

**The client has elected to receive additional support from an IHSS provider agency. The client and IHSS provider agency have agreed for the agency to provide the following supports for the client:**

<input type="checkbox"/> Introduce potential attendant(s) to the client.	<input type="checkbox"/> Train attendant(s) to meet the client's needs.
<input type="checkbox"/> Dismiss attendant(s) who are not meeting the client's needs.	<input type="checkbox"/> Manage and supervise attendant(s).
<input type="checkbox"/> Directly schedule attendant(s) and document any permanent and significant changes in scheduling.	<input type="checkbox"/> Work with the client to determine the level of oversight needed by a licensed health care professional.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Agency Representative Signature

\_\_\_\_\_  
Date

The provider agency must work with the client to update this form when there is a change to the elected supports. A copy must be sent to the case manager within 5 days of the change in elected supports.

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# Resources

- [Volume 8 Regs for Health Care Policy and Financing](#)
- [Participant-Directed Programs](#)
- [In-Home Support Services](#) (Forms, Training, Provider List, etc.)
- [Colorado.gov - For Our Providers](#)
- [Colorado Dept of Public Health and Environment \(CDPHE\) Health Facilities Info](#)
- [Provider Rates & Fee Schedule](#)
- [Long-Term Services and Supports Programs](#)



# *Questions*



# Contact

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