



**COLORADO**

Department of Health Care  
Policy & Financing

# In-Home Support Services (IHSS) FAQs for Case Managers & Provider Agencies

---

June 2022

*This FAQ is for informational purposes only. It is ultimately the responsibility of each Case Manager and IHSS Agency to be knowledgeable of the requirements outlined in rule (10 CCR 2505-10 Section 8.552).*

## Becoming an IHSS Agency

### How does my agency become certified as an IHSS Agency?

1. Visit the [Health Facilities Licensure Certification and Registration website](#) to submit a Letter of Intent (LOI) to the Colorado Department of Public Health and Environment (CDPHE) to become certified.
  - CDPHE will be in contact and offer further guidance. If the agency is not already licensed to operate a home care agency in Colorado, a license application will also have to be completed.
  - Once the appropriate application materials are received, an initial survey will be scheduled and conducted by CDPHE.
  - CDPHE will conduct an inspection and certification survey at the same time.
  - When it is determined that the agency is compliant with IHSS rules, CDPHE will recommend to the Department of Health Care Policy and Financing (HCPF) that the agency be certified as an IHSS Agency.
2. Prospective IHSS Agencies must complete a provider enrollment application with the Department of Health Care Policy and Financing (HCPF) and the fiscal agent, Gainwell Technologies. Existing IHSS Agencies must update their provider profile in the web portal to add the IHSS certification.

Agencies may start this process at the **same time** as the certification application process with CDPHE – go to the [HCPF Provider Enrollment website](#). **It is recommended agencies complete both CDPHE and HCPF processes at the same time.**

- Obtain a [National Provider Identifier \(NPI\)](#) before starting the online application process with Gainwell Technologies. An NPI is required for IHSS.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
hcpf.colorado.gov



- For additional assistance with obtaining an NPI please see the CMS guide [How to Apply](#) or call NPPES at 1-800-465-3203
- For assistance with the web portal or application, please call Gainwell at 1-844-235-2387.
  - Once you start provider enrollment online, the web portal will automatically assign you a 5-digit application tracking number (ATN).
  - After submitting your application, you can check the status of your enrollment by logging into the web portal at any time using your ATN.
  - Please ensure your effective date for IHSS specialty enrollment matches the date of CDPHE IHSS certification; errors will significantly delay enrollment.
3. Complete Mandatory Provider Training with Consumer Direct of Colorado. [View CDCO Event calendar](#).
  4. After you receive approval from both CDPHE and HCPF, submit your IHSS Training certificate, your approved ATN, and information needed for your agency to be added to the published IHSS Provider List using the google form [IHSS Post-Enrollment Questionnaire](#). Questions regarding this process can be sent to Emily Harvey, Participant Directed Policy Advisor at [Emily.Harvey@state.co.us](mailto:Emily.Harvey@state.co.us).
  5. Once confirmed and information is provided, your agency will be added to the [IHSS Provider List](#). Your agency may choose to communicate with the Case Management agencies in your service area.
  6. If your agency information listed on the published Provider List changes, use the google form [IHSS Provider Information Update Request](#) to request changes. Please note, any changes to your service area, location, or name must be communicated to CDPHE.

## Homemaker, Personal Care, and Health Maintenance Services

### Can a family member get paid to provide Homemaker services?

No, a family member cannot be paid to complete Homemaker tasks unless they are secondary and contiguous to a Health Maintenance Activity and approved by the Case Manager.

### **A family member may perform homemaker tasks which are secondary and contiguous to IHSS Relative Personal Care or IHSS Health Maintenance Activities. What does "secondary and contiguous" mean?**

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
hcpf.colorado.gov



IHSS Rule [8.552.8.F](#) states "Health Maintenance Activities may include related Personal Care and/or Homemaker services if such tasks are completed in conjunction with the Health Maintenance Activity and are secondary or contiguous to the Health Maintenance Activity."

Secondary means in support of the main task(s). Secondary tasks must be routine and regularly performed in conjunction with a Health Maintenance Activity. There must be documented evidence that the secondary task is necessary for the health and safety of the client. Secondary tasks do not add units to the care plan.

Contiguous means before, during or after the main task(s). Contiguous tasks must be completed before, during, or after the Health Maintenance Activity. There must be documented evidence that the contiguous task is necessary for the health and safety of the client. Contiguous tasks do not add units to the care plan. Examples of secondary and contiguous tasks:

- ✓ Following skilled bowel care, the attendant empties and cleans the commode. This takes 5 minutes or less. This bathroom cleaning is secondary and contiguous to HMA bowel care.
- ✓ A Member requires skilled feeding through a syringe. The Member has a documented prescribed modified texture diet requiring honey consistency meals. Prior to the skilled feeding, the attendant must blend foods to ensure the meal is the proper consistency. Because the time spent preparing meals takes less than 10 minutes, it is considered secondary to feeding.

### **Is there a limit to the number of hours a Relative Personal Caregiver can be paid to work?**

The Member is limited to 40 hours of Relative Personal Care. This limit must be shared among all relatives, with the exception of parents caring for their adult children. Services are determined and authorized by the Case Manager.

### **Can a Member have more than one family member provide Relative Personal Care and each attendant work 40 hours per week (totaling 80 hours a week)?**

The Member is limited to receiving a total of 40 hours per week for Relative Personal Care. For example, if a Member has two family members (a sibling and a grandparent) they must share those 40 hours between the two relative Attendants.

### **Is there a limit to Health Maintenance Activities?**

Health Maintenance Activities do not have a limit. Authorization is based on individual need as determined by the Case Manager's assessment.



**Is IHSS Personal Care exempt from Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)?**

No, IHSS Personal Care is not exempt from EPSDT. Individuals between the ages of 18-20 who are on the EBD or SCI waiver must receive medically necessary Personal Care services through EPSDT or State Plan when available.

**Can a CHCBS Member receive State Plan services as well, or is this duplicative of HMA?**

CHCBS Members are not eligible for IHSS Personal Care or Homemaking. Members may receive HMA through an IHSS Agency and Personal Care services through the state plan option. An individual may still access medically necessary Nursing/Therapy/CNA and Personal Care services as long as there is no duplication with IHSS HMA.

**Is the IHSS Agency responsible for all back-up care?**

Yes, the IHSS Agency is required to provide 24-hour back-up care for scheduled visits. The IHSS Agency must develop a back-up plan as part of the Care Plan.

**If a spouse or family member receives income for providing services, how does this affect a Member's income eligibility?**

Since each individual's situation is different, the Member should contact their county Health and Human Services Office to discuss any impact to Health First Colorado (Colorado's Medicaid Program) eligibility.

**What services can be provided in the community?**

All IHSS can be provided in the community. For example, services may be needed when a Member needs support at a doctor's appointment or at a grocery store.

**Is travel time billable in IHSS?**

No, the IHSS Agency may not bill for travel time.

## Home Health

**Can someone receive IHSS and Long-Term Home Health (LTHH) or Private Duty Nursing at the same time?**

This may be allowed if there is no duplication of services. Members or their Authorized Representatives must coordinate with their home care agencies and case manager to ensure services meet their needs.



## **What’s the difference between Long Term Home Health (LTHH) and IHSS HMA?**

Both services include skilled tasks. Long-Term Home Health provides a Nurse or certified nursing assistant (CNA) to complete skilled tasks in visits to the Member’s home as prescribed by the Member’s physician. In IHSS, the Nurse Practice Act is waived. This means skilled tasks (not requiring the clinical judgment and assessment skills of a nurse) that are typically only allowed to be completed by a Nurse or CNA, can be provided by an Attendant that does not have a Nursing or CNA license in IHSS. The attendant’s skills and competency are verified by the IHSS Agency RN. Services can be completed in the home and community.

## **Is IHSS a nursing program?**

No. IHSS is a service-delivery option for Members on the EBD, SCI, and CHCBS waivers. Individuals on these EBD and SCI waivers can choose to receive Homemaking, Personal Care and Health Maintenance services through IHSS instead of the traditional agency-based way. Individuals on CHCBS waiver are not eligible for IHSS Personal Care or Homemaking services, but may choose to receive Health Maintenance service through IHSS. IHSS does not provide nursing services. The IHSS Agency must have a Registered Nurse (RN) on staff to complete IHSS Agency responsibilities.

## **Overtime**

### **How does overtime work?**

An IHSS Agency is required to comply with the Fair Labor Standards Act (FLSA). For additional information regarding FLSA, please visit the [Colorado Department of Labor](#) website.

## **Forms**

### **What forms are required for IHSS?**

The Physician Attestation of Consumer Capacity form is required for all Members. This form is completed by the Member’s physician and helps determine what supports a Member requires to be safe in the home and community. The physician also determines if the Member requires an Authorized Representative. This form is required at initial enrollment and any documented change in the Member’s condition. Additional forms are required for Authorized Representatives.

### **Who can sign the Physician Attestation form?**

The Member’s primary care physician must complete the form. This includes the following licensed medical professionals: MD, DO, PA, or APN.



## **What is the IHSS Client and Provider Agency Responsibilities Form?**

This form was discontinued effective June 2022. This form was to be completed when a Member had elected to receive additional support from the IHSS Agency to direct and manage services. Some Members may be required to have an Authorized Representative (AR); others may elect to have an AR to assist. Effective January 30, 2022, Members are no longer able to utilize their IHSS Agency as their AR.

## **What is the IHSS Shared Responsibilities Form?**

This form will be available in Fall 2022. The Shared Responsibilities Form is to be completed when a Member is first enrolling onto the IHSS program to organize the roles and responsibilities shared by the Member (and their AR if applicable) and the IHSS Agency providing services. This form is required to be completed upon initial enrollment and reviewed following any change of condition.

## **Do we need to update old IHSS forms with new ones?**

Forms utilized for IHSS must be completed at initial enrollment and updated when the Member is experiencing a change in condition. For example, if there is a change in a Member's needs, the Physician Attestation form should be updated. If there is a change in Authorized Representative, a new form shall be completed, etc. Forms do not need to be updated annually.

## **Care Plan**

### **What is the Care Plan Calculator?**

The Care Plan Calculator is a case management tool used to outline the Member's care needs as determined in the Case Management assessment. It is provided to the IHSS Agency upon initial referral and following a change of condition.

### **What if the IHSS Care Plan created by the IHSS Agency doesn't align with the ULTC 100.2 assessment the Case Manager completed?**

The Case Manager should discuss the IHSS Care Plan with the Member. The Member's needs may have changed since the time the assessment and IHSS Care Plan were completed. When situations like this occur, there should be collaboration between the Member, IHSS Agency, and Case Manager to ensure the IHSS Care Plan is accurate. If additional support is needed to discuss care plan discrepancies, they may submit a Mediation Request with the Department's contracted Training and Operations Vendor, Consumer Direct for Colorado (CDCO). This form may be found on [CDCO's website](#).

The Case Manager is also responsible for making changes to the HCBS Service Plan if the Member's needs have changed. If the Member disagrees with the Case Manager's



determination of services, the Member may file an appeal to request a hearing before an administrative law judge.

## **IHSS Agency**

### **Who is responsible for the family members providing care?**

IHSS is a service-delivery option that allows home and community-based services (HCBS) waiver participants to decide to what degree they want to direct their care and manage their attendant, with additional support provided by the agency. The Member/authorized representative may direct and manage their care. The IHSS Agency is required to administer skills validation for all attendants, including family members. If the IHSS Agency cannot verify and validate attendant skills and ensure that services can be completed safely, they may discuss alternative service options with the Member/authorized representative. Ultimately, the IHSS Agency is responsible for ensuring that services are delivered appropriately and safely.

### **What is the role of the RN in IHSS?**

The IHSS Agency must staff a Registered Nurse (RN) who is responsible to verify and document attendant skill and competency. The RN ensures attendants are performing services correctly, safely and with minimum discomfort to the Member. The RN has other responsibilities including skills validation, supervision, care planning/coordination, and ensuring Member and attendant safety. The scope of RN responsibilities can be found in IHSS rule [8.552.6.G](#).

### **Who completes the Care Plan?**

The IHSS Agency develops a Care Plan in coordination with the Member/Authorized Representative and the Case Manager. The IHSS Agency RN is required to review and sign off on Care Plans annually.

### **Can the RN write orders for skilled exercises or other HMA tasks?**

No. The IHSS Agency RN may not prescribe or order exercise or other services in IHSS. Not only is it a conflict of interest, but an RN cannot prescribe under their scope of practice. An RN can only implement or “place an order” for services if there is a standing physician’s signed order with patient criteria/standards of care.

### **Are supervisory visits required in IHSS?**

IHSS Agencies must follow the requirements of their licensure. Members are encouraged to collaborate with the IHSS Agency to schedule and participate in supervisory visits. An IHSS Member or Authorized Representative may not waive an agency’s licensure requirements.



## **What is the Member's role in IHSS?**

A Member or their Authorized Representative may direct the following aspects of service delivery:

- Present a person(s) of their own choosing to the IHSS Agency as a potential Attendant. The Member must have adequate Attendants to assure compliance with all tasks in the Care Plan.
- Train Attendant(s) to meet their needs.
- Dismiss Attendants who are not meeting their needs.
- Schedule, manage, and supervise Attendants with the support of the IHSS Agency.
- Determine, in conjunction with the IHSS Agency, the level of in-home supervision as recommended by the Member's Licensed Medical Professional.
- Request support from the IHSS Agency to assist with parts of service delivery that the Member is unwilling or unable to manage.

In addition to directing aspects of service delivery, a Member also has the right to:

- Transition to alternative service delivery options at any time. The Case Manager shall coordinate the transition and referral process.
- Communicate with the IHSS Agency and Case Manager to ensure safe, accurate and effective delivery of services.
- Request a reassessment if level of care or service needs have changed.

## **Does the agency determine attendant competency standards?**

Under IHSS rule, the agency shall assure and document that attendant skills validation is completed within 30 days of services starting. Attendants must complete training prior to the start of services.

## **An IHSS Member needs skilled transfers. Doesn't that mean that all of their services are skilled / Health Maintenance Activities?**

No. IHSS has three services: homemaker, personal care, and health maintenance activities; these services are billed in 15-minute increments. A Member's services are individualized to their needs. Therefore, a Member's Care Plan may include some personal care and some health maintenance. It is possible that a Member's care plan does not include any health maintenance activities.

## **Is there a standard care plan that IHSS Agencies can use?**

IHSS Agencies are encouraged to develop their own forms and care plans.





## **We are a new IHSS Agency. How do we recruit new clients?**

IHSS Agencies are encouraged to develop their own marketing plans and recruiting strategies. The Department maintains a list of approved providers for the use of Members and Case Managers.

## **I do not want to direct and manage my care. Can I be on IHSS?**

Participant-Direction is an integral part of IHSS, but it is not required. Members have the flexibility and choice to decide how they want to be involved in service delivery and are encouraged to work with their IHSS Agency and Case Manager to determine what is the best choice for them. If a Member does not want to assist with directing and managing their services, there are a few options.

- Transition from IHSS to an alternate service-delivery option
- Elect an Authorized Representative to assist with service delivery
- Request support from the IHSS Agency to assist with parts of service delivery that the Member is unwilling or unable to manage.

## **What are Independent Living Core Services?**

Independent Living Core Services are services that advance and support the independence of individuals with disabilities and to assist those individuals to live outside of institutions. These services include but are not limited to:

- 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; or
- upon leaving secondary education.

Informational Memo [IM 2020-047](#) provides additional information on IHSS Agencies and Independent Living Core Services.

## **Are Independent Living Core Services included in a Member's IHSS Care Plan as HMA?**

No, Independent Living Core Services are not part of a Member's Care Plan as HMA. Independent Living Core Services are required to be offered by the IHSS Agency and are not separately reimbursable services.

## **Can a Member elect not to receive Independent Living Core Services?**

Yes, they can elect to not receive these services.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
hcpf.colorado.gov



## Stakeholder Engagement

### How can I be more involved in IHSS?

There are stakeholder opportunities open to those interested.

- The [Participant-Directed Programs Policy Collaborative \(PDPPC\)](#) is a monthly joint meeting for stakeholders and the Colorado Department of Health Care Policy and Financing. The PDPPC is a place where stakeholders and the Department work together, with transparency, on issues relating to the Participant-Directed Programs administered by the Department. These programs include [Consumer-Directed Attendant Support Services \(CDASS\)](#) and [In-Home Support Services \(IHSS\)](#).
- During PDPPC meetings, there will be an opportunity to participate in breakout rooms. An IHSS breakout room will be facilitated to discuss general IHSS topics, open forum, and updates that reports to PDPPC.
- IHSS Workgroups may be available for rule revisions, form reviews, program and policy development, etc.
- Additional stakeholder engagement opportunities may be found on the Department's [Committees, Boards and Collaboration](#) page or the [Office of Community Living Stakeholder Engagement](#) page.

### For information about this FAQ, contact:

Emily Harvey  
[Emily.Harvey@state.co.us](mailto:Emily.Harvey@state.co.us)

