

Consumer Directed Options in Colorado

Case Management Agency Training

Presented by Consumer Direct Colorado -
Training and Operations Vendor

January 2016



COLORADO

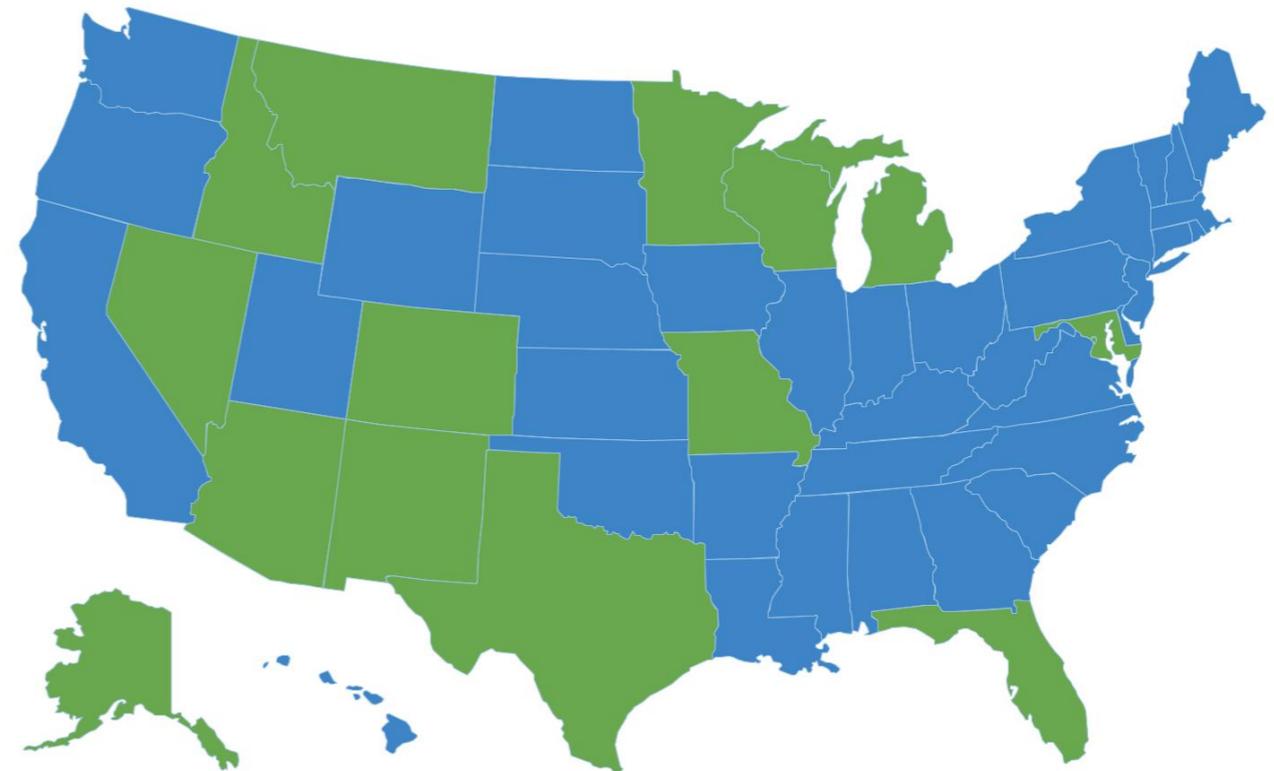
Department of Health Care
Policy & Financing



Consumer Direct Colorado (CDCO)

Consumer Direct Care Network

- Who We Are
- Our Role
 - Client and Authorized Representative Training
 - Customer Services
 - Case Manager Training



- www.consumerdirectco.com
 - Training Calendar
 - Resources



Goals

- Overview of Consumer Direction
- Direction in Colorado
- Consumer Direction in IHSS
- Consumer Direction in CDASS
- Your role and responsibilities in Consumer Direction



Consumer Direction

- Principles of Self-Determination

FREEDOM

AUTHORITY

SUPPORT

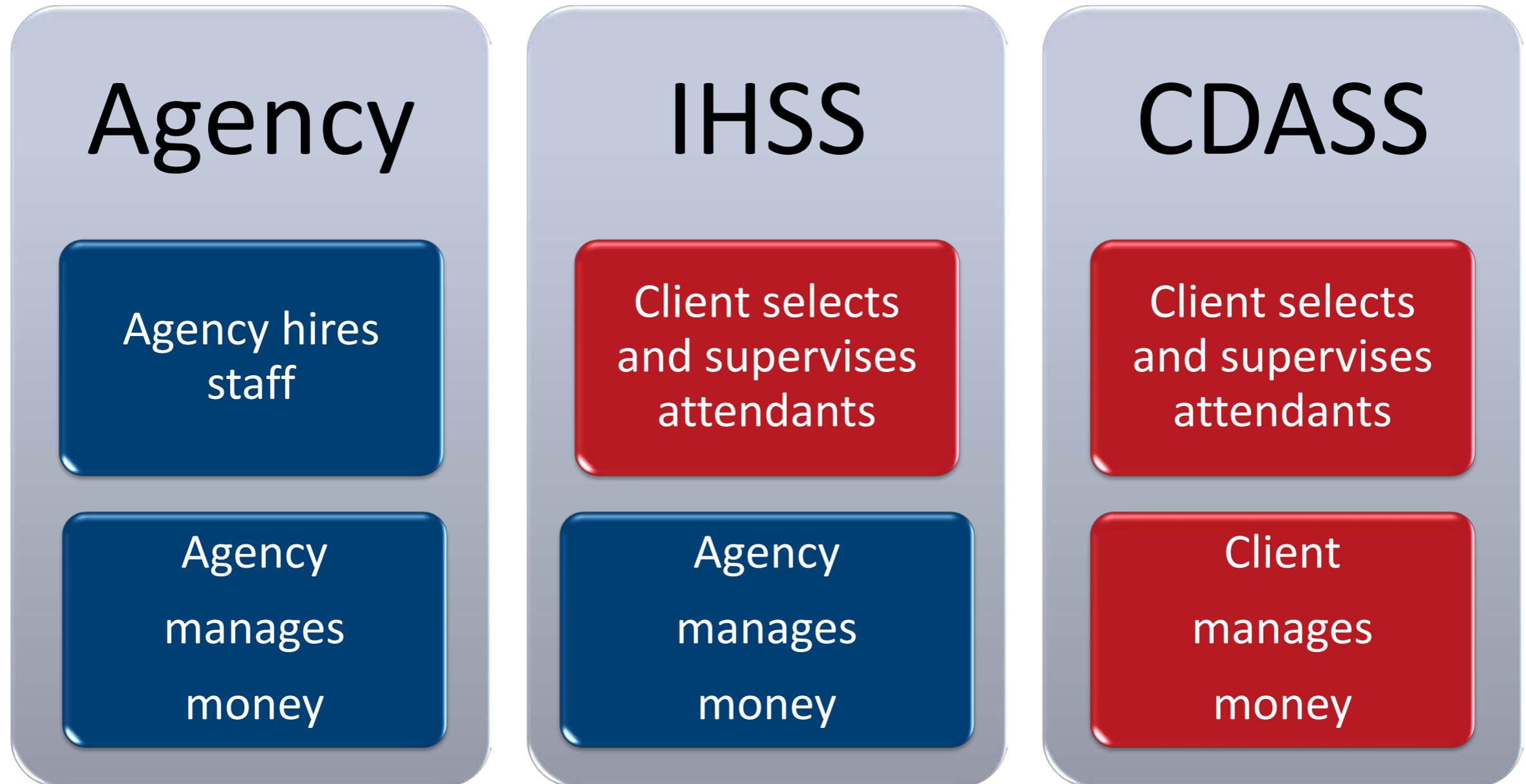
RESPONSIBILITY

CONFIRMATION

- Basic Features of Consumer Directed Services
- Consumer Directed Services in Colorado



Consumer Direction Continuum



IHSS or CDASS... Which Fits?

Factor	IHSS	CDASS
Waivers	Children's HCBS Elderly, Blind and Disabled Spinal Cord Injury	Brain Injury Community Mental Health Supports Elderly, Blind and Disabled Spinal Cord Injury
Interest	Client or Authorized Representative expresses interest	Client or Authorized Representative expresses interest
Need	Case Manager determines need in at least one of the 3 service categories	Case Manager determines need in at least one of the 3 service categories
Health Status	Stable or Unstable Health	Stable Health
Employer Authority	Joint Employer (Additional agency support)	Individual Employer (F/EA)
Budget Authority	No	Yes
Service Flexibility	Joint	Yes



IHSS or CDASS... Which Fits?

Continued

Factor	IHSS	CDASS
Family Caregivers	Yes, including spouses Effective 2.1.16	Yes
Family Caregiver Hours	40 hour/week maximum for Relative Personal Care Only Effective 2.1.16 Health maintenance allowed based on Client need	40 hour/week maximum
Attendant	Agency can assist with staffing	Must have 2 attendants enrolled with FMS
Back-up staffing	Agency is required to have back-up staff	Client is required to have back-up plan
Location	Where IHSS Agencies are available (refer to provider list)	Statewide
Home Health	Long term home health	Acute home health
Additional Support	Agency Access to Health Professional Agency back-up staff Training Support available	Training & Operations Vendor FMS Provider



Services Available in IHSS

- EBD and SCI Waivers offer:
 - Personal Care
 - Homemaker
 - Health Maintenance Activities (HMA)
- Children's Home and Community Based Services Waiver (CHCBS)
 - Health Maintenance Activities (HMA)
- Refer to Rule: 8.552
- Currently not an option on BI Wavier or CMHS



Service Definitions

- Homemaker-As defined by 10 CCR 2505-10 Section 8.450
- Personal Care-As defined by 10 CCR 2505-10 Section 8.489
- Health Maintenance Activities-Includes any excluded personal care tasks as defined in 10 CCR 2505-10 Section 8.489, as well as Certified Nursing Assistant (CNA) and nursing services



Rule Changes eff 02.01.2016

- IHSS can be provided in the community
- Client or the client's authorized representative is responsible for directing their care, including scheduling, managing, and supervising attendants.
- Allowing clients or the client's authorized representative to work with the IHSS agency to determine the amount of oversight provided by a licensed health care professional
- Added a spouse as an eligible family member who may act as an attendant providing IHSS
- Removed the 444 hour per year family member reimbursement limit for personal care and established a new 40 hour per week family member reimbursement limit for personal care



Frequent Concerns

- Services authorized do not align with 100.2
- Services authorized that do not meet service definitions
- CHCBS is health maintenance only



Example Scenario 1

- 1.) A 16-year old CHCBS client without open wounds, a risk for infection, or a need for a skilled transfer needs assistance bathing. Which of the following would be appropriate for the CM to authorize?
- a.) 1 hour per day of IHSS personal care
 - b.) One half-hour per day of IHSS HMA
 - c.) No IHSS services would be authorized

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- a.) 1 hour per day of IHSS personal care
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 -  c.) No IHSS services would be authorized

Answer is C because personal care is not service offered in the CHCBS waiver

Example Scenario 2

2) A 33-year old EBD client needs assistance with dressing. The client is able to assist with transferring and has used an orthopedic device for several years and is able to instruct attendants on how to assist him. Which of the following would be the most appropriate to include in the IHSS care plan?

- a) IHSS Personal Care
- b) IHSS HMA
- c) No IHSS services



Example Scenario 2

2) A 33-year old EBD client needs assistance with dressing. The client is able to assist with transferring and has used an orthopedic device for several years and is able to instruct attendants on how to assist him. Which of the following would be the most appropriate to include in the IHSS care plan?



- a) IHSS Personal Care
- b) IHSS HMA
- c) No IHSS services

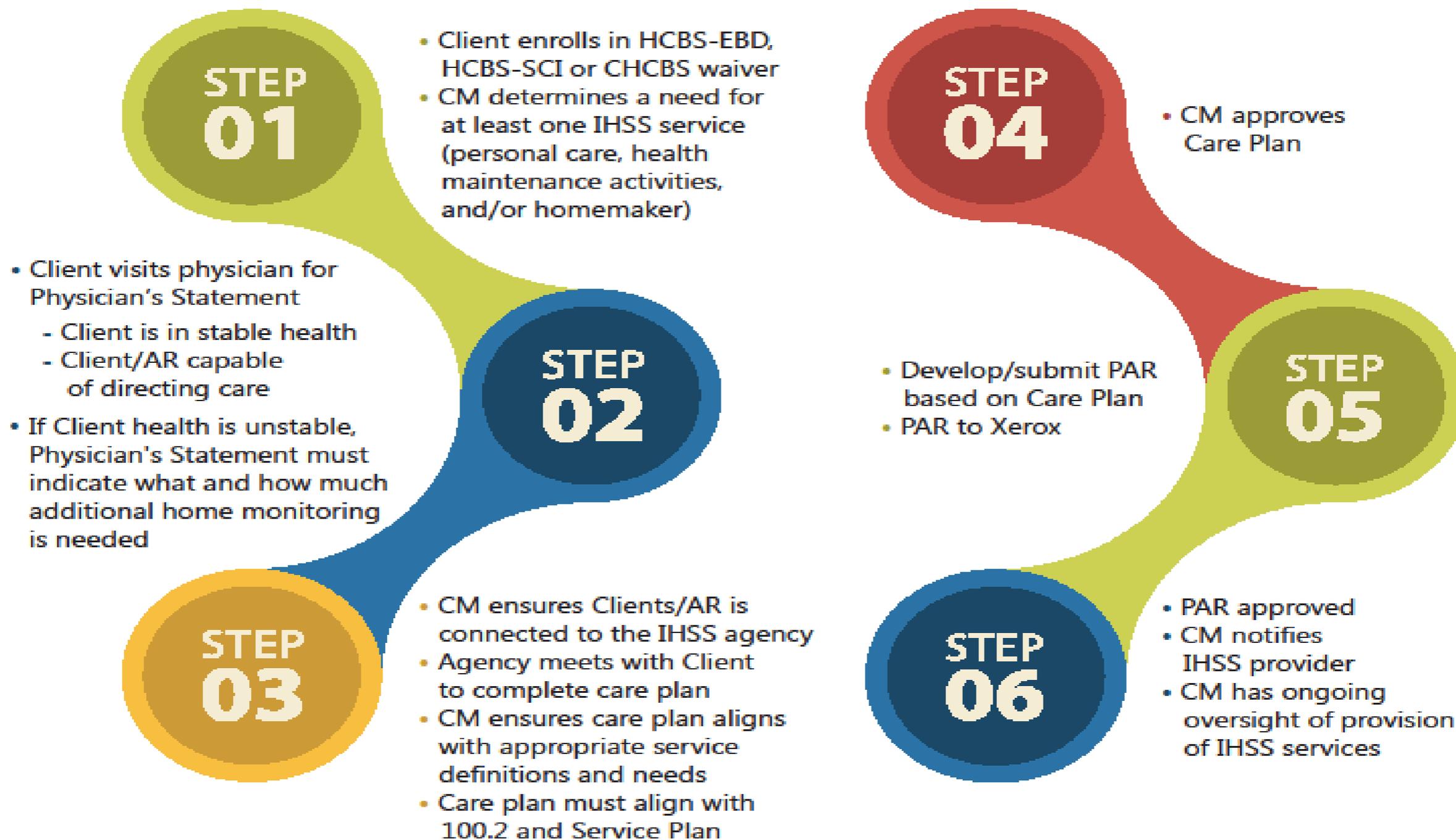
Answer is A. For this scenario, the client would not meet the criteria for HMA in Dressing so it would go under Personal Care

Example Scenario 3

3.) A client's ULTC100.2 assessment indicates that the client has a score of 0 for bathing. When the IHSS agency completes the client's care plan, they indicate the client needs 1 hour of bathing per day. How should the case manager respond?



Case Manager Steps in IHSS



Services Available in CDASS

- Brain Injury, Community Mental Health Supports, Elderly, Blind and Disabled and Spinal Cord Injury Waivers (BI, CMHS, EBD and SCI)
 - Personal Care
 - Homemaker
 - Health Maintenance Activities
- Refer to Rule: 8.510.3.A and 8.510.3.B



Case Manager Steps in CDASS





Client Requirements

- Case Manager Client Direction Checklist <http://consumerdirectco.com/forms/>
- Client enrolls in HCBS Waiver
- Case Manager ensures the following forms are complete
 - Physician's Attestation of Consumer Capacity (Physician's Statement)
 - Authorized Representative Screening Questionnaire
 - Authorized Representative Designation and Affidavit
 - Client Responsibilities
- Case Manager informs client of Two Attendant Protocol and ensure understanding

- Complete Task Worksheet with client either over phone or face to face
- Allocation developed in estimator tool (updated 10/1/15)
 - Both are located at:
<http://consumerdirectco.com/case-manager-forms-resources/>



Client Meets with Case Manager

Case Managers must use the Task Worksheet and Allocation Estimator Tool provided by HCPF



Completing the Task Worksheet Video

<https://vimeo.com/141115483>



**Client Meets
with Case Manager**

Also can be found online at: <http://consumerdirectco.com/video/>





Client Meets with Case Manager

Completing the Task Worksheet

- Complete collaboratively with the client discussing their individual needs and information reported from their 100.2 ; Go through each activity listed on worksheet
- Use the “Norms” as a tool not a definitive limitation if clients needs are greater than
- Physician documentation can be requested/submitted for activities with substantial time requests
- Client Assessment, Service Plan and Task Worksheet should all match

CDASS TASK WORKSHEET

Instructions:

1. Enter the minutes it takes per task, per week or otherwise specified time allotment in the highlighted cell. The worksheet will automatically calculate the number of hours per week to enter in the client's allocation worksheet.
2. Norms are guidelines only. More or less time can be authorized depending on the client's needs.
3. Provide a copy of the of the completed task worksheet to the client or authorized representative upon initial assessment or any changes.
4. Refer to page 2 for a description of each task. The complete definition can be found at 10 CCR 2505-10 Section 8.510.3.B.

CLIENT NAME			STATE ID			Date		
Homemaker	Norm	Min/Wk	Personal Care	Norm	Min/Wk	Health Maintenance	Norm	Min/Wk
Floor Care	15min/room		Eating	30min/meal		Skin Care	IND	
Bathroom	45min/wk		Respiratory Assistance	30min/wk		Nail Care	30min/wk	
Kitchen	35min/wk		Skin Care Maintenance	35min/wk		Mouth Care	105min/wk	
Trash	35min/wk		Bladder/Bowel	10min/each		Dressing	210min/wk	
Meal Prep	420min/wk		Hygiene	420min/wk		Feeding	IND	
Dishwashing	140min/wk		Dressing	210min/wk		Exercise	IND	
Bed Making	35min/wk		Transfers	5min/each time		Transfers	15min/each time	
Laundry	20min/load		Mobility	5min/each time		Bowel	IND	
Shopping	120min/wk		Positioning	15min/2 hours		Bladder	IND	
Dusting	30min/wk		Medication Reminders	5min/each time		Medical Management	10min duration	
			Medical Equipment	60min/wk		Respiratory Care	IND	
			Protective Oversight	IND		Medication Assistance	5min/each time	
			Accompanying	IND		Bathing	IND	
			Bathing	IND				
Total Min/Wk		0	Total Min/Wk		0	Total Min/Wk		0

IND = Time required to complete task is individualized or as prescribed by physician or therapist
 Total Hrs/wk 0 Total Hrs/wk 0 Total Hrs/wk 0





Client Meets with Case Manager

Completing the Allocation Worksheet

- Copy over the clients information into the **Purple** areas
- Enter the hours based on the task worksheet
- Clients Monthly allocation will generate when all areas are filled in

Consumer Directed Attendant Support Services
Monthly Allocation Worksheet Using Services (Revised 3/1/2012)

UPDATE: This worksheet uses the current Medicaid Rates effective 10/1/2015.

Medicaid ID	Certification Start Date	Certification End Date	
EBD #5			
This is a:		This client is on HCBS:	
New CDASS Client			
CDASS Start Date	CDASS End Date	Days in CDASS Period	Months in CDASS Period

SERVICE	15 Minute Rate	Hourly Rate	Overhead Adjustment	Adjusted Hourly Rate
Homemaker	\$ 3.86	\$ 15.44	-\$1.66	\$ 13.78
Personal Care	\$ 3.86	\$ 15.44	-\$1.66	\$ 13.78
Health Maintenance	\$ 7.27	\$ 29.08	-\$3.13	\$ 25.95

SERVICE	Weekly Hours of Service	Adjusted Hourly Rate	# of Weeks	CDASS Period Allocation	Daily Rate	Monthly Allocation
Homemaker		\$ 13.78	0	\$0.00	\$0.00	\$0.00
Personal Care		\$ 13.78	0	\$0.00	\$0.00	\$0.00
Health Maintenance		\$ 25.95	0	\$0.00	\$0.00	\$0.00
Totals				\$0.00	\$0.00	\$0.00

Fee schedule rates for Homemaker, Personal Care, and Health Maintenance are calculated to include a component for agency administrative and overhead costs, such as worker's compensation, payroll, unemployment insurance, etc. For services delivered under CDASS these functions are borne by the Financial Management Service (FMS) contractor. The Overhead Adjustment is a deduction from the FFS rate to account for costs that are not incurred by consumer directed attendants.





Client Meets with Case Manager

- Provide Client copy of Allocation and Task worksheet
- Save Task and Allocation worksheet to client file
- Start date dependent on CDASS training and FMS enrollment completion
- Send referral to CDCO and let client know that referral was sent for training



Referral Form

- Please send referrals to Consumer Direct Colorado via secure email:
- infocdco@consumerdirectonline.net
- or -
- fax to: 866-924-9072



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CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS)

TRAINING & FMS CLIENT REFERRAL FORM

This form will only be accepted by the Medicaid client's case management agency

- Initial Training Referral (Date: _____) Retraining Referral (Date: _____) FMS Transfer AR Transfer
PLEASE SEND REFERRAL FORM TO CDCO: fax 866/924-9072 or infoCDCO@consumerdirectonline.net
Please also send FMS Transfer Referral to the new FMS provider. FMS contact information found below.

CLIENT INFORMATION		
Name: _____ <i>First Last</i>	Waiver: _____	
Date of Birth: _____	Social Security Number: _____	
Complete Address: _____ _____	Gender: _____	Home: _____
Medicaid ID Number: _____	Alt: _____	
Email: _____		
AUTHORIZED REPRESENTATIVE (AR) INFORMATION		
Refer to the client's Physician Statement of Consumer Capabilities form; does the client require an Authorized Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No If the Physician Statement doesn't require an AR, the client can opt to have one. Does the client voluntarily opt to have an AR? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If the answer to either question above is YES, complete the information below. Otherwise, indicate N/A.)</i>		
Name: _____	Relationship to Client: _____	
Complete Address: _____ _____	SSN: _____	Phone: _____
Email: _____	Alt: _____	
If the AR is optional, what areas of CDASS is the AR authorized to manage (i.e. budget, training)?: _____		
CASE MANAGEMENT		
Case Manager Name: _____	SEP Agency: _____	
Email: _____	Direct Phone: _____	
Comments: _____ _____		
Preferred training language (if different than English): _____		
FMS REFERRAL INFORMATION		
FMS Provider: <input type="checkbox"/> ACCESS <input type="checkbox"/> Morning Star <input type="checkbox"/> PPL		
FMS Provider Referral Date: _____	CDASS Desired Start Date: _____	
THE CLIENT'S ASMP, ALLOCATION WORKSHEET, AND AR AFFIDAVIT SHOULD BE SENT WITH THIS FORM TO THE CLIENT'S CHOSEN FMS.		
FMS PROVIDERS:		
ACCESS	Morning Star	PPL
Fax: (303) 242-8864 Email: cosecure@mycil.org	Fax: 1-844-450-3343 Email: MS-COtransition@morningstarfs.com	Fax: 1-866-947-4813 Email: cocdassadmin@pcgus.com



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STEP
03

Client Training

- Referral to CDCO
- Client/AR attend training
- CDCO assists in completion of ASMP
- CDCO reviews ASMP for completion

- CDCO sends ASMP to Case Manager
- Case Manager reviews ASMP
 - Meets need?
 - Backup plan?
 - Budgeting of allocation?

Attendant Support Management Plan (ASMP)



STEP
04

Fiscal Employer Agent (F/EA)

- Client or Authorized Representative is employer
- Decision-making authority to hire and fire attendants
- FMS provider processes payroll and file taxes on behalf of client
- FMS providers ensures worker's compensation coverage
- Exempt relationships
- Authorized Representatives considerations



Choice of FMS



Key FMS Provider Tasks

- Required attendant paperwork
- Processing payroll
- File taxes and issue W-2's
- Worker's Compensation
- Establishing Client or Authorized Representative as employer
- Allocation tracking





- CM sends approved ASMP to CDCO
- CM sends referral to FMS provider

Paperwork to FMS

- FMS provider enrolls Client/Attendants
- FMS notifies CM of enrollment date



FMS Enrollment



PAR

- CM assigns CDASS start date
- CM completes CDASS PAR
- CM ensures Service Plan reflects CDASS Services
- CM sends PAR to Xerox

- PAR is approved
- CM completes PAR in FMS system (CM must be enrolled in each FMS portal)
- Attendant can provide service to Client

Enrollment Completion



Open Enrollment

CDASS Open Enrollment Schedule	
Transition Date	Paperwork Due to New FMS By:
March 16 th	March 1 st
June 16 th	June 1 st
Sept. 16 th	Sept. 1 st
Dec. 16 th	Dec. 1 st

Paperwork received after the deadline will have to wait till the following quarter for transition



CDASS & IHSS Ongoing Contact

- CDASS & IHSS Wavier require CMs to perform the following contacts:
 - 1 contact every month for the first 3 months client is on CDASS/IHSS
 - Quarterly contacts every 3 months
 - 6 month reviews completed every 6 months following the wavier programs requirements
 - Annual face-to-face re-certifications following wavier programs requirements
- Proper documentation examples
- Allocation Utilization
- Overspending Protocol



Handouts

- CDASS or IHSS...Which Fits?
- Referral Form
- IHSS Services Categorization
- CDASS Service Definitions
- CDASS Services and PM/PM Entry into BUS Service Plan
- CDASS CM Direction Checklist
- CDASS Contacts, Documentation Examples
- FMS Comparison Chart
- CDASS Utilization Review & Allocation Management Protocol



Questions



Contact Information

Consumer Direct Colorado:
1-844-381-4433
InfoCDCO@consumerdirectonline.net

Department of Health Care Policy and Financing:

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