Consumer Directed Options in Colorado

Case Management Agency Training

Presented by Consumer Direct Colorado - Training and Operations Vendor
February 2015
Consumer Direct Colorado (CDCO)

- Who We Are
- Our Role
  - Customer Services
- 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
Participant Direction

• Principles of Self-Determination
  - Freedom
  - Authority
  - Support
  - Responsibility
  - Confirmation

• Shift in the delivery of publicly funded home and community-based services (HCBS)

• Empowers Clients and families by expanding choice and control over services and supports
Basic Features of Participant Direction

- Person-Centered Planning
- Individual Service Plan
- Range of Employer Authority
- Range of Budget Authority
- Information and Assistance
Participant-Directed Options in Colorado

• Two service delivery options
  ➢ Consumer Directed Attendant Support Services (CDASS)
  ➢ In-Home Support Services (IHSS)

• Coming soon
  ➢ CDASS added to Supportive Living Services (SLS) Waiver

• Vision
  ➢ Incorporate some level of consumer direction in all services when appropriate
Case Manager Roles

Participant Direction Continuum

**Agency**
- Agency hires staff
- Agency manages money

**IHSS**
- Client selects and supervises attendants
- Agency manages money

**CDASS**
- Client selects and supervises attendants
- Client manages money
# IHSS or CDASS... Which Fits?

<table>
<thead>
<tr>
<th>Factor</th>
<th>IHSS</th>
<th>CDASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waivers</td>
<td>Children’s HCBS</td>
<td>Brain Injury</td>
</tr>
<tr>
<td></td>
<td>Elderly, Blind and Disabled</td>
<td>Community Mental Health Supports</td>
</tr>
<tr>
<td></td>
<td>Spinal Cord Injury</td>
<td>Elderly, Blind and Disabled</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spinal Cord Injury</td>
</tr>
<tr>
<td>Interest</td>
<td>Client or Authorized Representative expresses interest</td>
<td>Client or Authorized Representative expresses interest</td>
</tr>
<tr>
<td>Need</td>
<td>Case Manager determines need in at least one of the 3 service categories</td>
<td>Case Manager determines need in at least one of the 3 service categories</td>
</tr>
<tr>
<td>Health Status</td>
<td>Stable or Unstable Health</td>
<td>Stable Health</td>
</tr>
<tr>
<td>Employer Authority</td>
<td>Joint Employer (Additional agency support)</td>
<td>Joint Employer (AWC) Individual Employer (FEA)</td>
</tr>
<tr>
<td>Budget Authority</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Service Flexibility</td>
<td>Joint</td>
<td>Yes</td>
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</tbody>
</table>
## IHSS or CDASS... Which Fits? Continued

<table>
<thead>
<tr>
<th>Factor</th>
<th>IHSS</th>
<th>CDASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Caregivers</td>
<td>Yes, except spouses</td>
<td>Yes</td>
</tr>
<tr>
<td>Family Caregiver Hours</td>
<td>444 hours/year maximum for personal care Health maintenance allowed based on Client need</td>
<td>40 hour/week maximum (all services)</td>
</tr>
<tr>
<td>Attendant</td>
<td>Agency can assist with staffing</td>
<td>Must have 2 attendants enrolled with FMS</td>
</tr>
<tr>
<td>Back-up staffing</td>
<td>Agency is required to have back-up staff</td>
<td>Client is required to have back-up plan</td>
</tr>
<tr>
<td>Location</td>
<td>Where IHSS Agencies are available (refer to provider list)</td>
<td>Statewide</td>
</tr>
<tr>
<td>Home Health</td>
<td>Long term home health</td>
<td>Acute home health</td>
</tr>
<tr>
<td>Additional Support</td>
<td>Agency Access to Health Professional Agency back-up staff Training Support available</td>
<td>Training &amp; Operations Vendor FMS Provider</td>
</tr>
</tbody>
</table>
Services Available in IHSS

• Elderly, Blind and Disabled and Spinal Cord Injury Waivers (EBD and SCI)
  ➢ 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
Case Manager Steps in IHSS

**STEP 01**
- Client enrolls in HCBS-EBD, HCBS-SCI or CHCBS waiver
- CM determines a need for at least one IHSS service (personal care, health maintenance activities, and/or homemaker)

**STEP 02**
- Client visits physician for Physician’s Statement
  - Client is in stable health
  - Client/AR capable of directing care
- If Client health is unstable, Physician’s Statement must indicate what and how much additional home monitoring is needed

**STEP 03**
- CM ensures Clients/AR is connected to the IHSS agency
- Agency meets with Client to complete care plan
- CM ensures care plan aligns with appropriate service definitions and needs
- Care plan must align with 100.2 and Service Plan

**STEP 04**
- CM approves Care Plan

**STEP 05**
- Develop/submit PAR based on Care Plan
- PAR to Xerox

**STEP 06**
- PAR approved
- CM notifies IHSS provider
- CM has ongoing oversight of provision of IHSS services
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

1. Client: Requirements
2. Client Meets with Case Manager
3. Client: Training
4. Attendant Support Management Plan (ASMP)
5. Paperwork to FMS
6. FMS Enrollment
7. PAR
8. Enrollment Completion
• 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 verifies two Attendants
• Complete Task Worksheet

• Allocation developed

• Save Task and Allocation worksheet to Client file

• Start date dependent on training and FMS enrollment

• Notify Client referral sent to CDCO

• Provide Client copy of Allocation and Task worksheet

• FMS Portal
Referral Form

- Please send referrals to Consumer Direct Colorado via secure email:
  - [infocdco@consumerdirectonline.net](mailto:infocdco@consumerdirectonline.net)
- Fax to: 866-924-9072
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?
New CDASS Choices

• Employer Authority
  - Agency with Choice (AWC)
    ▪ Joint employer relationship with FMS Provider
    ▪ Decision-making authority to recruit, train, supervise, schedule, and dismiss attendants
    ▪ Health Insurance
  - Fiscal Employer Agent (F/EA)
    ▪ Client is employer
    ▪ Decision-making authority to hire and fire attendants
    ▪ FMS process payroll, file taxes on behalf of client
    ▪ FMS ensures worker’s compensation coverage
    ▪ Exempt relationships
Choice of FMS

- aces$ Financial Management Services
- Morning Star Financial Services
- PCG Public Partnerships

COLORADO Department of Health Care Policy & Financing

CONSUMER DIRECT
STEP 05

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

Paperwork to FMS

STEP 06

- FMS provider enrolls Client/Attendants
- FMS notifies CM of enrollment date
• CM assigns CDASS start date
• CM completes CDASS PAR
• CM sends PAR to Xerox

• PAR is approved
• CM completes PAR in FMS system
• Attendant can provide service to Client
# PAR Revision

<table>
<thead>
<tr>
<th>Change</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same FMS; Different Model</td>
<td>• PAR revision is required</td>
</tr>
<tr>
<td></td>
<td>• AWC = CG modifier</td>
</tr>
<tr>
<td></td>
<td>• FEA = no CG modifier</td>
</tr>
<tr>
<td></td>
<td>• Revise to end date current T2040 line</td>
</tr>
<tr>
<td></td>
<td>• Add new T2040 line with new model</td>
</tr>
<tr>
<td></td>
<td>• Include existing PA number on PAR and note the revision on the PAR</td>
</tr>
<tr>
<td>Different FMS; Same Model</td>
<td>• HCPF/Xerox do not require a PAR revision</td>
</tr>
<tr>
<td></td>
<td>• Client’s PAR info must be transferred to the new FMS</td>
</tr>
<tr>
<td></td>
<td>• Check for accuracy</td>
</tr>
<tr>
<td></td>
<td>• Enter existing PA number into new FMS</td>
</tr>
<tr>
<td></td>
<td>• Once Client fully enrolled, CM closes PAR in old FMS system</td>
</tr>
<tr>
<td>Different FMS; Different Model</td>
<td>• Refer Client to new FMS</td>
</tr>
<tr>
<td></td>
<td>• Transfer/enter Client info into new FMS system</td>
</tr>
<tr>
<td></td>
<td>• Change PMPM and rate</td>
</tr>
<tr>
<td></td>
<td>• Enter existing PA number into new FMS system</td>
</tr>
<tr>
<td></td>
<td>• Include existing PA number on PAR to Xerox</td>
</tr>
<tr>
<td></td>
<td>• Save, print, send to Xerox</td>
</tr>
<tr>
<td></td>
<td>• Once Client fully enrolled with new FMS, CM closes PAR in old FMS system</td>
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Handouts

• CDASS or IHSS...Which Fits?
• FMS provider portal information
• Referral Form
• PAR Revision
Questions
Contact Information

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