

1 **8.552 IN-HOME SUPPORT SERVICES**

2 **8.552.1 DEFINITIONS**

- 3 A. Attendant means a person who is directly employed by an In-Home Support Services  
4 (IHSS) Agency to provide IHSS to a client and meets the qualifications as defined at 10  
5 C.C.R 2505-10, § 8.552.6.K.
- 6 B. Authorized Representative (AR) means an individual designated by the client, or by the  
7 parent or guardian of the client receiving services, if appropriate, who has the judgment  
8 and ability to assist the client in acquiring and receiving services as defined in C.R.S.  
9 Section 25.5-6-1202.
- 10 C. Care Plan means a written plan of care developed between the client or the client's  
11 Authorized Representative, IHSS Agency and Case Management Agency that is  
12 authorized by the Case Manager.
- 13 D. Case Manager means an individual employed by a Case Management Agency who is  
14 qualified to perform the following case management activities: determination of an  
15 individual client's functional eligibility for the Home and Community Based Services  
16 (HCBS) waivers, development and implementation of an individualized and person-  
17 centered care plan for the client, coordination and monitoring of HCBS waiver services  
18 delivery, evaluation of service effectiveness, and the periodic reassessment of such  
19 client's needs.
- 20 E. Extraordinary Care means a service which exceeds the range of care a Family Member  
21 would ordinarily perform in a household on behalf of a person without a disability or  
22 chronic illness of the same age, and which is necessary to assure the health and welfare  
23 of the client and avoid institutionalization.
- 24 F. Family Member means any person related to the client by virtue of blood, marriage,  
25 adoption, or common law.
- 26 G. Health Maintenance Activities means those routine and repetitive skilled health related  
27 tasks, which are necessary for health and normal bodily functioning, that an individual  
28 with a disability would carry out if they were physically able, or that would be carried out  
29 by Family Members or friends if they were available. These activities include skilled tasks  
30 typically performed by a Certified Nursing Assistant (CNA) or licensed nurse that do not  
31 require the clinical assessment and judgement of a licensed nurse.
- 32 H. Homemaker Services means general household activities provided in the home of an  
33 eligible client to maintain a healthy and safe home environment for a client, when the  
34 person ordinarily responsible for these activities is absent or unable to manage these  
35 tasks.
- 36 I. Inappropriate Behavior means documented verbal, sexual or physical threats or abuse  
37 committed by the client or Authorized Representative toward Attendants, Case  
38 Managers, or the IHSS Agency.
- 39 J. Independent Living Core Services means services that advance and support the  
40 independence of individuals with disabilities and to assist those individuals to live outside  
41 of institutions. These services include but are not limited to: information and referral  
42 services, independent living skills training, peer and cross-disability peer counseling,  
43 individual and systems advocacy, transition services or diversion from nursing homes

1 and institutions to home and community-based living, or upon leaving secondary  
2 education.

3 K. In-Home Support Services (IHSS) means services that are provided in the home and in  
4 the community by an Attendant under the direction of the client or client's Authorized  
5 Representative, including Health Maintenance Activities and support for activities of daily  
6 living or instrumental activities of daily living, Personal Care services and Homemaker  
7 services.

8 L. In-Home Support Services (IHSS) Agency means an agency that is certified by the  
9 Colorado Department of Public Health and Environment, enrolled in the Medicaid  
10 program and provides Independent Living Core Services.

11 M. Licensed Health Care Professional means a state-licensed health care professional, who  
12 is at the minimum a Registered Nurse (RN), who contracts with or is employed by the  
13 IHSS Agency.

14 N. Licensed Medical Professional means the primary care provider of the client who  
15 possess one of the following medical licenses: Physician (MD/DO), Physician Assistant  
16 (PA) and Advanced Practicing Nurse (APN) as governed by the Colorado Medical  
17 Practice Act and the Colorado Nurse Practice Act.

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

22 **8.552.2 ELIGIBILITY**

23 8.552.2.A. To be eligible for IHSS a client shall meet the following criteria:

- 24 1. Be enrolled in a Medicaid program approved to offer IHSS.
- 25 2. Provide a signed Physician Attestation of Consumer Capacity form at enrollment  
26 and following any change in condition stating that the client has sound judgment  
27 and the ability to self-direct care. If the client is in unstable health with an  
28 unpredictable progression or variation of disability or illness, the Physician  
29 Attestation of Consumer Capacity form shall also include a recommendation  
30 regarding whether additional supervision is necessary and if so, the amount and  
31 scope of supervision requested.

32 3. If a client is required by the Physicians Attestation to have an Authorized  
33 Representative or elects to have an Authorized Representative, the client must  
34 delegate an Authorized Representative who has the judgment and ability to  
35 assist the client in acquiring and using services, or

36 a. Obtain assistance from an IHSS Agency that is able and willing to support the  
37 client as necessary to participate in IHSS.

38 8.552.2.B. IHSS eligibility for a client will end if:

- 39 1. The client is no longer enrolled in a Medicaid program approved to offer IHSS.

1           2.     The client's medical condition deteriorates causing an unsafe situation for the  
2                   client or the Attendant as determined by the client's Licensed Medical  
3                   Professional.

4           3.     The client refuses to designate an Authorized Representative or receive  
5                   assistance from an IHSS Agency when the client is unable to direct their own  
6                   care as documented by the client's Licensed Medical Professional on the  
7                   Physician Attestation of Consumer Capacity form.

8           4.     The client provides false information or false records.

9     **8.552.3     ALLOWABLE SERVICES**

10    8.552.3.A.    Services are for the benefit of the client. Services for the benefit of other persons  
11                   are not reimbursable.

12    8.552.3.B.    Services available for eligible adults:

13           1.     Homemaker

14           2.     Personal Care

15           3.     Health Maintenance Activities

16    8.552.3.C.    Services available for eligible children:

17           1.     Health Maintenance Activities

18                   a.     If a child does not meet the criteria for health maintenance tasks as  
19                   outlined in Section 8.552.3.E.3., the child may be eligible to receive those  
20                   services as unskilled personal care through Section 8.535, Pediatric Personal  
21                   Care,  
22                     
23                   

24    8.552.3.D..    Service Defintions:

25           1.     Homemaker

26                   a.     Routine light housekeeping such as: dusting, vacuuming, mopping, and  
27                   cleaning bathroom and kitchen areas

28                   b.     Meal preparation

29                   c.     Dishwashing

30                   d.     Bed making

31                   e.     Laundry

32                   f.     Shopping for necessary items to meet basic household needs

33           2.     Personal Care:

34                   a.     Eating/feeding which includes assistance with eating by mouth using  
35                   common eating utensils such as forks, knives, and straws

- 1           b.       Respiratory assistance with cleaning or changing oxygen equipment  
2                   tubes, filling the distilled water reservoir, and moving the cannula or  
3                   mask from the client's face
- 4           c.       Skin care preventative in nature when skin is unbroken; including the  
5                   application of non-medicated/non-prescription lotions and/or sprays and  
6                   solutions, rubbing of reddened areas, and routine foot checks for people  
7                   with diabetes
- 8           d.       Bladder/Bowel Care:
- 9                   i)       Assisting client to and from the bathroom
- 10                  ii)       Assistance with bed pans, urinals, and commodes
- 11                  iii)       Changing of incontinence clothing or pads
- 12                  iv)       Emptying Foley or suprapubic catheter bags only if there is no  
13                   disruption of the closed system
- 14                  v)       Emptying ostomy bags
- 15           e.       Personal hygiene:
- 16                   i)       Bathing including washing, shampooing
- 17                   ii)       Grooming
- 18                   iii)       Shaving with an electric or safety razor
- 19                   iv)       Combing and styling of hair
- 20                   v)       Filing and soaking of nails
- 21                   vi)       Basic oral hygiene and denture care
- 22           f.       Dressing assistance with ordinary clothing and the application of non-  
23                   prescription support stockings, braces and splits; or the application of  
24                   artificial limbs when the client is able to assist or direct.
- 25           g.       Transferring a client when the client has sufficient balance and strength  
26                   to reliably stand, pivot and assist with the transfer to some extent.  
27                   Adaptive and safety equipment may be used in transfers, provided that  
28                   the client and attendant are fully trained in the use of the equipment and  
29                   the client or AR can direct the transfer.
- 30           h.       Mobility when the client has the ability to balance and bear weight or  
31                   when the client is independent with an assistive device.
- 32           i.       Positioning when the client is able to verbally or non-verbally identify  
33                   when the position needs to be changed including simple alignment in a  
34                   bed, wheelchair or other furniture
- 35           j.       Medication Reminders when medications have been preselected by the  
36                   client, a family member, a nurse or a pharmacist and are stored in

- 1 containers other than the prescription bottles, such as medication  
2 minders, and;
- 3 i) Medication minders must be clearly marked as to the day and  
4 time of dosage and must be kept in a way as to prevent  
5 tampering
- 6 ii) Medication reminding includes only inquiries as to whether  
7 medications were taken, verbal prompting to take medications,  
8 handing the appropriately marked medication minder container  
9 to the client and opening the appropriately marked medication  
10 minder if the client is unable
- 11 k. Cleaning and basic maintenance of durable medical equipment
- 12 l. Protective oversight when the client requires supervision to prevent or  
13 mitigate disability related behaviors that may result in imminent harm to  
14 people or property
- 15 m. Accompanying includes going with the client, as necessary on the care  
16 plan, to medical appointments, and errands such as banking and  
17 household shopping. Accompanying the client to provide one or more  
18 personal care services as needed during the trip. Attendant may assist  
19 with communication, documentation, verbal prompting and/or hands on  
20 assistance when the task cannot be completed with the support of the  
21 attendant. Companionship is not a benefit of IHSS.
- 22 3. Health Maintenance Activities:
- 23 a. Skin care performed when the skin is broken or a chronic skin condition  
24 is active and could potentially cause infection, and the client is unable to  
25 apply product independently due to illness, injury or disability. May  
26 include wound care, dressing changes, application of prescription  
27 medicine, and foot care for people with diabetes when prescribed by a  
28 licensed medical professional
- 29 b. Hair care including shampooing, conditioning, drying, and combing when  
30 performed in conjunction with health maintenance level bathing,  
31 dressing, or skin care. May be performed when:
- 32 i) Client is unable to complete task independently;
- 33 ii) Application of a prescribed shampoo/conditioner which has been  
34 dispensed by a pharmacy; or
- 35 iii) Client has open wound(s) or stoma(s) on the head.
- 36 c. Nail care in the presence of medical conditions that may involve  
37 peripheral circulatory problems or loss of sensation; includes soaking,  
38 filing and trimming
- 39 d. Mouth care performed when health maintenance level skin care is  
40 required in conjunction with the task, or:
- 41 i) There is injury or disease of the face, mouth, head or neck;

- 1                   ii)       In the presence of communicable disease;
- 2                   iii)       The client is unconscious;
- 3                   iv)       Oral suctioning is required.
- 4           e.       Shaving performed when health maintenance level skin care is required  
5               in conjunction with the shaving, or:
- 6                   i)       The client has a medical condition involving peripheral circulatory  
7                   problems;
- 8                   ii)       The client has a medical condition involving loss of sensation;
- 9                   iii)       The client has an illness or takes medications that are  
10                  associated with a high risk for bleeding;
- 11                  iv)       The client has broken skin at/near shaving site or a chronic  
12                  active skin condition.
- 13           f.       Dressing performed when health maintenance level skin care or  
14               transfers are required in conjunction with the dressing, or;
- 15                  i)       The client is unable to assist or direct care;
- 16                  ii)       Assistance with the application of prescribed anti-embolic or  
17                  pressure stockings is required;
- 18                  ii)       Assistance with the application of prescribed orthopedic devices  
19                  such as splints, braces, or artificial limbs is required.
- 20           g.       Feeding is considered a health maintenance task when the client  
21               requires health maintenance level skin care or dressing in conjunction  
22               with the task, or:
- 23                  i)       Oral suctioning is needed on a stand-by or intermittent basis;
- 24                  ii)       The client is on a prescribed modified texture diet;
- 25                  iii)       The client has a physiological or neurogenic chewing or  
26                  swallowing problem;
- 27                  iv)       Syringe feeding or feeding using adaptive utensils is required;
- 28                  v)       Oral feeding when the client is unable to communicate  
29                  verbally, non-verbally or through other means
- 30           h.       Exercise prescribed by a Licensed Medical Professional or licensed the  
31               rapist (PT, OT, SLP) including passive range of motion. The order must  
32               include specific exercises; frequency, duration, and intensity of  
33               exercises; and outline the expected benefit and outcome.
- 34           i.       Transferring a client when they are not able to perform transfers  
35               independently due to fragility of illness, injury or disability, or:

- 1 i) the client lacks the strength and stability to stand, maintain  
2 balance or bear weight reliably; and
- 3 ii) the client has not been deemed independent with adaptive  
4 equipment or assistive devices ordered by a qualified licensed  
5 medical professional;
- 6 iii) the use of a mechanical lift is needed.
- 7 j. Bowel care performed when health maintenance level skin care or  
8 transfers are required in conjunction with the bowel care, or:
- 9 i) The client is unable to assist or direct care;
- 10 ii) Administration of a bowel program as ordered by the client's  
11 licensed medical professional including digital stimulation,  
12 enemas, or suppositories;
- 13 iii) Care of a colostomy or ileostomy that includes emptying and  
14 changing the ostomy bag and application of prescribed skin care  
15 products at the site of the ostomy
- 16 k. Bladder care performed when health maintenance level skin care or  
17 transfers are required in conjunction with the bladder care, or;
- 18 i) The client is unable to assist or direct care;
- 19 ii) Care of external, Foley and Suprapubic catheters;
- 20 iii) Changing from a leg to a bed bag and cleaning of tubing and  
21 bags as well as perineal care;
- 22 l. Medical management required by a medical professional to routinely  
23 monitor a documented health condition; including but not limited to: blood  
24 pressures, pulses, respiratory rate, blood sugars, oxygen saturations,  
25 intravenous, or intramuscular injections
- 26 m. Respiratory care:
- 27 i) Postural drainage
- 28 ii) Cupping
- 29 iii) Adjusting oxygen flow within established parameters
- 30 iv) Suctioning of mouth and nose
- 31 v) Nebulizers
- 32 vi) Ventilator and tracheostomy care
- 33 vii) Respiratory equipment

- 1 n. Bathing is a considered a health maintenance task when the client is  
2 unable to assist or direct care; or health maintenance level skin care,  
3 transfers or dressing are required in conjunction with bathing.
- 4 o. Medication Assistance may include setup, handling and administering  
5 prescribed medications.
- 6 p. Accompanying includes going with the client, as necessary on the care  
7 plan, to medical appointments, and errands such as banking and  
8 household shopping. Accompanying the client to provide one or more  
9 health maintenance tasks as needed during the trip. Attendant may  
10 assist with communication, documentation, verbal prompting and/or  
11 hands on assistance when the task cannot be completed without the  
12 support of the attendant. Does not include companionship.
- 13 q. Mobility is considered a health maintenance task when health  
14 maintenance level skin care or transfers are required in conjunction with  
15 the mobility, or:
- 16 i) the client is unable to assist or direct care;
- 17 ii) when hands on assistance is required for safe ambulation and  
18 the client is unable to maintain balance or to bear weight reliably  
19 due to illness, injury, or disability, or
- 20 iii) the client has not been deemed independent with adaptive  
21 equipment or assistive devices ordered by a qualified licensed  
22 medical professional
- 23 r. Positioning performed when health maintenance level skin care is  
24 required in conjunction with positioning and when the client is not able to assist  
25 or direct care.

26 **8.552.4 CLIENT AND AUTHORIZED REPRESENTATIVE PARTICIPATION AND SELF-**  
27 **DIRECTION**

- 28 8.552.4.A. A client or their Authorized Representative may self-direct the following aspects  
29 of service delivery:
- 30 1. Present a person(s) of their own choosing to the IHSS Agency as a potential  
31 Attendant. The client must have adequate Attendants to assure compliance with  
32 all tasks in the Care Plan.
- 33 2. Train Attendant(s) to meet their needs.
- 34 3. Dismiss Attendants who are not meeting their needs.
- 35 4. Schedule, manage, and supervise Attendants with the support of the IHSS  
36 Agency.
- 37 5. Determine, in conjunction with the IHSS Agency, the level of in-home supervision  
38 as recommended by the client's Licensed Medical Professional.
- 39 6. Transition to alternative service delivery options at any time. The Case Manager  
40 shall coordinate the transition and referral process.



- 1           7.       Communicate with the IHSS Agency and Case Manager to ensure safe, accurate  
2                   and effective delivery of services.
- 3           8.       Request a reassessment, as described at 10 C.C.R. 2505-10, § 8.393.2.D, if  
4                   level of care or service needs have changed.
- 5    8.552.4.B.    An Authorized Representative is not allowed to be reimbursed for IHSS  
6                   Attendant services for the client they represent.
- 7    8.552.4.C.    If the client is required to or elects to have an Authorized Representative, the  
8                   Authorized Representative shall meet the requirements:
- 9           1.       Must be at least 18 years of age.
- 10          2.       Must have known the client for at least two years. For children under the age of  
11                   two, the Authorized Representative must have known the child for the duration of  
12                   their life.
- 13          3.       Has not been convicted of any crime involving exploitation, abuse, neglect, or  
14                   assault on another person.
- 15    8.552.4.D.    The Authorized Representative must attest to the above requirement on the  
16                   Authorized Representative Designation for In-Home Support Services (IHSS)  
17                   form.
- 18    8.552.4.E.    IHSS clients who personally require an Authorized Representative may not serve  
19                   as an Authorized Representative for another IHSS client.
- 20    8.552.4.F.    The client and their Authorized Representative must adhere to IHSS Agency  
21                   policies and procedures.
- 22    **8.552.5        IHSS AGENCY ELIGIBILITY**
- 23    8.552.5.A.    The IHSS Agency must be a licensed home care agency and shall conform to all  
24                   requirements set forth per their licensure, in addition to requirements outlined at  
25                   10 C.C.R. 2505-10, § 8.487
- 26    8.552.5.B.    The provider agreement for an IHSS Agency may be terminated, denied, or non-  
27                   renewed pursuant to 10 C.C.R. 2505-10, § 8.076.5.
- 28    8.552.5.C.    IHSS Agency Administrators as defined at 6 CCR 1011-1, Chapter 26, Section  
29                   3.17 shall satisfactorily complete the Department authorized training on IHSS  
30                   rules and regulations prior to Medicaid certification and annually thereafter.
- 31    **8.552.6        IHSS AGENCY RESPONSIBILITIES**
- 32    8.552.6.A.    The IHSS Agency shall assure and document that all clients are provided the  
33                   following:
- 34          1.       Independent Living Core Services
- 35                   a. An IHSS Agency must provide a list of the full scope of Independent  
36                   Core Living Services provided by the agency to each client on an annual  
37                   basis. The IHSS Agency must keep a record of each client's choice to  
38                   utilize or refuse these services, and document services provided

- 1           2.     Attendant training, oversight and supervision by a licensed health care  
2           professional employed by the IHSS who is at minimum a Registered Nurse (RN).
  
- 3           3.     The IHSS agency shall provide 24-hour back-up service for scheduled visits to  
4           clients at any time an Attendant is not available. At the time the Care Plan is  
5           developed the IHSS Agency shall ensure that adequate staffing is available.  
6           Staffing must include backup Attendants to ensure necessary services will be  
7           provided in accordance with the Care Plan.
  
- 8    8.552.6.B.    The IHSS Agency shall adhere to the following:
  - 9           1.     If the IHSS Agency admits clients with needs that require care or services to be  
10           delivered at specific times or parts of day, the IHSS Agency shall ensure qualified  
11           staff in sufficient quantity are employed by the agency or have other effective  
12           back-up plans to ensure the needs of the client are met.
  
  - 13          2.     The IHSS Agency shall only accept clients for care or services based on a  
14           reasonable assurance that the needs of the client can be met adequately by the  
15           IHSS Agency in the individual's temporary or permanent home or place of  
16           residence.
    - 17                   a. There shall be documentation in the Care Plan or client record of the  
18                   agreed upon days and times of services to be provided based upon the  
19                   client's needs that is updated at least annually.
  
  - 20          3.     If an IHSS Agency receives a referral of a client who requires care or services  
21           that are not available at the time of referral, the IHSS Agency shall advise the  
22           client or their Authorized Representative and the Case Manager of that fact.
    - 23                   a. The IHSS Agency shall only admit the client if the client or their  
24                   Authorized Representative and Case Manager agree the recommended  
25                   services can be delayed or discontinued.
  
  - 26          4.     The IHSS Agency shall ensure orientation is provided to clients or Authorized  
27           Representatives who are new to IHSS or request re-orientation through The  
28           Department's prescribed process. Orientation shall include instruction in the  
29           philosophy, policies and procedures of IHSS and information concerning client  
30           rights and responsibilities.
  
  - 31          5.     The IHSS Agency will keep written service notes documenting the services  
32           provided at each visit.
  
- 33    8.552.6.C.    The IHSS Agency is the legal employer of a client's Attendants and must adhere  
34           to all requirements of federal and state law, and to the rules, regulations, and  
35           practices as prescribed by The Department.
  
- 36    8.552.6.D.    The IHSS Agency shall assist all clients in interviewing and selecting an  
37           Attendant when requested, and maintain documentation of the IHSS Agency's  
38           assistance and/or the client's refusal of such assistance.
  
- 39    8.552.6.E.    The IHSS Agency will complete an intake assessment following referral from the  
40           Case Manager. The IHSS Agency will develop a Care Plan in coordination with  
41           the Case Manager and client. Any proposed services outlined in the Care Plan  
42           that may result in an increase in authorized services and units must be submitted

1 to the Case Manager for review. The Care Plan must be approved prior to start of  
2 services.

3 8.552.6.F. The IHSS Agency shall ensure that a current Care Plan is in the client's record,  
4 and that Care Plans are updated with the client at least annually or more  
5 frequently in the event of a client's change in condition. The IHSS Agency will  
6 send the Care Plan to the Case Manager for review and approval.

7 1. The Care Plan will include a statement of allowable Attendant hours and a  
8 detailed listing of frequency, scope and duration of each service to be provided to  
9 the client for each day and visit. The Care Plan shall be signed by the client or  
10 the client's Authorized Representative and the IHSS Agency.

11 2. In the event of the observation of new symptoms or worsening condition that may  
12 impair the client's ability to direct their care, the IHSS Agency, in consultation  
13 with the client or their Authorized Representative and Case Manager, shall  
14 contact the client's Licensed Medical Professional to receive direction as to the  
15 appropriateness of continued care. The outcome of that consultation shall be  
16 documented in the client's revised Care Plan, with the client and/or Authorized  
17 Representative's input and approval. The IHSS Agency will submit the revised  
18 Care Plan to the Case Manager for review and approval.

19 8.552.6.G. The IHSS Agency shall either contract with or employ a state-licensed health  
20 care professional, who is at the minimum a Registered Nurse (RN). The IHSS  
21 Agency's licensed health care professional is responsible for the following  
22 activities:

23 1. Administer a skills validation test for Attendants. Skills validation must be  
24 completed prior to service delivery unless postponed by the client or Authorized  
25 Representative to prevent interruption in services. The reason for postponement  
26 shall be documented by the IHSS in the client's file. In no event shall the skills  
27 validation be postponed for more than 30 days after services begin to prevent  
28 interruption in services.

29 2. Verify and document Attendant skills and competency to perform IHSS and basic  
30 client safety procedures.

31 3. Counsel Attendants and staff on difficult cases and potentially dangerous  
32 situations.

33 4. Consult with the client, Authorized Representative or Attendant in the event a  
34 medical issue arises.

35 5. Investigate complaints and critical incidents within ten (10) calendar days as  
36 defined in 10 C.C.R 2505-10 § 8.487.15.

37 6. Verify the Attendant follows all tasks set forth in the Care Plan.

38 7. Review the Care Plan and Physician Attestation for Consumer Capacity form  
39 upon initial enrollment, following any change of condition, and upon the request  
40 of the client, their Authorized Representative, or the Case Manager.

41 8. Provide in-home supervision for the client as recommended by their Licensed  
42 Medical Professional. as agreed upon by the client or their Authorized  
43 Representative

- 1 8.552.6.H. At the time of enrollment and following any change of condition, the IHSS Agency  
2 will review recommendations for supervision listed on the Physician Attestation of  
3 Consumer Capacity form. This review of recommendations shall be documented  
4 by the IHSS Agency in the client record.
- 5 1. The IHSS Agency shall collaborate with the client or client's Authorized  
6 Representative to determine the level of supervision provided by the IHSS  
7 Agency's licensed health care professional beyond the requirements set forth at  
8 C.R.S. Section 25.5-6-1203.
- 9 2. The client may decline recommendations for in-home supervision by a licensed  
10 health care professional. The IHSS Agency must document this choice in the  
11 client record and notify the Case Manager. The IHSS Agency and their licensed  
12 health care professional, Case Manager, and client or their Authorized  
13 Representative shall discuss alternative service delivery options and the  
14 appropriateness of continued participation in IHSS.
- 15 8.552.6.I. The IHSS Agency shall assure and document that all Attendants have received  
16 basic training in the delivery of IHSS prior to the start of services. Attendant  
17 training shall include:
- 18 1. Development of interpersonal skills focused on addressing the needs of persons  
19 with disabilities.
- 20 2. Overview of IHSS as a service-delivery option of consumer direction.
- 21 3. Instruction on basic first aid administration.
- 22 4. Instruction on safety and emergency procedures.
- 23 5. Instruction on infection control techniques, including universal precautions.
- 24 6. Mandatory reporting procedures.
- 25 8.552.6.J. The IHSS Agency shall allow the client or Authorized Representative to provide  
26 individualized Attendant training that is specific to their own needs and preferences.
- 27 8.552.6.K. With the support of the IHSS Agency, Attendants must adhere to the following:
- 28 1. Must be at least 18 years of age and demonstrate competency in caring for the  
29 client to the satisfaction of the client or Authorized Representative.
- 30 2. May be a Family Member subject to the reimbursement and service limitations in  
31 10 C.C.R. 2505-10, Section 8.552.8.
- 32 3. Must be able to perform the assigned tasks on the Care Plan.
- 33 4. Shall not, in exercising their duties as an IHSS Attendant, represent themselves  
34 to the public as a licensed nurse, a certified nurse's aide, a licensed practical or  
35 professional nurse, a registered nurse or a registered professional nurse as  
36 defined in C.R.S. Section 25.5-6-1203.
- 37 5. Shall not have had their license as a nurse or certified nurse aide suspended or  
38 revoked or their application for such license or certification denied.

1 **8.552.6.L. The IHSS Agency shall provide functional skills training to assist clients**  
2 **and their Authorized Representatives in developing skills and resources to**  
3 **maximize their independent living and personal management of health care.** 8.552.7  
4 **CASE MANAGEMENT AGENCY RESPONSIBILITIES**

5 8.552.7.A. The Case Manager shall provide information and resources about IHSS to  
6 eligible clients, including a list of IHSS Agencies in their service area and an introduction  
7 to the benefits and characteristics of participant-directed programs.

8 8.552.7.B. The Case Manager will initiate a referral to the IHSS Agency of the client or  
9 Authorized Representative's choice, including an outline of approved services as  
10 determined by the Case Manager's most recent assessment. The referral must include  
11 the Physician Attestation, assessment information, and other pertinent documentation to  
12 support the development of the Care Plan.

13 8.552.7.C. The Case Manager must ensure that the following forms are completed prior to  
14 the approval of the Care Plan or start of services:

- 15 1. The Physician Attestation of Consumer Capacity form shall be completed upon  
16 enrollment and following any change in condition.
- 17 2. If the client requires an Authorized Representative, the Authorized  
18 Representative Designation for In-Home Support Services (IHSS) form or In-  
19 Home Support Services (IHSS) Client and Provider Agency Responsibilities form  
20 must be completed.

21 8.552.7.D. Upon the receipt of the Care Plan, the Case Manager shall:

- 22 1. Review the Care Plan in a timely manner to ensure there is no disruption or delay  
23 in the start of services.
- 24 2. Ensure all required information is in the client's Care Plan and that services are  
25 appropriate given the client's medical or functional condition. If needed, request  
26 additional information from the client, their Authorized Representative, the IHSS  
27 Agency, or Licensed Medical Professional regarding services requested.
- 28 3. Review the Care Plan to ensure there is delineation for all services to be  
29 provided; including frequency, scope, and duration.
- 30 4. Review the Licensed Medical Professional's recommendation for in-home  
31 supervision as requested on the Physician Attestation of Consumer Capacity  
32 form. The Case Manager will document the status of recommendations and  
33 provide resources for services outside the scope of the client's eligible benefits.
- 34 5. Collaborate with the client or their Authorized Representative and the IHSS  
35 Agency to establish a start date for services. The Case Manager shall  
36 discontinue any services that are duplicative with IHSS.
- 37 6. Authorize cost-effective and non-duplicative services via the prior authorization  
38 request (PAR). Provide a copy of the PAR to the IHSS Agency in accordance  
39 with procedures established by The Department prior to the start of IHSS  
40 services.

- 1           7.       Work collaboratively with the IHSS Agency, client, and their Authorized  
2           Representative to mediate Care Plan disputes following The Department's  
3           prescribed process.
- 4                       a. Case Manager will complete the Notice Services Status (LTC-803)  
5                       and provide the client or the Authorized Representative with the reasons  
6                       for denial of requested service frequency or duration, information about  
7                       the client's rights to fair hearing, and appeal procedures.
- 8   8.552.7.E.     The Case Manager shall ensure cost-effectiveness and non-duplication of  
9           services by:
- 10           1.       Documenting the discontinuation of previously authorized agency-based care,  
11           including Homemaker, Personal Care, and long-term home health services that  
12           are being replaced by IHSS.
- 13           2.       Documenting and justifying any need for additional in-home services including  
14           but not limited to acute or long-term home health services, hospice, traditional  
15           HCBS services, and private duty nursing.
- 16                       a. A client may receive services from multiple Attendants or agencies if  
17                       appropriate for the client's level of care and documented service needs.
- 18           3.       Ensuring the client's record includes documentation to substantiate all Health  
19           Maintenance Activities on the Care Plan, and requesting additional information  
20           as needed.
- 21           4.       Coordinating transitions from a hospital, nursing facility, or other agency to IHSS.  
22           Assisting client with transitions from IHSS to alternate services if appropriate.
- 23           5.       Collaborating with the client or their Authorized Representative and the IHSS  
24           Agency in the event of any change in condition. The Case Manager shall request  
25           an updated Physician Attestation of Consumer Capacity form. The Case  
26           Manager may revise the Care Plan as appropriate given the client's condition  
27           and functioning.
- 28           6.       Completing a reassessment if requested by the client as described at 10 C.C.R.  
29           2505-10, § 8.393.2.D., if level of care or service needs have changed.
- 30   8.552.7.F.     The Case Manager shall not authorize more than one consumer-directed  
31           program on the client's prior authorization request (PAR).
- 32   8.552.7.G.     The Case Manager shall participate in training and consultative opportunities with  
33           The Department's Consumer-Directed Training & Operations contractor.
- 34   8.552.7.H.     Additional requirements for Case Managers:
- 35           1.       Contact the client or Authorized Representative once a month during the first  
36           three months of receiving IHSS to assess their IHSS management, their  
37           satisfaction with Attendants, and the quality of services received.
- 38           2.       Contact the client or Authorized Representative quarterly, after the first three  
39           months of receiving IHSS, to assess their implementation of Care Plans, IHSS  
40           management, quality of care, IHSS expenditures and general satisfaction.

- 1           3.       Contact the client or Authorized Representative when a change in Authorized  
2                    Representative occurs, and continue contact once a month for three months after  
3                    the change takes place.
  
- 4           4.       Contact the IHSS Agency semi-annually to review the Care Plan, services  
5                    provided by the agency, and supervision provided. The Case Manager must  
6                    document and keep record of the following:
  - 7                       a. IHSS Care Plans;
  - 8                       b. In-home supervision needs as recommended by the Physician;
  - 9                       c. Independent Living Core Services offered and provided by the IHSS  
10                       Agency; and
  - 11                      d. Additional supports provided to the client by the IHSS Agency.

12   8.552.7.I.     Start of Services

- 13           1.       Services may begin only after the requirements defined at 10 C.C.R. 2505-10, §  
14                    8.552.2, 8.552.6.E., 8.552.6.I., and 8.552.7.C. have been met.
- 15           2.       The Case Manager shall establish a service period and submit a prior  
16                    authorization request (PAR), providing a copy to the IHSS Agency prior to the  
17                    start of services.

18   **8.552.8       REIMBURSEMENT AND SERVICE LIMITATIONS**

19   8.552.8.A.     IHSS services must be documented on an approved IHSS Care Plan and prior  
20                    authorized before any services are rendered. The IHSS Care Plan and prior authorization  
21                    request (PAR) must be submitted and approved by the Case Manager and received by  
22                    the IHSS Agency prior to services being rendered. Services rendered in advance of  
23                    approval and receipt of these documents are not reimbursable.

24   8.552.8.B.     IHSS Personal Care services must comply with the rules for reimbursement set  
25                    forth at 10 C.C.R. 2505-10 § 8.489.50. IHSS Homemaker services must comply with the  
26                    rules for reimbursement set forth at 10 C.C.R. 2505-10 § 8.490.5.

27   8.552.8.C.     Family Members are authorized to provide only Personal Care services or Health  
28                    Maintenance Activities for eligible adults and Health Maintenance Activities for eligible  
29                    children.

30   8.552.8.D.     Services rendered by an Attendant who shares living space with the client or  
31                    Family Members are reimbursable only when there is a determination by the Case  
32                    Manager, made prior to the services being rendered, that the services meet the definition  
33                    of Extraordinary Care.

34   8.552.8.E.     Family Members shall not be reimbursed for more than forty (40) hours of  
35                    Personal Care services in a seven (7) day period.

36   8.522.8.F.     Health Maintenance Activities may include related Personal Care and  
37                    Homemaker services if such tasks are completed during the Health Maintenance visit  
38                    and are secondary and contiguous to the Health Maintenance Activity.

1 8.552.8.G. Restrictions on allowable Personal Care units shall not apply to parents who  
2 provide Attendant services to their eligible adult children under In-Home Support Services  
3 as set forth at 10 C.C.R. 2505-10 § Section 8.485.204.D.

4 8.552.8.H. The IHSS Agency shall not submit claims for services missing documentation of  
5 the services rendered, for services which are not on the Care Plan, or for services which  
6 are not on an approved PAR. The IHSS Agency shall not submit claims for more time or  
7 units than were required to render the service regardless of whether more time or units  
8 were prior authorized. Reimbursement for claims for such services is not allowable.

9 8.522.8.I. The IHSS Agency shall request a reallocation of previously authorized service  
10 units for 24-hour back-up care prior to submission of a claim.

11 8.552.8.J. Services by an Authorized Representative to represent the client are not  
12 reimbursable. IHSS services performed by an Authorized Representative for the client  
13 that they represent are not reimbursable.

14 8.552.8.K. An IHSS Agency shall not be reimbursed for more than 24 hours of IHSS service  
15 in one day by an Attendant for one or more clients collectively.

16 8.552.8.L. A client cannot receive IHSS and Consumer Directed Attendant Support Services  
17 (CDASS) at the same time.

18 8.552.8.M. Independent Living Core Services, attendant training, and oversight or  
19 supervision provided by the IHSS Agency's licensed health care professional are not  
20 separately reimbursable. No additional compensation is allowable for IHSS Agencies for  
21 providing these services.

22 8.552.8.N. Travel time shall not be reimbursed.

23 **8.552.9 DISCONTINUATION AND TERMINATION OF IN-HOME SUPPORT SERVICES**

24 8.552.9.A. A client may elect to discontinue IHSS or use an alternate service-delivery option  
25 at any time.

26 8.552.9.B A client may be discontinued from IHSS when equivalent care in the community  
27 has been secured.

28 8.552.9.C. The Case Manager may terminate a client's participation in IHSS for the following  
29 reasons:

30 1. The client or their Authorized Representative fails to comply with IHSS program  
31 requirements as defined in 10 C.C.R. 2505-10 § 8.552.4, or

32 2. A client no longer meets program criteria, or

33 3. The client provides false information, false records, or is convicted of fraud, or

34 4. The client or their Authorized Representative exhibits Inappropriate Behavior and  
35 The Department has determined that the IHSS Agency has made adequate  
36 attempts at dispute resolution and dispute resolution has failed.

37 a. The IHSS Agency and Case Manager are required to assist the client  
38 or their Authorized Representative to resolve the Inappropriate Behavior



1 and to document all attempts to resolve the Inappropriate Behavior prior  
2 to notice of termination.

3 8.552.9.D. When an IHSS Agency discontinues services, the agency shall give the client  
4 and the client's Authorized Representative written notice of at least 30 days. Notice shall  
5 be provided in person, by certified mail or another verifiable-receipt service. Notice shall  
6 be considered given when it is documented that the client or Authorized Representative  
7 has received the notice. The notice shall provide the reason for discontinuation. A copy of  
8 the 30-day notice shall be given to the Case Management Agency.

9 1. Exceptions will be made to the requirement for advanced notice when the IHSS  
10 Agency has documented that there is an immediate threat to the client, IHSS  
11 Agency, or Attendants.

12 2. Upon IHSS Agency discretion, the agency may allow the client or their  
13 Authorized Representative to use the 30-day notice period to address conflicts  
14 that have resulted in discontinuation.

15 8.552.9.E. If continued services are needed with another agency, the current IHSS Agency  
16 shall collaborate with the Case Manager and client or their Authorized Representative to  
17 facilitate a smooth transition between agencies. The IHSS Agency shall document due  
18 diligence in ensuring continuity of care upon discharge as necessary to protect the  
19 client's safety and welfare.

20 8.552.9.F. In the event of discontinuation or termination from IHSS, the Case Manager shall:

21 1. Complete the Notice Services Status (LTC-803) and provide the client or the  
22 Authorized Representative with the reasons for termination, information about the  
23 client's rights to fair hearing, and appeal procedures. Once notice has been  
24 given, the client or Authorized Representative may contact the Case Manager for  
25 assistance in obtaining other home care services or additional benefits if needed.  
26