



Department of Health Care Policy and Financing  
Office of Community Living  
1570 Grant Street  
Denver, CO 80203

April 23, 2019

**Subject: Formal Recommendation for Maximum Pay Rate Increase and One-hour Minimum**

The Department of Health Care Policy & Financing (the Department) received the formal recommendation submitted by the Participant Directed Programs Policy Collaborative (PDPPC) on March 28, 2019.

The formal recommendation from PCPPC has requested the following changes to Department policy:

1. Increase maximum rate that Consumer Directed Attendant Support Services (CDASS) employers can pay (an attendant) from \$39.30 to \$50.00 per hour.
2. The maximum rate (identified in line 1) amount to be increased by 3% annually.
3. Allow CDASS employers to have a one-hour minimum policy for a visit with a duration less than an hour; example, attendant performed 15 minutes of support but allow for one hour to be paid to attendant.

The Department has reviewed the request from PDPPC and has determined a change to the Attendant maximum rate will be completed using the method outlined below.

Through research, the Department identified the current attendant maximum hourly rate of \$39.30 was determined using the (2011) health maintenance hourly rate multiplied by 1.5 to total the current \$39.30 maximum rate. This was initially determined to cover an hourly wage and allow for an attendant to be paid an overtime rate, if needed. Following this process allows for flexibility when setting attendant hourly wages to attract and retain attendants with a competitive wage. This will also facilitate ongoing changes to the attendant maximum hourly rate as the health maintenance rate changes.

Using this methodology, the attendant maximum hourly rate will be increased from \$39.30 to \$44.64. The Department will collaborate with the Financial Management Service vendors (Acumen, Palco, Public Partnerships) to make changes and/or updates to their systems to support the approved increase. Below is an example of the approved methodology for determining the maximum hourly rate.



<b>SERVICE (Current)</b>	<b>15 Minute Rate</b>	<b>Hourly Rate</b>	<b>Overhead Adjustment</b>	<b>Adjusted Hourly Rate</b>
<b>Health Maintenance</b>	<b>\$ 7.44</b>	<b>\$ 29.76</b>	<b>-\$3.20</b>	<b>\$ 26.56</b>
<b>Maximum Pay Rate Methodology Example</b>	<b>Current</b>	<b>Hourly Rate</b>	<b>Plus 1/2 Hourly Rate</b>	<b>Maximum Pay Rate Equals Time and Half</b>
	<b>\$ 39.30</b>	<b>\$ 29.76</b>	<b>\$ 14.88</b>	<b>\$ 44.64</b>

As outlined above, the attendant maximum hourly rate will be adjusted when a change to the health maintenance rate occurs. The Department will work with the FMS vendors to update their systems and with the contracted training vendor to update the training manual following a change in the rate. Please note that a change in the attendant maximum hourly rate is not in effect until implemented by the Department.

The Department has reviewed the request from PDPPC to implement a one-hour minimum Attendant payment for a visit when the actual visit is less than one hour. The Department has reviewed this request and determined this change is not able to be approved at this time. CDASS policy requires an employer to verify timesheets for accuracy and approve the actual time the attendant performed services.

The Department acknowledges there may be situations when an attendant is needed to perform tasks that take less than an hour to perform. In these circumstances, the Department encourages the client and/or authorized representative to work with the attendant to perform other authorized services to support the billing of a one hour visit. In addition, the Department is planning for the implementation of Electronic Visit Verification (EVV) effective January 1, 2020 in compliance with The 21<sup>st</sup> Century Cures Act. This implementation will require attendants to clock in when services begin and out when they are completed. Approval from the Department to allow for payment for time services were not provided creates a risk to the Department to be noncompliant with EVV requirements and the Centers for Medicare and Medicaid Services.

The Department will continue to review options to enhance CDASS policies and procedures. Prior to making any changes, the Department will robustly collaborate with PDPPC.

Recommendations from members is of assistance to the Department in reviewing current policies and identifying areas for change, risk management and improvements for consumer directed service delivery options. The Department appreciates the continued collaboration with the members of PDPPC.

If you have any questions, please contact Katie McGuire at [Katherine.mcguire@state.co.us](mailto:Katherine.mcguire@state.co.us) or 303-866-6313.

Thank you,



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