

# *In-Home Support Services*

A Participant Directed Service Delivery Option

April 2016



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# *Our Mission*

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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# *What Will I Learn Today?*

- What is IHSS
- Who is Eligible
- Benefits of IHSS
- Limitations of IHSS
- **Changes to IHSS Effective 2.1.16**
- Role of IHSS Agency
- How Case Managers Authorize Services
- Frequent Concerns
- Questions



# Service Delivery Spectrum

<u>Agency</u>	<u>IHSS</u>	<u>CDASS</u>
Agency Hires Staff	Client Selects Attendants	Client Selects Attendants
Agency Manages Attendant Reimbursement	Agency Manages Attendant Reimbursement	Client Manages Attendant Reimbursement

# *What is IHSS?*

- Participant directed service delivery option
- Available in the Elderly Blind and Disabled (EBD), Spinal Cord Injury (SCI), and Children's Home and Community Based Services (HCBS) Waivers
- Employer Authority



**Choice**



**Autonomy**



**Flexibility**

# *Client Responsibilities*

## **Employer Authority**

- **Select Attendants**
- **Train Attendants**
- **Schedule Attendants**
- **Dismiss Attendants**

Clients can access additional support from IHSS agency

# *Who is Eligible for IHSS?*

- Must be receiving EBD, SCI, or CHCBS Waiver Services
- Must need support with personal care, homemaker, or health maintenance
- Physician's statement that client can manage care or there is an Authorized Representative or **Provider agency to assist the client**
- Unlike CDASS, clients can be in unstable health
  - If client is in unstable health, physician must indicate what additional in-home monitoring is needed



# *Services Available Under IHSS*

## **EBD and SCI**

- Personal Care
- Relative Personal Care
- Homemaker
- Health Maintenance

## **CHCBS**

- Health Maintenance

# *IHSS Client Participation FY 2014-2015*

EBD/SCI: 992 clients

CHCBS: 237 clients

Total Participation is 1229  
39% increase in FY 2014-15



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# *Characteristics of IHSS*

- Allows Client to Select, Schedule and Manage Attendants
- Peer Counseling
- 24-hour Back-up Services Provided
- Nursing Staff Available to Provide Support
- Agency Manages Attendant Reimbursement
- Clients may receive skilled care from Attendants without a CNA or nursing license because Nurse Practice Act and Nurse Aide Legislation are waived
- If there is a need for skilled care, clients can chose to access IHSS HMA or Long-Term Home Health, depending on client preference



# Limitations of IHSS

- A family member cannot provide **more than 40 hours of personal care in one week (NEW)**
- Health Maintenance is the only IHSS service offered on the CHCBS Waiver
- A family member shall not be reimbursed for providing only IHSS Homemaker Services
  - A family member may perform homemaker tasks which are secondary and contiguous to IHSS Relative Personal Care or IHSS Health Maintenance Activities. Additional service hours will not be authorized to complete homemaker tasks
  - Family members are not eligible to be the client's IHSS homemaker



# *Questions so far?*



# *What's New for IHSS?*

Effective February 1, 2016 the following changes have been made to IHSS:

- Services can be provided in the community
- A family member can provide up to 40 hours of Relative Personal Care in one week
- A spouse is now included as a family member
- Clarified that clients manage and schedule attendants



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# *What's New for IHSS?*

Effective February 1, 2016 the following changes have been made to IHSS:

- In consultation with the IHSS agency, the client may determine the amount of oversight by the IHSS agency's health professional
  - The decision about the level of oversight shall be documented by the IHSS agency in the IHSS plan
  - Attendants will continue to be required to receive training or skills validation from the IHSS agency licensed health professional



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# *What's New for IHSS?*

Effective February 1, 2016 the IHSS agency must:

- In consultation with the client, contact the client's physician and receive direction as to the appropriateness of continued care in the event of the observation of new symptoms or worsening condition
  - Physician's direction shall be documented in the client's record



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# *What's New for IHSS?*

Effective February 1, 2016 the following changes have been made to IHSS:

- Clients who are unable to independently direct their own care and cannot secure an Authorized Representative may participate in IHSS if an IHSS agency is willing and able to provide additional support
  - Agencies must have policies established for how they serve clients who are determined unable to independently self-direct and do not have an Authorized Representative (AR)
    - IHSS agencies can develop a policy stating that they choose not to serve those clients
    - If an agency chooses to serve a client without an AR, a *Client and Provider Agency Responsibilities* Form must be completed and signed by the client and the IHSS agency



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# *What's New for IHSS?*

## Updated Forms:

- Client and Provider Agency Responsibilities
- Physician Attestation Form
- IHSS agency will assist the client with completing these forms
- The IHSS agency will send any newly completed or updated forms to the client's case manager within 5 business days
- It is the case manager's responsibility to ensure the Physician Attestation Form has been received by the case manager



# *Client and Provider Agency Responsibilities Form*

- Created in collaboration with IHSS stakeholders
- Must be completed by the client and the IHSS provider agency to identify the supports the client will receive from the IHSS agency
- Must be kept in the provider agency file and updated as the client and provider agency agree on changes to the level of supports



# Client and Provider Agency Responsibilities Form

Available online:

[www.colorado.gov/hcpf/participant-directed-programs#IHSS](http://www.colorado.gov/hcpf/participant-directed-programs#IHSS)



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## In-Home Support Services (IHSS) Client and Provider Agency Responsibilities

### Section I: Client Information

Client Full Name: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_

IHSS Provider Agency: \_\_\_\_\_

### Section II: Responsibilities

The client's physician has indicated the client is able to participate in IHSS with the requirement of having either:

- a) An Authorized Representative designated by the client to direct and manage IHSS services.
- OR**
- b) An agreement to receive additional support from an IHSS provider agency in directing and managing IHSS. The client must receive one or more of the additional supports listed below.

**The client has elected to receive additional support from an IHSS provider agency. The client and IHSS provider agency have agreed for the agency to provide the following supports for the client:**

- |   |  |
|---|--|
| <input type="checkbox"/> Introduce potential attendant(s) to the client.  | <input type="checkbox"/> Train attendant(s) to meet the client's needs.  |
| <input type="checkbox"/> Dismiss attendant(s) who are not meeting the client's needs.                                     | <input type="checkbox"/> Manage and supervise attendant(s).  |
| <input type="checkbox"/> Directly schedule attendant(s) and document any permanent and significant changes in scheduling. | <input type="checkbox"/> Work with the client to determine the level of oversight needed by a licensed health care professional. |

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Agency Representative Signature

\_\_\_\_\_  
Date

The provider agency must work with the client to update this form when there is a change to the elected supports. A copy must be sent to the case manager within 5 days of the change in elected supports.



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# *New Physician Attestation Form*

- Physician Attestation of Consumer Capacity
- This form is replacing the previous IHSS Physician's Certification of Program Eligibility form
- Benefits of new form:
  - Requires the physician and IHSS agency to document any additional in-home monitoring needed
  - Allows the physician to indicate if the client requires an AR or support from an IHSS agency
  - Provides definitions and examples



# New Physician Attestation Form

[www.colorado.gov/hcpf/participant-directed-programs](http://www.colorado.gov/hcpf/participant-directed-programs)

## Physician Attestation of Consumer Capacity

The following client is interested in participating in In-Home Support Services (IHSS). To qualify for IHSS, the client's primary care physician shall attest that the client's has the capability to direct their own care; or recommend the client appoint an Authorized Representative\*(AR); or recommend the client utilize additional support from an IHSS agency.

Note: Sections of the Nurse Practice Act and Certified Nursing Aide legislation does not apply to IHSS.

Section I: Client Information Section							
Client Medicaid Number:							
Last Name:	First Name:			Middle Initial:			
Address:	City:		State:	Zip:			
Date of Birth:	Phone:	Male <input type="checkbox"/>	Female <input type="checkbox"/>				

Section II: Services
<p><b>In-Home Support Services Agencies</b> provide intake and orientation services, assistance with selecting attendants, verification of attendant skills and competency, attendant training and oversight, monitoring by a licensed health professional, and 24-hour back-up staffing. Additionally, IHSS agencies are required to offer additional assistance to all IHSS clients. Examples of the additional supports that may be provided by IHSS agencies include support with selecting and dismissing an Attendants: information and referral services: systems advocacy: independent living skills training: and cross disability peer counseling.</p> <p>If the client has an unstable medical condition, the physician may indicate whether additional in-home monitoring is necessary and if so, the amount and scope of the in-home monitoring.</p> <p>Physician recommendations for additional in-home monitoring: _____</p>

Section III: Physician Statement	Physician's Initials
<p>Please review and initial one of the following:</p> <p>As the treating physician, I am of the opinion that this individual has <b>sound judgment<sup>2</sup></b> and has <b>the ability to direct his or her care.<sup>3</sup></b></p> <p><b>OR</b></p> <p>As the treating physician, I am of the opinion this individual <b>requires an Authorized Representative<sup>4</sup></b> or <b>requires additional support from an IHSS agency<sup>3</sup></b> to assist him or her in acquiring and utilizing services through IHSS.</p>	   

Section IV: Medical Provider							
Attesting Physician Name:		License #					
Address:		City:					
State:		Zip:		Phone:			
Name of Person Completing Form:		Date					
Signature of Attesting Physician:							

Section V: Definitions / Examples	
1	<b>Stable health</b> means a medically predictable progression or variation of disability or illness.
2	<b>Sound Judgement</b> means an understanding of one's condition and the knowledge to make good decisions regarding one's care.
3	<b>The Ability to Direct his or her Care</b> means the client has the ability to clearly explain to an Attendant how to provide a skilled or unskilled procedure or service.
4	<b>Authorized Representative (AR)</b> means an individual designated by the client or the legal guardian, if appropriate, who has the judgment and ability to direct IHSS on a client's behalf. The AR must be at least 18 years of age; has known the client for at least two years; has not been convicted of any crime involving exploitation, abuse, or assault on another person; and does not have a mental, emotional, or physical condition that could result in harm to the client.
5	<b>In-Home Support Services Agencies</b> provide intake and orientation services, assistance with selecting attendants, verification of attendant skills and competency, attendant training and oversight, monitoring by a licensed health professional, and 24-hour back-up staffing. Additionally, IHSS agencies are required to offer additional assistance to all IHSS clients. Examples of the additional supports that may be provided by IHSS agencies include support with selecting and dismissing an Attendants; information and referral services; systems advocacy; independent living skills training; and cross disability peer counseling.
6	<b>In-Home Monitoring Example:</b> The physician may indicate that the IHSS agency's licensed health professional must conduct monthly supervisory visits to ensure the client can still be safely served through IHSS.
7	<b>Health Maintenance Activities:</b> Health Maintenance Activities means those routine and repetitive health related tasks, which are necessary for health and normal bodily functioning, that an individual with a disability would carry out if he/she were physically able, or that would be carried out by family members or friends if they were available. These Activities include 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. In the event of the observation of new symptoms or worsening condition that may impair the client's ability to direct their care, the agency, in consultation with the client, shall contact the client's physician and receive direction as to the appropriateness of continued care. The outcome of that consultation shall be documented in the client's record.

# *Role of IHSS Agency*

## IHSS Agency Must:

- Provide 24-hour back up services
- Provide Attendant Training or Skills Validation within 30 days after services begin
- Provide Intake and Orientation
- In consultation with the client, contact the client's physician and receive direction as to the appropriateness of continued care in the event of the observation of new symptoms or worsening condition (new)



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# *Role of IHSS Agency*

## **IHSS Agency Must Complete the IHSS Care Plan**

- A statement of allowable attendant and personal care service hours
- A detailed listing of amount, scope and duration of each service to be provided for each day
- Documentation that adequate staffing including backup staff will be available to provide necessary services
- A dispute resolution process

# *Role of IHSS Agency*

IHSS Agency Must Offer and Document if the Following Supports were Accepted or Declined in IHSS Care Plan:

- Functional Skills Training
- Assistance with Attendant selection
- Peer Counseling
- Independent living core services—As defined at 26-8.1-102 (3), C.R.S.



# *How Case Managers Authorize Services*

- Services must be authorized within service definition and rules
- Services identified in the agency IHSS care plan must align with needs identified in the case manager's ULTC assessment and Service Plan



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# *Frequent Concerns*

- Misclassification of IHSS services
- Services do not meet service definitions in rule
- Services in the IHSS care plan do not align with case manager's assessment of need
  - Work with client and case manager to ensure services meet the client's current needs
- CHCBS waiver offers health maintenance only



# *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



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# Example Scenario 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 to include in the IHSS care plan for this task?

- a. IHSS Personal Care
- b. IHSS Health Maintenance Activities
- c. No IHSS services

Type your answer in the chat box



# *Example Scenario 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

Type your answer in the chat box



# *Questions*



# *Contacts*

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