



COLORADO

Department of Health Care  
Policy & Financing

# In-Home Support Services (IHSS) FAQs for Case Managers & Provider Agencies

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August 2018

*This Frequently Asked Questions (FAQ) document is for informational purposes only to assist with general information. It is ultimately the responsibility of each Case Manager and IHSS Agency to be knowledgeable of the requirements outlined in rule (10 CCR 2505-10 Section 8.552).*

## Becoming an IHSS Agency

### How does my agency become certified as an IHSS Agency?

1. Visit the following link to submit a Letter of Intent (LOI) to the Colorado Department of Public Health and Environment (CDPHE) to become certified.  
[www.colorado.gov/cdphe/health-facilities-licensure-and-certification](http://www.colorado.gov/cdphe/health-facilities-licensure-and-certification)
  - o A staff member from CDPHE will send you a Medicaid application and offer further guidance. If the agency is not already licensed to operate a home care agency in Colorado, a license application will also have to be completed.
  - o Once the appropriate application materials are received, an initial survey will be scheduled and conducted by CDPHE.
  - o CDPHE may conduct a license inspection (when needed) and certification survey at the same time.
  - o When it is determined that the agency is compliant with IHSS rules, CDPHE will recommend to the Department of Health Care Policy and Financing (HCPF) that the agency be certified as an IHSS agency.
2. Prospective IHSS Agencies must complete a provider enrollment application with the Department of Health Care Policy and Financing (HCPF) and their fiscal agency, DXC Technologies. Existing IHSS Agencies must update their provider profile in the web portal to add the IHSS certification.

Agencies may start this process at the **same time** as the certification application process with CDPHE – go to [www.colorado.gov/hcpf/provider-enrollment](http://www.colorado.gov/hcpf/provider-enrollment)

**We recommend agencies complete both CDPHE and HCPF processes at the same time.**



- Obtain a [National Provider Identifier \(NPI\)](#) before starting the online application process with DXC Technologies. An NPI is required for IHSS.
  - For assistance with the web portal, please call 1-844-235-2387.
  - Once you start provider enrollment online, the web portal will automatically assign you a 5-digit application tracking number (ATN).
  - After submitting your application, you can check the status of your enrollment by logging into the web portal at any time using your ATN.
3. After you receive approval from both CDPHE and HCPF, submit your IHSS certificate and your ATN to Erin Thatcher, Participant Directed Liaison at [Erin.Thatcher@state.co.us](mailto:Erin.Thatcher@state.co.us)
  4. Following review of the IHSS certification and verification of provider enrollment, HCPF will notify your agency of approval. At this time your agency information will be added to the IHSS Provider List. Your agency may choose to communicate with the Single Entry Point (SEP) agencies in your service area. [www.colorado.gov/hcpf/participant-directed-programs#IHSS](http://www.colorado.gov/hcpf/participant-directed-programs#IHSS)

## Homemaker, Personal Care, and Health Maintenance Services

### Can a family member get paid to provide Homemaker services?

No, a family member cannot be paid to complete Homemaker tasks unless they are secondary and contiguous to a Health Maintenance Activity and approved by the Case Manager. For more information, refer to the IHSS Categorization Table online: [www.colorado.gov/hcpf/participant-directed-programs#IHSS](http://www.colorado.gov/hcpf/participant-directed-programs#IHSS)

### **A family member may perform homemaker tasks which are secondary and contiguous to IHSS Relative Personal Care or IHSS Health Maintenance Activities. What does “secondary and contiguous” mean?**

IHSS Rule [8.552.8.F](#) states "Health Maintenance Activities (HMA) may include related Personal Care and Homemaker services if such tasks are completed during the health maintenance visit and are secondary and contiguous to the health maintenance activity."

IHSS rules utilize the Personal Care tasks as defined in rule [8.489.30](#). Tasks assigned on the care plan must adhere to the definitions of the task. Care tasks must not be bundled as HMA if they were not secondary and contiguous to a skilled care task.

If the task can be split out or is not secondary and contiguous to a HMA task, then it should be billed in the appropriate category. Homemaker/Personal Care tasks would be



listed under Health Maintenance on the care plan and marked as secondary and contiguous to a specific activity.

- Examples of secondary and contiguous tasks:
  - ✓ Following skilled bowel care, the attendant empties and cleans the commode. This bathroom cleaning is secondary and contiguous to HMA bowel care.
  - ✓ A participant requires skilled feeding through a syringe. The participant has a documented therapeutic diet requiring honey consistency meals. Prior to the skilled feeding, the attendant must complete meal preparation to ensure the meal is the proper consistency.
- Examples of tasks that are **NOT** secondary and contiguous:
  - ✓ A participant prefers to brush their teeth in the shower. The participant is a skilled transfer and bathing is considered an HMA task. Upon review of the definitions at 8.489.31.E., the participant's mouth care is considered unskilled. This task is NOT secondary and contiguous to bathing. Additional time will not be added to HMA bathing for tooth brushing.
  - ✓ A participant needs assistance with trimming nails after the shower. The participant needs a skilled transfer; therefore, bathing is considered an HMA task. The IHSS agency has requested to complete nail care along with bathing. Upon review of the definitions at 8.489.31.D., the participant's nail care is considered unskilled. This task is NOT secondary and contiguous to bathing. Additional time will not be added to HMA bathing for nail care.

### **Is there a limit to the number of hours a Relative Personal Caregiver can be paid to work?**

The participant is limited to 40 hours of Relative Personal Care, with the exception of parents caring for their adult children. Services are determined and authorized by the Case Manager.

### **Can a participant have more than one family member provide Relative Personal Care and each attendant work 40 hours per week (totaling 80 hours a week)?**

The participant is limited to receiving a total of 40 hours per week for Relative Personal Care.



**Is there a limit to Health Maintenance Activities?**

Health Maintenance Activities do not have a limit. Authorization is based on individual need as determined by the Case Manager's assessment. Services are determined and authorized by the Case Manager.

**Is IHSS Personal Care exempt from Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)?**

Individuals on the Elderly, Blind and Disabled (EBD) or Spinal Cord Injury (SCI) waivers between the ages of 18-20 may elect to receive Personal Care through either EPSDT or IHSS. The participant would have the option to access EPSDT services until they are 21 or receive IHSS as long as the service is medically necessary.

**Can a Children's Home and Community Based Services (CHCBS) waiver participant receive EPSDT services as well, or is this duplicative of HMA?**

CHCBS participants are not eligible for IHSS Personal Care. Participants may receive HMA through an IHSS Agency and Personal Care services through EPSDT. An individual can still receive medically necessary EPSDT Nursing/Therapy/CNA and Personal Care services as long as it doesn't duplicate HMA.

**How will the IHSS Agency manage back-up care?**

The IHSS Agency is required to provide 24-hour back-up care for scheduled visits. The IHSS Agency must develop a back-up plan as part of the Care Plan.

**If a spouse or family member receives income for providing services, how does this affect a participant's income eligibility?**

Since each individual's situation is different, the participant should contact their county Health and Human Services Office to discuss any impact to Health First Colorado (Colorado's Medicaid Program) eligibility.

**Can services be provided in the community?**

IHSS can be provided in the community. For example, services may be needed when a participant needs support at a doctor's appointment or at a grocery store.

**Is travel time billable in IHSS?**

No, the IHSS Agency may not bill the Prior Authorization Request (PAR) for travel time.



## Home Health

### **Can someone receive IHSS and Long-Term Home Health (LTHH) or Private Duty Nursing at the same time as IHSS?**

Yes, as long as there is not a duplication of services.

### **What's the difference between Long-Term Home Health (LTHH) and IHSS HMA?**

Both services relate to skilled tasks. Long-Term Home Health provides a Registered Nurse (RN) or Certified Nursing Assistant (CNA) to complete skilled tasks in visits to the participant's home as prescribed by the participant's physician. In IHSS, the Nurse Practice Act is waived. Attendants are allowed to complete skilled tasks typically completed by an RN or CNA, but that do not require the clinical judgment and assessment skills of a nurse. The attendant's skills and competency are verified by the IHSS Agency RN. Services can be completed in the home and community.

### **Isn't IHSS a nursing program?**

No. IHSS is a service-delivery option for participants on the EBD, SCI, and CHCBS waivers and does not provide nursing services. The IHSS Agency must have a nurse on staff to complete IHSS Agency responsibilities.

## Overtime

### **How does overtime work?**

An IHSS Agency is required to comply with the Fair Labor Standards Act (FLSA). For additional information regarding FLSA, please visit the [Colorado Department of Labor](http://Colorado Department of Labor website) website.

## Forms

### **What forms are required for IHSS?**

The Physician's Attestation of Consumer Capacity form is required for all participants. This form is completed by the participant's physician and helps determine what supports a participant requires to be safe in the home. The physician also determines if the participant requires an Authorized Representative. Additional forms are required for Authorized Representatives.

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



## Who can sign the Physician's Attestation form?

The participant's primary care physician must complete the form. This includes the following licensed medical professionals: MD, DO, PA, or APN.

## What is the IHSS Client and Provider Agency Responsibilities Form?

This form is to be completed when a participant has elected to receive additional support from the IHSS Agency to direct and manage services. Some participants may be required to have an Authorized Representative (AR); others may elect to have an AR to assist. In the event that the participant is unable to elect an AR, the agency may agree to provide additional support.

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

## Do we need to update old IHSS forms with new ones?

Forms utilized for IHSS must be completed at initial enrollment and updated when the participant is experiencing a change in condition. For example, if there is a change in a participant's needs, the Physician Attestation form should be updated. If there is a change in Authorized Representative, a new form shall be completed, etc. Forms do not need to be updated annually if nothing has changed.

## Care Plan

### What is the Care Plan Calculator?

The Care Plan Calculator is a case management tool used to outline the participant's care needs as determined in the ULTC 100.2 assessment. It is provided to the IHSS agency upon initial referral and following a change of condition.

### What if the IHSS Care Plan created by the IHSS agency doesn't align with the ULTC 100.2 assessment the Case Manager completed?

The Case Manager should discuss the IHSS Care Plan with the participant. The participant's needs may have changed since the time the ULTC 100.2 assessment and IHSS Care Plan were completed. When situations like this occur, there should be collaboration between the participant, IHSS Agency, and Case Manager to ensure the IHSS Care Plan is accurate.

The Case Manager is also responsible for making changes to the HCBS Service Plan if the participant's needs have changed. If the participant disagrees with the Case Manager's determination of services, the participant may file an appeal to request a hearing before an administrative law judge.



## IHSS Agency

### Who is responsible for the family members providing care?

IHSS is a service-delivery option that allows home and community-based services (HCBS) waiver participants to decide to what degree they want to direct their care and manage their attendant, with additional support provided by the agency. The participant/authorized representative may direct and manage their care. The IHSS Agency RN is required to administer skills validation for all attendants, including family members. If the IHSS Agency RN cannot verify and validate attendant skills and ensure that services can be completed safely, they may discuss alternative service options with the participant/authorized representative. Ultimately, the IHSS Agency is responsible for ensuring that services are delivered appropriately and safely.

### What is the role of the RN in IHSS?

The IHSS Agency must staff an RN who is responsible to verify and document attendant skill and competency. The RN ensures attendants are performing services correctly, safely and with minimum discomfort to the participant. The RN has other responsibilities including skills validation, supervision, care planning/coordination, and ensuring participant and attendant safety. The scope of RN responsibilities can be found in IHSS rule [8.552.6.G](#).

### Who completes the Care Plan?

The IHSS Agency develops a Care Plan in coordination with the participant/Authorized Representative and the Case Manager. The IHSS Agency RN is required to review and sign off on Care Plans annually.

### Can the RN write orders for skilled exercises or other HMA tasks?

No. The IHSS Agency RN may not prescribe or order exercise or other services in IHSS. Not only is it a conflict of interest, but an RN cannot prescribe under their scope of practice. An advanced practice nurse can prescribe but an RN can only implement or “place an order” for services if there is a standing physician’s signed order with patient criteria/standards of care.

### Are supervisory visits required in IHSS?

IHSS Agencies must follow the requirements of their licensure. Participants are encouraged to collaborate with the IHSS Agency to schedule and participate in supervisory visits.





## **What is the participant's role in IHSS?**

A participant or their Authorized Representative may self-direct the following aspects of service delivery:

- Present a person(s) of their own choosing to the IHSS Agency as a potential Attendant. The participant must have adequate Attendants to assure compliance with all tasks in the Care Plan.
- Train Attendant(s) to meet their needs.
- Dismiss Attendants who are not meeting their needs.
- Schedule, manage, and supervise Attendants with the support of the IHSS Agency.
- Determine, in conjunction with the IHSS Agency, the level of in-home supervision as recommended by the participant's Licensed Medical Professional.
- Transition to alternative service delivery options at any time. The Case Manager shall coordinate the transition and referral process.
- Communicate with the IHSS Agency and Case Manager to ensure safe, accurate and effective delivery of services.
- Request a reassessment if level of care or service needs have changed.

## **Does the agency determine attendant competency standards?**

Under IHSS rule, the agency shall assure and document that attendant skills validation is completed within 30 days of services starting. Attendants must complete training prior to the start of services.

## **An IHSS Participant needs skilled transfers. Doesn't that mean that all of their services are skilled / Health Maintenance Activities?**

No. IHSS follows the Personal Care rules in section 8.489. IHSS has three services: homemaker, personal care, and health maintenance (HMA); these services are billed in 15-minute increments. A participant's services are individualized to their needs. Therefore, a participant's Care Plan may include some personal care and some HMA. It is possible that a participant's care plan does not include any health maintenance activities.

## **Is there a standard Care Plan that IHSS agencies can use?**

IHSS Agencies are encouraged to develop their own forms.





## **We are a new IHSS Agency. How do we recruit new clients?**

IHSS Agencies are encouraged to develop their own marketing plans and recruiting strategies. The Department maintains a list of approved providers for the use of participants and Case Managers.

### [In-Home Support Services Information](#)

## **What are Independent Living Core Services?**

Independent Living Core Services are services that advance and support the independence of individuals with disabilities and to assist those individuals to live outside of institutions. These services include but are not limited to: information and referral services, independent living skills training, peer and cross-disability peer counseling, individual and systems advocacy, transition services or diversion from nursing homes and institutions to home and community-based living, or upon leaving secondary education.

## **Are Independent Living Core Services included in a participant's IHSS Care Plan as HMA?**

Independent Living Core Services are required to be offered by the IHSS agency and are not separately reimbursable.

## **Can a participant elect not to receive Independent Living Core Services?**

Yes, they can elect to not receive these services.

## **Stakeholder Engagement**

### **How can I be more involved in IHSS?**

There are several stakeholder groups open to those interested.

- The Participant-Directed Programs Policy Collaborative (PDPPC) is a monthly joint meeting for stakeholders and the Colorado Department of Health Care Policy and Financing meeting. The PDPPC is a place where stakeholders and the Department work together, with transparency, on issues relating to the Participant-Directed Programs administered by the Department. These programs include Consumer-Directed Attendant Support Services (CDASS) and In-Home Support Services (IHSS).
- The IHSS Workgroup is an ongoing subcommittee of PDPPC dedicated to IHSS-related discussion and program development. The meeting is held bi-monthly.
- Colorado Long-term Assistance Service Providers (CLASP) is an association of long term services and supports providers. CLASP meets monthly via conference



call and is a membership organization with a dues structure. For information regarding CLASP, contact the co-chairs:

- David Bolin at Accent on Independence (AOI) - [dbolin@aiohomecare.com](mailto:dbolin@aiohomecare.com)
- Ryan Zeiger at Personal Assistance Services of Colorado (PASCO) - [Ryan.Zeiger@PASCOHH.com](mailto:Ryan.Zeiger@PASCOHH.com)

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