



COLORADO

Department of Health Care
Policy & Financing

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

February 2017

This FAQ is for informational purposes only and is provided to assist with general information. It is ultimately the responsibility of each case manager and IHSS provider agency to be knowledgeable of the requirements of the IHSS program.

Becoming an IHSS Agency

How does my agency become certified to provide IHSS services?

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
 - 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.
 - Once the appropriate application materials are received, an initial survey will be scheduled and conducted by CDPHE.
 - CDPHE conducts a license inspection (when needed) and certification survey at the same time.
 - When it is determined that the agency is in compliance 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. You will need to complete a provider enrollment application with HCPF. You can initiate this process at the **same time** as your certification application process with CDPHE – go to www.colorado.gov/hcpf/provider-enrollment. **We recommend** you complete both CDPHE and HCPF processes **at the same time**.
 - Obtain a [National Provider Identifier \(NPI\)](#) before doing the online application process with Hewlett Packard Enterprise (HPE).

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- If you need assistance call 1-844-235-2387 or email COProviderEnrollment@HPE.com
 - Once you start provider enrollment online, the 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 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:
- Participant Directed Liaison: Erica Weidenfeld, Erica.Weidenfeld@state.co.us
 - HCPF will verify if the provider enrollment is approved and add your agency to the approved IHSS provider list online: www.colorado.gov/hcpf/participant-directed-programs#IHSS
4. You will need to either contract with or have on staff a licensed medical professional, who at minimum is a Registered Nurse, prior to accepting IHSS clients.
- Your RN will conduct and oversee IHSS participant assessments, review 90-day visits (on-site supervision may not be required every 90 days provided the participant has requested less frequent oversight and there is documentation of this request), and train/oversee care coordinators as well as attendants in the performance of IHSS-level tasks to prior to beginning services.
 - You must complete both CDPHE and HCPF's processes before billing and providing IHSS services to any participant.

Homemaker, Personal Care and Health Maintenance Services

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

- No, a family member cannot be paid for only Homemaker services.
- A non-family member can be paid for only Homemaker services.
- For more information, refer to the IHSS Categorization Table online: 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?

- Regulation 8.552.8.G 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."
- The main focus must be an HMA task and not the Personal Care or Homemaker tasks. Care tasks would 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.
 - Example of a secondary and contiguous task:
 - ✓ While an attendant is assisting a participant with HMA bathing, water splashes on the floor. To avoid a safety hazard, the attendant wipes up the water. The task of wiping up water from the floor is secondary and contiguous to the HMA bathing.
 - ✓ An attendant is assisting a participant with HMA undressing to get ready for bed. After undressing, the attendant notices the participant was incontinent, the attendant places soiled garments in the washing machine to run a load. Putting the clothing in the washer is a task that is secondary and contiguous to the HMA dressing.
 - ✓ An attendant is assisting a participant with a skilled feeding and meal prep needs to take place to complete the skilled feeding as the participant has choking concerns. Preparing the food to prevent the participant from choking in preparation for the skilled feeding is contiguous to the HMA eating.

Can an agency employ a relative to perform the Homemaker tasks?

- A relative can only be paid to provide IHSS Health Maintenance and/or Relative Personal Care. The participant cannot hire a relative as an IHSS Homemaker.

Is there a limit to the number of hours a Relative Personal Care provider can be paid to work?

- There is a limit of 40 paid hours a week.



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.

Can two family members split the 40 hours of Relative Personal Care per week?

- Yes, as long as they are adhering to the 40-hour limit.

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

- Yes, with the exception of participants active with the Children’s Home and Community Based Services (CHCBS) waiver, a member can elect to not participate in EPSDT and receive IHSS. For example, an individual can turn 18 and enroll in the EBD Waiver. This person 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 CHCBS participant receive EPSDT services as well, or is this duplicative of HMA?

- CHCBS participants can elect to receive HMA through an IHSS provider and Personal Care services through EPSDT. An individual can still get medically necessary EPSDT Nursing/Therapy/CNA and Personal care services as long as it doesn’t duplicate HMA.

If a family member is unavailable to provide Relative Personal Care and the IHSS agency provides a back-up caregiver to provide Personal Care, should the back-up caregiver fill out their time on the Relative Personal Care form or on a regular Personal Care form?

- The agency caregiver should use a regular Personal Care form and the family member should use a Relative Personal Care form.
- All services must receive prior authorization by the case manager. In the event services need to be modified, the case manager will complete a Service Plan and Prior Authorization Request revision. The IHSS agency and case manager must communicate when there is a need to modify hours from Relative Personal Care to regular Personal Care.



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.

What is the cap for Health Maintenance Activities (HMA)?

- There is no cap for HMA. Authorization is based on individual need.

What services can be provided in the community?

- Most IHSS services 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.

Home Health

Can someone receive IHSS and Long-Term Home Health (LTHH) at the same time (includes CNA and nursing services)?

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

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](#) website.

Forms

If a new IHSS participant is moving to Colorado from out of state, can the out-of-state physician sign the physician's attestation form?

- Yes. Once a relationship with a Colorado Physician has been established the form should be completed by the new physician.

Can a Physician, Nurse Practitioner or Physician's Assistant sign the Physician's Attestation form?

- Yes.



If a participant receives most of their care from a physiatrist, can they sign the Physician's Attestation form?

- No, only a Primary Care Physician, Physician's Assistant, or Nurse Practitioner can sign the form.

Does the IHSS Client and Provider Agency Responsibilities Form need to be completed if the physician says a participant can direct their care?

- No. This form is to be completed when a participant is unable to direct and manage their own care and has elected to receive support from the IHSS provider. The form should not be completed if the participant is able to direct their own care or if the participant has appointed an Authorized Representative.

How do we address the IHSS Client and Provider Agency Responsibilities Form for children under 18 years old?

- In many instances of a two-parent or guardian household, one may choose to be a caregiver and the other may choose to be the Authorized Representative. In circumstances where a single parent or guardian with no other natural supports, the single parent or guardian may choose to be the attendant or Authorized Representative, but cannot be both.
- The IHSS agency can provide attendants and/or offer support in management of care in lieu of an Authorized Representative in these types of scenarios. In these circumstances, the parent or guardian should designate how much oversight is being provided by the IHSS agency through the IHSS Client and Provider Agency Responsibilities Form 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 updated when the participant is experiencing a change. 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.

Care Plan

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

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should be a dialogue 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 is able to file an appeal to request a hearing before an administrative law judge.

IHSS Agency

Is a Registered Nurse (RN) responsible for the family members providing care or can the participant direct and determine appropriateness?

- 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 has control over directing and managing the care. No matter the participant's circumstances, an IHSS agency is required to provide oversight by a licensed medical professional.

What is the role of the RN or licensed medical professional in provision of IHSS services?

- The RN is responsible to train attendants and ensure they are performing services correctly, safely and with minimum discomfort to the participant. To ensure participant direction, if the participant wishes to participate in the training, the participant is more than welcome to do so. For the IHSS program, attendants are trained by the RNs to master skills that are clinically demanding and would normally be outside their scope of practice. Ostomy care, wound care, dressing changes, suctioning, and changing catheters are a few examples.

If the participant can direct their own care, does the IHSS Agency still need to send a licensed health care professional who will verify and document attendant skills, competency to perform IHSS, and basic consumer safety procedures?

- Yes, even if the participant can direct their own care, agencies still need to follow IHSS rule [8.552.6](#)

Does the agency determine attendant competency standards?

- Under IHSS rule, the agency shall assure and document that attendant training was completed within 30 days of IHSS services starting. In lieu of training, a skills validation test can be completed with the attendant.



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

- The IHSS agency should document on the IHSS care plan what the participant was offered and elected to receive under the Independent Core Services. Core Services are requirements of an IHSS provider agency and are not reimbursable.

Can a participant elect not to receive Independent Core Services?

- Yes, they can elect to not receive these services.

Collaborate with IHSS Agencies

How do I collaborate with other IHSS agencies?

- 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 the CLASP, contact the co-chairs:

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

For information about this FAQ, contact:

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