



CDASS & IHSS Case Manager Forum Q&A

The following questions and answers were discussed during the Case Manager Open Forum held on December 14, 2017

GENERAL QUESTIONS

QUESTION	ANSWER	CITATION
What is participant direction?	Participant-directed services are home and community-based services (HCBS) that help people maintain their independence and determine what mix of services and supports works best for them. Participant direction empowers each client to exercise choice and control over decisions made about their long-term services and supports in a highly personalized manner. Consumer Directed Attendant Support Services (CDASS) and In-Home Support Services (IHSS) are the two participant-directed service delivery options in Colorado.	Participant-Directed Programs
Please identify the rules in volume 8 that apply to IHSS and CDASS.	Volume 8 includes rules for medical assistance and Children's Health Plan Plus as overseen by the Department. Some rules applicable to these questions have been cited in the third column. Case managers must be knowledgeable about rules applicable to their clients and long-term care programs.	10 CCR 2505-10 § 8.510 10 CCR 2505-10 § 8.552
Do you recommend starting a client with IHSS while they are enrolling in CDASS?	To ensure a client has services during the training and enrollment period for CDASS, IHSS or traditional HCBS services can be started. CDASS training and enrollment can take 45-60 days; it is important that case managers ensure the client's needs are met during that time frame.	10 CCR 2505-10 § 8.485.301
Is the 40-hour family rule shared for all family members or 40 hours each? Please explain for IHSS and CDASS.	CDASS: A client can have multiple family members providing attendant care at a maximum of 40 hours per week per attendant. IHSS: Clients are limited to total of 40 hours per week of relative personal care; however, there is no limit on IHSS HMA.	10 CCR 2505-10 § 8.510.16.C.1. 10 CCR 2505-10 § 8.552.8 E.
What is skilled versus non-skilled?	Please see the inclusions and exclusions in the Personal Care rules, section 8.489. Inclusions are personal care and exclusions are skilled. If you have questions about a specific situation, please speak with your supervisor.	10 CCR 2505-10 § 8.489.22 IHSS Services Categorization Table

QUESTION	ANSWER	CITATION
<p>Please clarify the rules for providing personal care and health maintenance to family members in CDASS and IHSS.</p>	<p>In both CDASS and IHSS, family members including spouses can complete personal care and health maintenance activities (HMA). Personal care tasks are unskilled and health maintenance tasks are skilled. HMA tasks would typically be performed by a CNA or RN/LPN; CDASS and IHSS waive the Nurse Practice Act allowing for clients to select and train their attendants to complete skilled tasks.</p> <p>Health maintenance activities 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. For example, the relative care provider empties and cleans the commode following toileting / bowel program. This homemaking task could either be contiguous to personal care or health maintenance activities depending on the skill level of the primary task (personal care vs. HMA).</p>	<p>IHSS FAQ 10 CCR 2505-10 § 8552.0</p> <p>10 CCR 2505-10 § 8.489</p> <p>10 CCR 2505-10 § 8.490</p> <p>IHSS Services Categorization Table</p>
<p>What is “Extraordinary Care”?</p>	<p>A member of the client’s household may only be paid to furnish extraordinary care as determined by the case manager. Extraordinary care is determined by assessing whether the care to be provided exceeds the range of care that a family member would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age, and which are necessary to assure the health and welfare of the client and avoid institutionalization.</p>	<p>10 CCR 2505-10 § 8.510.16.C.</p> <p>10 CCR 2505-10 § 8.552.8 D.</p>
<p>Can we review accompaniment and what can be allotted for?</p> <p>Does going to banks and post office / other errands fit under this section? Is drive time excluded?</p>	<p>Accompanying the client to medical appointments, banking errands, basic household errands, clothes shopping, and grocery shopping to the extent necessary and as specified on the care plan. Accompanying the client to other services is also permissible as specified on the care plan.</p> <p>Personal care for the purpose of accompanying the client shall only be authorized when a personal care provider is needed during the trip to provide one or more other unskilled personal care services listed in this Section. Accompanying the client primarily to provide companionship is not a covered benefit.</p> <p>Accompanying is considered skilled when any of the tasks performed in conjunction with the accompanying are skilled tasks. Accompanying does not include transporting the client.</p>	<p>10 CCR 2505-10 § 8.489.31.Q.</p> <p>10 CCR 2505-10 § 8.510.3.B.2.m.</p>
<p>Can Authorized Representatives be Attendants?</p>	<p>The Authorized Representative (AR) is an unpaid position supporting the client in the delivery of CDASS and IHSS. The AR cannot be reimbursed for their services or act as an Attendant for the client they represent. If a client requires an AR themselves, then they cannot act as an AR for someone else.</p>	<p>10 CCR 2505-10 § 8.552.8 H.</p> <p>10 CCR 2505-10 § 8.510.7</p>

CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS) QUESTIONS

QUESTION	ANSWER	CITATION
What's new with CDASS?	New CDASS rates were implemented effective 12/1/2017 (See monthly allocation worksheet). The CDASS Task Worksheet has been updated and is more printer-friendly.	Consumer Direct of Colorado - Case Manager Forms & Resources
Can a family member complete homemaking tasks under CDASS?	CDASS allows for a family member to complete homemaking hours. Homemaker activities shall be applied only to the permanent living space of the client and multiple attendants may not be reimbursed for duplicating household tasks. Covered services shall be for the benefit of only the client and not for the benefit of other persons living in the home.	10 CCR 2505-10 § 8.510.16.C.
Are there any rules on allocating time for each task on the CDASS Task Worksheet? Is there a maximum time or frequency for tasks?	The CDASS task worksheet defines frequency and duration of tasks using previously established general guidelines for tasks published in a norms bulletin. Some tasks are individualized for the client as prescribed by physician or therapist. No maximums have been set for tasks. Case managers can request information from the client's physician regarding frequency and duration of tasks to be performed.	Consumer Direct of Colorado - Case Manager Forms & Resources
What does "IND" on the CDASS task worksheet mean?	Individualized (IND) means that the time required to complete the task is individualized based on the client's needs. A task may have the frequency/duration prescribed by physician or therapist. This may be provided on the Professional Medical Information Page (PMIP), medication list, or client's medical record.	Participant Directed Programs - CDASS Forms
Ambulation, stand by assistance, exercise, etc. do not have norms on the CDASS task worksheet. Does this mean that the client may request as much assistance as they want?	Clients may request as much time for tasks as they would like, but the case manager is the authorizing party. The case manager is responsible for ensuring services are appropriate for the client's medical or functional condition. The case manager can request supporting documentation from the client's physician regarding the frequency and duration of tasks if appropriate. If client requests cannot be approved, the case manager must inform the client in writing (803 notice of action).	10 CCR 2505-10 § 8.510.14
Please summarize the CDASS overspending protocol.	Overspending is defined as a monthly utilization that exceeds 10% of the client's monthly allocation and no fluctuation of spending is prior authorized in the Attendant Support Management Plan (ASMP), Service Plan (SP) or Benefits Utilization System (BUS) log notes and there are no reserves to cover the utilization.	CDASS Services Utilization Review & Allocation Management Protocol

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<p>Overspending protocol, continued.</p>	<p>Episode 1 – Case manager should review protocol and speak with client/AR about overspending. Always assess if a revision to the allocation is needed due to a change in client condition. Document all activities in the BUS.</p> <p>Episode 2 – Review protocol and discuss overspending with client/AR. Help develop a plan with the client to recoup overspent funds. Again, assess clients’ needs for any changes and document all activities in the BUS. Offer client/AR additional training with Consumer Direct Colorado and document response. Finalize by sending Notice of 2nd Episode of Over Utilization to client/AR.</p> <p>Episode 3 – Mandatory change is needed. Assess if a revision to the allocation is needed due to a change in client condition. Inform client of a mandatory change by either changing their current AR or assigning a new one. Follow timelines outlined in the overspending protocol to refer the AR to CDCO for training and then enrolled with the FMS. Lack of compliance with change will result in an 803 for change in services. New AR will develop a plan to reduce spending and recoup overspent funds. Send client Notice of 3rd Episode of Over Utilization to client. Document all activities in the BUS.</p> <p>Episode 4 – Review the protocol. Inform the client and AR that the client will be terminated from CDASS within 30 calendar days and they must transition to a new service delivery option. Complete and send client 803. Document all activities in the BUS.</p> <p>* All action steps taken by case manager should be reported on monthly Overspending Report sent by Consumer Direct Colorado.</p> <p>* Overspending is tracked for the lifetime of the client’s CDASS services. They do not restart with a new certification period.</p>	<p>CDASS Services Utilization Review & Allocation Management Protocol</p>
<p>If a client is regularly over budget by 5%, can the protocol be followed in the same way?</p>	<p>The protocol is only for instances of overspending that meet the definition above. It must be an instance over 10% without prior authorization or reserves.</p> <p>Keep in mind that if a client is new to CDASS, the case manager should review spending with the client or their AR monthly for the first three months. The case manager should discuss spending patterns with the client or their AR at each scheduled contact.</p>	<p>CDASS Services Utilization Review & Allocation Management Protocol</p> <p>10 CCR 2505-10 § 8.510.14.1.</p>

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What is the role of the case manager when an ASMP is received from CDCO?	Case managers must review the ASMP to ensure that it is complete and accurate given the needs of the client. If the ASMP is incomplete or inaccurate, the client must contact the client or AR for corrections. If the ASMP is approved, the case manager must sign the document and return a copy to Consumer Direct Colorado (CDCO). Then, the client's CDASS packet should be sent to the selected FMS agency for referral. The case manager should complete this within 5 business days of receiving the ASMP from CDCO.	Consumer Direct of Colorado - Case Manager Forms & Resources
What needs to happen if a CDASS client's allocation is going to be OCC (over cost containment)?	Case managers shall submit the OCC packet to ltssocc@state.co.us PRIOR to making a training referral to Consumer Direct Colorado (CDCO). This will ensure a finalized budget is used in training and during Attendant Support Management Plan (ASMP) development with CDCO.	Consumer Direct of Colorado - Case Manager Forms & Resources
What can a case manager do to help ensure hours requested on a CDASS task worksheet get approved by the state?	Case managers will create a task worksheet based on the most recent assessment following the guidelines for homemaker, personal care, and health maintenance. The case manager must submit any PAR OCC to the Department prior to making a referral for CDASS training, beginning services or continuing services at the continued stay review assessment. The Department may approve an over cost containment allocation if it meets prescribed Department criteria. The case manager is encouraged to submit documentation regarding a client's needs such as physician orders, range of motion (ROM) order, etc. with the OCC packet. The case manager may also attach information identifying why the amount of time was listed for various tasks on the task worksheet. This is particularly helpful if the client has a large number of minutes under one service.	10 CCR 2505-10 § 8.510.3.B 10 CCR 2505-10 § 8.510.15.C. Consumer Direct of Colorado - Case Manager Forms & Resources

IN-HOME SUPPORT SERVICES (IHSS) QUESTIONS

QUESTION	ANSWER	CITATION
What's new with IHSS?	Rule changes are coming in Spring 2018. The major changes relate to roles/responsibilities and clearly defining processes. The IHSS forms have been updated and will be available soon. There are many new providers; please verify agencies are on the official IHSS Provider List located on the Department website.	IHSS Information IHSS Provider List
Why don't IHSS providers use the same care plan or form?	There is no standard form required. Agencies are encouraged to manage their businesses how they see fit. Agencies are required to follow state rules and licensure requirements.	10 CCR 2505-10 § 8.510.3.A., B.

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What kind of training is provided and required for IHSS agencies?	IHSS agencies must become certified with the Colorado Department of Public Health and Environment (CDPHE). Resources and training are available from CDPHE for provider topics. Some agencies prefer to hire consultants to help with this process. Many IHSS agencies are new to IHSS – if there are concerns about an IHSS agency, please reach out to the Department's Participant Directed Liaison.	IHSS FAQ 10 CCR 2505-10 § 8552.0
Is an updated physician attestation required yearly for IHSS?	No. It is required at enrollment and when there is a change of condition.	Consumer Direct of Colorado - Case Manager Forms & Resources
How is IHSS health maintenance determined for children?	Children's Home and Community Based Services waiver (CHCBS) HMA is determined based on skilled needs as defined in the personal care rule section 8.489. It must not include tasks that a parent would complete in the care of a typically developing child. A member of the client's household may only be paid to furnish extraordinary care as determined by the case manager. Extraordinary care means an activity that a parent or guardian would not normally provide as part of a normal household routine. For specific questions about CHCBS, please contact Dennis Roy at dennis.royjr@state.co.us or 303-866-4828	10 CCR 2505-10 § 8.552.8 D. 10 CCR 2505-10 § 8.506.3 10 CCR 2505-10 § 8.489.30
How does a case manager review and approve hours for IHSS?	Case managers should use the most recent assessment and documents in the client record when reviewing the care plan. If there are tasks requested that do not seem appropriate, confirm with the client/AR or physician. Case managers shall approve or deny all care plan requests within 5 business days following receipt of a complete and adequate request. Partial care plans may be approved; the PAR should be entered and sent to the agency. Services will not begin until an approved PAR is received by the agency. Case managers must contact the agency within 5 business days if there are tasks or care plans that will not be approved. If the client requests tasks that cannot be approved, the case manager must inform the client in writing (803 notice of action).	10 CCR 2505-10 § 8.552.8 F. 10 CCR 2505-10 § 8.058.2.3.
Is there a rule about excessive hours in IHSS?	The agency shall not submit billing for excessive hours that are not justified by the documentation of services provided, or by the client's medical or functional condition. This includes billing all unit's prior authorized when the allowed and needed services do not require as much time as was authorized.	10 CCR 2505-10 § 8.552.8 F.
What do CM's do about tasks on an IHSS care plan that should not be on there?	Case managers (CM) must inform the agency if there are tasks that will not be approved within 5 business days of receipt of the care plan. If the client is requesting tasks that cannot be approved, the case manager must inform the client in writing (803 notice of action).	10 CCR 2505-10 § 8.393.3.A.1.e.1. 10 CCR 2505-10 § 8.393.3.A.2.

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For IHSS, can a family member complete homemaking hours?	Family member(s) shall not be reimbursed for providing only homemaker services. A family member may perform homemaker tasks which are secondary and contiguous to personal care or Health Maintenance Activities (HMA). Additional service hours will not be authorized to complete homemaker tasks.	10 CCR 2505-10 § 8.552.8 G. IHSS Services Categorization Table
Does IHSS require a prescription for Range of Motion to be approved under IHSS HMA or IHSS PCP?	Not at this time. However, case managers are highly encouraged to request substantiating documentation for range of motion or exercise from the physician or therapist as "home exercises" that do not replace state plan benefits. Assistance with exercises is considered skilled when the exercises are prescribed by a nurse or other licensed medical professional. This may include passive range of motion.	10 CCR 2505-10 § 8.489.31.J.2.
What should a Case Manager do if the IHSS provider agency is putting unskilled tasks under HMA?	Case managers must contact the IHSS agency within 5 business days if there are tasks or care plans that will not be approved to request the missing information. If the client requests tasks that cannot be approved, the case manager must inform the client in writing (803 notice of action).	10 CCR 2505-10 § 8.552.8 F. 10 CCR 2505-10 § 8.058.2,3.
What is required for IHSS Care Plans that are OCC (over cost containment)?	Case managers must submit an over cost-containment packet to ltssocc@state.co.us for review and approval. Please include all pertinent information, such as the Physician's Attestation for Consumer Capacity, Long Term Home Health (LTHH) 485, agency Care Plan, etc. Case managers must not authorize services to begin before receiving approval from the Department.	Consumer Direct of Colorado - Case Manager Forms & Resources
An agency wants to back-date services but I don't have a Care Plan.	If a case manager has not received and approved an IHSS care plan, IHSS services cannot begin.	10 CCR 2505-10 § 8.058.2,3.

CONTACT INFORMATION

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CDASS	Kady Hetherington – Program Manager kadyh@consumerdirectcare.com or 303-325-7173 General inquires and referrals infocdco@consumerdirectcare.com	CDASS FAQ Consumer Direct of Colorado