



COLORADO
Department of Health Care
Policy & Financing

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

January 4, 2016

The Honorable Beth McCann, Chair
Health, Insurance, and Environment Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative McCann:

Enclosed please find a legislative report to the House Health, Insurance, and Environment Committee from the Department of Health Care Policy and Financing on In-Home Support Services (IHSS), 2016.

Section 25.5-6-1206, C.R.S. requires the Department to submit a report annually to the Joint Budget Committee of the General Assembly, the Health and Human Services Committee of the Senate, and the Public Health and Human Services Committee of the House of Representatives on the implementation of IHSS.

The report provides information on IHSS and describes the three service delivery options available under Home and Community Based Services (HCBS) waivers. The report includes data on the cost and utilization of IHSS and the Department's efforts to conduct further data analysis. Finally, the report includes the strategies the Department is implementing to improve this service delivery option both programmatically and financially.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Zach Lynkiewicz, at Zach.Lynkiewicz@state.co.us or 720-854-9882.

Sincerely,

Susan E. Birch, MBA, BSN, RN
Executive Director

SEB/GMH

Enclosure(s): Health Care Policy and Financing 2016 In-Home Support Services Legislative Report



Cc: Representative Joann Ginal, Vice Chair, Health, Insurance and Environment Committee
Representative J. Paul Brown, Health, Insurance and Environment Committee
Representative Janet Buckner, Health, Insurance and Environment Committee
Representative Daneya Esgar, Health, Insurance and Environment Committee
Representative Steve Humphrey, Health, Insurance and Environment Committee
Representative Janak Joshi, Health, Insurance and Environment Committee
Representative Gordon Klingenschmitt, Health, Insurance and Environment Committee
Representative Lois Landgraf, Health, Insurance and Environment Committee
Representative Susan Lontine, Health, Insurance and Environment Committee
Representative Dianne Primavera, Health, Insurance and Environment Committee
Representative Kim Ransom, Health, Insurance and Environment Committee
Representative Su Ryden, Health, Insurance and Environment Committee
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Gretchen Hammer, Health Programs Office Director, HCPF
Dr. Judy Zerzan, Client and Clinical Care Office Director, HCPF
Chris Underwood, Health Information Office Director, HCPF
Jed Ziegenhagen, Community Living Office Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
Zach Lynkiewicz, Legislative Liaison, HCPF





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

January 4, 2016

The Honorable Dianne Primavera, Chair
Public Health Care and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative Primavera:

Enclosed please find a legislative report to the House Public Health Care and Human Services Committee from the Department of Health Care Policy and Financing on In-Home Support Services (IHSS), 2016.

Section 25.5-6-1206, C.R.S. requires the Department to submit a report annually to the Joint Budget Committee of the General Assembly, the Health and Human Services Committee of the Senate, and the Public Health and Human Services Committee of the House of Representatives on the implementation of IHSS.

The report provides information on IHSS and describes the three service delivery options available under Home and Community Based Services (HCBS) waivers. The report includes data on the cost and utilization of IHSS and the Department's efforts to conduct further data analysis. Finally, the report includes the strategies the Department is implementing to improve this service delivery option both programmatically and financially.

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Sincerely,

Susan E. Birch, MBA, BSN, RN
Executive Director

SEB/GMH

Enclosure(s): Health Care Policy and Financing 2016 In-Home Support Services Legislative Report



Cc: Representative Jonathan Singer, Vice-Chair, Public Health Care and Human Services Committee
Representative Jessie Danielson, Public Health Care and Human Services Committee
Representative Joann Ginal, Public Health Care and Human Services Committee
Representative Dominick Moreno, Public Health Care and Human Services Committee
Representative Brittany Pettersen, Public Health Care and Human Services Committee
Representative Max Tyler, Public Health Care and Human Services Committee
Representative Lois Landgraf, Public Health Care and Human Services Committee
Representative Kathleen Conti, Public Health Care and Human Services Committee
Representative Justin Everett, Public Health Care and Human Services Committee
Representative Janak Joshi, Public Health Care and Human Services Committee
Representative Lang Sias, Public Health Care and Human Services Committee
Representative JoAnn Windholz, Public Health Care and Human Services Committee
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COLORADO
Department of Health Care
Policy & Financing

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

January 4, 2016

The Honorable Millie Hamner, Chair
Joint Budget Committee
200 East 14th Avenue, Third Floor
Denver, CO 80203

Dear Representative Hamner:

Enclosed please find a legislative report to the Joint Budget Committee from the Department of Health Care Policy and Financing on In-Home Support Services (IHSS), 2016.

Section 25.5-6-1206, C.R.S. requires the Department to submit a report annually to the Joint Budget Committee of the General Assembly, the Health and Human Services Committee of the Senate, and the Public Health and Human Services Committee of the House of Representatives on the implementation of IHSS.

The report provides information on IHSS and describes the three service delivery options available under Home and Community Based Services (HCBS) waivers. The report includes data on the cost and utilization of IHSS and the Department's efforts to conduct further data analysis. Finally, the report includes the strategies the Department is implementing to improve this service delivery option both programmatically and financially.

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Sincerely,

Susan E. Birch, MBA, BSN, RN
Executive Director

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Enclosure(s): Health Care Policy and Financing 2016 In-Home Support Services Legislative Report



Cc: Senator Kent Lambert, Vice-chair, Joint Budget Committee
Representative Bob Rankin, Joint Budget Committee
Representative Dave Young, Joint Budget Committee
Senator Kevin Grantham, Joint Budget Committee
Senator Pat Steadman, Joint Budget Committee
John Ziegler, Staff Director, JBC
Eric Kurtz, JBC Analyst
Henry Sobanet, Director, Office of State Planning and Budgeting
Bettina Schneider, Budget Analyst, Office of State Planning and Budgeting
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Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

January 4, 2016

The Honorable Kevin Lundberg, Chair
Health and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Senator Lundberg:

Enclosed please find a legislative report to the Senate Health and Human Services Committee from the Department of Health Care Policy and Financing on In-Home Support Services (IHSS), 2016.

Section 25.5-6-1206, C.R.S., requires the Department to submit a report annually to the Joint Budget Committee of the General Assembly, the Health and Human Services Committee of the Senate, and the Public Health and Human Services Committee of the House of Representatives on the implementation of IHSS.

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Sincerely,

Susan E. Birch, MBA, BSN, RN
Executive Director

SEB/GMH

Enclosure(s): Health Care Policy and Financing 2016 In-Home Support Services Legislative Report



Cc: Senator Larry Crowder, Vice-Chair, Health and Human Services Committee
Senator Beth Martinez Humenik, Health and Human Services Committee
Senator Irene Aguilar, Health and Human Services Committee
Senator Linda Newell, Health and Human Services Committee
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COLORADO

**Department of Health Care
Policy & Financing**

**COLORADO DEPARTMENT OF
HEALTH CARE POLICY AND FINANCING**

**REPORT TO THE HOUSE AND SENATE HEALTH AND HUMANS
SERVICES COMMITTEES AND THE
JOINT BUDGET COMMITTEE ON
IN-HOME SUPPORTS AND SERVICES (IHSS)**

January 04, 2016

The Colorado Department of Health Care Policy and Financing (Department) is pleased to submit this report pursuant to Section 25.5-6-1206, C.R.S., regarding In-Home Support Services (IHSS) provided in the state of Colorado. Per the statutory requirement, the report shall include:

- The cost-effectiveness of providing In-Home Support Services to the elderly, blind, and disabled, to persons with spinal cord injury, and to eligible disabled children;
- The number of persons receiving such services; and,
- Any strategies and resources that are available or that are necessary to assist more persons in staying in their homes through the use of In-Home Support Services.

Introduction

IHSS was authorized in 2002 by SB02-027 as a way to deliver Home and Community Based Services (HCBS). IHSS is a service delivery option that allows a client to direct select services available through the Home and Community Based Services (HCBS) – Elderly, Blind, and Disabled (HCBS-EBD), Children’s HCBS (CHCBS), and Spinal Cord Injury (HCBS-SCI) waivers.

IHSS provides an additional delivery option between services provided and managed by an agency and Consumer Directed Attendant Support Services (CDASS), where services are managed by the client or his or her authorized representative. IHSS provides the flexibility and control of consumer direction by allowing the client to select and train his or her attendants. However, in contrast to CDASS, the client does not manage the financial allocation for his or her services. The primary differences between the three service delivery options are detailed below:

Table 1: Service delivery Options		
Agency-based Care	IHSS	CDASS
<ul style="list-style-type: none"> • Agency selects and trains attendants • Agency manages financial aspects of service delivery 	<ul style="list-style-type: none"> • Client or Authorized Representative select and trains attendants • IHSS agency manages financial aspect of service delivery 	<ul style="list-style-type: none"> • Client or Authorized Representative selects and trains attendants • Client or Authorized Representative manages annual allocation

In FY 2013-14, the General Assembly passed two bills that impact IHSS. HB14-1358 gave the Department authorization to continue IHSS until September 1, 2019, based on the results of the Sunset review conducted by the Department of Regulatory Agencies. HB14-1357 tasked the Department with developing an implementation plan to explore expanding IHSS to include persons enrolled in Community Mental Health Supports, Persons with Brain Injury, Supported Living Services, and Children’s Extensive Support HCBS Waivers. The Department submitted that plan to the General Assembly April 20, 2015.

Additionally, HB14-1357 gave the Department authority to make the following programmatic changes to IHSS by March 1, 2015:

- Allow spouses to receive reimbursement for providing IHSS
- Exempt family members from the 444 hour per year limit for personal care
- Allow IHSS to be provided in the community

- Provide greater flexibility in determining the amount of nurse oversight required
- Clarify the intent of consumer direction by allowing the client to directly schedule, manage, and supervise attendants, and to determine the amount of agency support

The Department will implement the above changes upon approval from the Centers for Medicaid and Medicare Services (CMS).

Client Eligibility

As set forth at 10 CCR 2505-10 § 8.552.2, a client is eligible for IHSS when the following three criteria are met:

- The client is enrolled in the HCBS-EBD, CHCBS, or HCBS-SCI waivers
- The client's primary care physician documents the client has sound judgment and the ability to direct his or her own care or the client has an authorized representative to assist in directing the care
- The client's medical condition does not result in an unsafe situation as documented by the primary care physician

Available Services

A client enrolled in the HCBS-EBD or HCBS-SCI waiver and participating in IHSS can direct his or her health maintenance activities, homemaker services, and personal care. A client enrolled in the CHCBS waiver and participating in IHSS can direct his or her health maintenance activities through an Authorized Representative. Health Maintenance Activities (HMA) are defined as 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. HMA 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.

Clients who receive IHSS services also have access to other services available through the Medicaid State Plan and the HCBS waivers. State plan services include all other Medicaid benefits that are not provided by the HCBS waivers, which may include physician visits, medications, hospitalizations, and durable medical equipment. The other services available to IHSS clients through HCBS waivers are described below for each waiver:

Table 2 – Other HCBS Services By Waiver			
Waiver	EBD	CHCBS	SCI
Other HCBS Costs	<ul style="list-style-type: none"> • Adult Day Health • Homemaker (non-IHSS) • Personal Care (non-IHSS) • Respite • Home Modification • Non-Medical Transportation • Electronic Monitoring • Alternative Care Facility • Community Transition Service • Supplies, Equipment, & Medication Management • CDASS • Medication Monitoring 	<ul style="list-style-type: none"> • Case Management 	<ul style="list-style-type: none"> • Adult Day Health • Homemaker (non-IHSS) • Personal Care (non-IHSS) • Respite • Home Modification • Non-Medical Transportation • Electronic Monitoring • Alternative Therapies • Supplies, Equipment, & Medication Management • CDASS • Medication Monitoring

In accordance with Section 25.5-6-1203 (3), C.R.S., the following sections of the Nurse Practice Act and Nurse Aide Legislation do not apply to IHSS:

- 12-38-103(8) Definition of Practical Nurse
- 12-38-103(11) Definition of Registered Nurse
- 12-38-123 Penalties for practicing without a license
- 12-38.1-102(5) Definition of Nurse Aide
- 12-38.1-117(b) Limitation of duties of Nurse Aide

By not requiring licensed or certified health professionals, a client in IHSS has more flexibility in selecting attendants to provide services and supports. This flexibility creates an opportunity for increased access to services by allowing the client to hire a neighbor, friend, or family member to provide both skilled and unskilled care. This is especially valuable to clients with complex medical needs who reside in rural areas of Colorado.

IHSS Agencies

There are currently 31 agencies providing IHSS in Colorado. Participating agencies now serve clients in all Colorado counties.

IHSS agencies are required to offer the following in accordance with 10 CCR 2505-10 § 8.552.5:

- Cross-disability peer counseling
- Information and referral services
- Individual and system advocacy
- Twenty-four hour back-up services
- Intake and orientation to IHSS
- Assistance in selecting attendants, if requested by the client or authorized representative
- Access to a licensed health care professional to provide monitoring and oversight of medical needs
- Provide Attendant training or validate Attendant skills

Cost Effectiveness of IHSS

Below are two tables that illustrate the per-client cost for IHSS combined with other HCBS waiver and state plan service costs. These costs are then compared to the average cost to provide services in an institution.

Table 3 – IHSS Per Participant Cost versus Institutional Per Participant Cost FY 2014-15							
Waiver	IHSS	Other HCBS	State Plan Costs	Total Per Participant Cost-HCBS	Institutional Cost	State Plan Cost	Total Per-Participant Cost – Institutionalization
EBD/SCI	\$25,446	\$1,089	\$7,916	\$34,451	\$38,415	\$3,364	\$41,780
CHCBS	\$42,962	\$559	\$14,900	\$58,421	\$57,096	\$4,956	\$62,052

State plan costs and other HCBS costs are included in this chart to provide a comparison of the total costs of providing services to clients through IHSS versus the total costs of providing services to clients in an institutional setting. State plan costs include all other Medicaid benefits that are not provided by the HCBS waivers, which may include physician visits, medications, hospitalizations, and durable medical equipment. Other HCBS costs are the costs for the services described in Table 2.

Based on the available cost data, the provision of IHSS to clients enrolled in the HCBS-EBD/ HCBS-SCI and CHCBS waivers is, on average, more cost effective than providing services in an institution. Due to the small number of clients participating on the HCBS-SCI waiver, the data for the HCBS-SCI waiver are combined with the HCBS-EBD waiver to protect clients' private health information.

Table 4 IHSS Cost Per Client Percentage Change						
	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
EBD/SCI	n/a	12.70%	0.70%	-14.20%	-5.99%	3.55%
CHCBS	n/a	9.20%	12.10%	11.20%	19.98%	7.68%

In FY 2014-15, there was an increase in the per-client costs for HCBS-EBD/HCBS-SCI and CHCBS waivers. Two percent of that increase can be attributed to rate increases that occurred in FY 2014-15. To ensure proper service utilization, the Department reviews monthly cost and utilization data to identify patterns and trends in IHSS and identify opportunities to mitigate costs. This review revealed that cost effectiveness could be improved by providing stronger guidance on how to categorize IHSS services. As a result, the Department has secured a training vendor to provide IHSS case management trainings. Additionally, in FY 2015-16 the Department provided trainings for IHSS agencies. While these trainings have not yet produced cost savings, they may have begun to reduce the size of cost increases. The Department believes continual training will ensure proper service delivery and utilization, which will continue to mitigate per user cost increases.

Client Participation in IHSS

There has been significant growth in the number and percentage of clients accessing IHSS which has resulted in an increase in overall expenditures (Table 5 – Table 7). The Department worked with stakeholders through the Participant Directed Programs Policy Collaborative (PDPPC) to increase awareness about IHSS and to solicit more IHSS stakeholders. This effort appears to have been successful. Notably, many clients who have transitioned from an institution through the Colorado Choice Transitions (CCT) program are actively pursuing consumer direction through the IHSS service delivery option.

Table 5 IHSS Client Count						
	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
EBD/SCI	241	274	337	447	698	992
CHCBS	34	34	70	129	184	237
Total	275	308	407	576	882	1229

Table 6 IHSS Percent Change in Participation						
	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
EBD/SCI	n/a	12%	18.70%	24.60%	55.70%	42.12%
CHCBS	n/a	0%	51.40%	45.70%	42.64%	29%
Total	n/a	10.70%	24.30%	29.30%	53.13%	39.34%

Table 7 IHSS HCBS-EBD/SCI Total Expenditures						
	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Health Maintenance	\$4,938,881	\$6,577,467	\$8,339,007	\$9,780,824	\$14,737,658	\$21,712,558
Homemaker	\$153,161	\$123,480	\$88,253	\$196,960	\$594,572	\$969,818
Personal Care	\$992,126	\$1,132,520	\$1,378,557	\$537,701	\$1,819,863	\$2,559,861
Total Cost	\$6,084,167	\$7,920,286	\$9,805,818	\$11,383,797	\$17,152,093	\$25,242,238

Table 8 IHSS CHCBS Total Expenditures						
	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Health Maintenance	\$840,953	\$925,739	\$2,168,200	\$4,500,375	\$7,341,077	\$10,182,009
Total Cost	\$840,953	\$925,739	\$2,168,200	\$4,500,375	\$7,341,077	\$10,182,009

Strategies and Resources

The Department continues to work with stakeholders to implement strategies and identify resources to assist more clients to remain in their homes and communities through the use of IHSS. The Department has implemented the following strategies:

- Facilitating regular stakeholder meetings with clients, providers, and case management agencies to promote communication around participant directed services
- Collaborating with stakeholders on rule revisions to make IHSS policies better reflect stakeholder needs while ensuring sound stewardship of public funds
- Conducting trainings for case managers on authorizing and monitoring the IHSS delivery to clients

- Maintaining a list of IHSS agencies that is available to clients, families, and case management agencies
- Providing information on IHSS to clients and agencies in the form of web-based materials, and fact sheets
- Establishing limits on family member reimbursement that allows for client choice of Attendants while also ensuring cost controls
- Revising rules and submitted waiver amendments to the CMS to allow greater participant direction options

The Department will continue with the above strategies in addition to the following efforts:

- Work collaboratively with the Department of Public Health and Environment on consistent interpretation of IHSS rules and licensing requirements
- As a result of changes to the structure of Financial Management Services used in CDASS, the Department began contracting with a vendor to provide routine training to case managers on participant direction, including IHSS
- Provide routine training to IHSS providers about IHSS policies and procedures
- Promoted IHSS as an option for individuals transitioning from an institutional setting

Additionally, the Department is working with stakeholders to improve the long term services and supports (LTSS) delivery system. The following initiatives will strengthen the HCBS infrastructure and integrate consumer direction and person-centered planning throughout LTSS:

- The Affordable Care Act expands Medicaid coverage to more people, but also affords states options in how they provide community-based LTSS. Colorado is exploring the feasibility of implementing Community First Choice option, which provides enhanced funding to states that elect to offer person-centered home and community based attendant services and supports.
- CCT is part of the federal Money Follows the Person Rebalancing Demonstration that facilitates the transition of a Medicaid client from a nursing or long term care facility back into his or her own community.
- The Community Living Advisory Group submitted its final report to the Governor's office on September 30, 2014, which included recommendations to redesign of Colorado's HCBS waivers, including how to incorporate consumer direction across all HCBS waivers and services.

Conclusion

IHSS provides a client with the flexibility to direct his or her own care without having to manage the financial allocation or the employer management responsibilities. The client receives the supports necessary to remain in his or her own home rather than entering or remaining in a long term care facility or relying on a home health agency to select staff. IHSS is an important part of the service delivery continuum and provides an opportunity to clients to direct their care while also having nursing and monitoring safeguards.