



**COLORADO**  
Department of Health Care  
Policy & Financing

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

January 1, 2018

The Honorable Millie Hamner, Chair  
Joint Budget Committee  
200 East 14<sup>th</sup> 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).

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, a service delivery option available under three 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](mailto:Zach.Lynkiewicz@state.co.us) or 720-854-9882.

Sincerely,

Tom Massey  
Interim Executive Director

TM/EET

Enclosure(s): Health Care Policy and Financing 2018 In-Home Support Services Legislative Report



Cc: Senator Kent Lambert, Vice-Chair, Joint Budget Committee  
Senator Kevin Lundberg, Joint Budget Committee  
Senator Dominick Moreno, Joint Budget Committee  
Representative Bob Rankin, Joint Budget Committee  
Representative Dave Young, Joint Budget Committee  
John Ziegler, Staff Director, JBC  
Eric Kurtz, JBC Analyst  
Robin Smart, JBC Analyst  
Henry Sobanet, Director, Office of State Planning and Budgeting  
Bettina Schneider, Budget Analyst, Office of State Planning and Budgeting  
Legislative Council Library  
State Library  
John Bartholomew, Finance Office Director, HCPF  
Gretchen Hammer, Health Programs Office Director & Community Living Office Director, HCPF  
Chris Underwood, Health Information Office Director, HCPF  
Dr. Judy Zerzan, Client and Clinical Care Office Director, HCPF  
Rachel Reiter, External Relations Division Director, HCPF  
Zach Lynkiewicz, Legislative Liaison, HCPF





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

January 1, 2018

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

Dear Senator Smallwood:

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).

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, a service delivery option available under three 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,

Tom Massey  
Interim Executive Director

TM/EET

Enclosure(s): Health Care Policy and Financing 2018 In-Home Support Services Legislative Report



Cc: Senator Beth Martinez Humenik, Vice-Chair, Health and Human Services Committee  
Senator Irene Aguilar, Health and Human Services Committee  
Senator Larry Crowder, Health and Human Services Committee  
Senator John Kefalas, Health and Human Services Committee  
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Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203

January 1, 2018

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

Dear Representative Singer:

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).

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, a service delivery option available under three 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,

Tom Massey  
Interim Executive Director

TM/EET

Enclosure(s): Health Care Policy and Financing 2018 In-Home Support Services Legislative Report



Cc: Representative Jessie Danielson, Vice-Chair, Public Health Care and Human Services Committee  
Representative Marc Catlin, Public Health Care and Human Services Committee  
Representative Don Coram, Public Health Care and Human Services Committee  
Representative Justin Everett, Public Health Care and Human Services Committee  
Representative Joann Ginal, Public Health Care and Human Services Committee  
Representative Edie Hooton, Public Health Care and Human Services Committee  
Representative Lois Landgraf, Public Health Care and Human Services Committee  
Representative Kimmi Lewis, Public Health Care and Human Services Committee  
Representative Larry Liston, Public Health Care and Human Services Committee  
Representative Dafna Michaelson Jenet, Public Health Care and Human Services Committee  
Representative Dan Pabon, Public Health Care and Human Services Committee  
Representative Brittany Pettersen, Public Health Care and Human Services Committee  
Representative Kim Ransom, Public Health Care and Human Services Committee  
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Department of Health Care  
Policy & Financing

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

January 1, 2018

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

Dear Representative Ginal:

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).

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, a service delivery option available under three 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](mailto:Zach.Lynkiewicz@state.co.us) or 720-854-9882.

Sincerely,

Tom Massey  
Interim Executive Director

TM/EET

Enclosure(s): Health Care Policy and Financing 2018 In-Home Support Services Legislative Report



Cc: Representative Daneya Esgar, Vice Chair, Health, Insurance and Environment Committee  
Representative Susan Beckman, Health, Insurance and Environment Committee  
Representative Janet Buckner, Health, Insurance and Environment Committee  
Representative Phil Covarrubias, Health, Insurance and Environment Committee  
Representative Steve Humphrey, Health, Insurance and Environment Committee  
Representative Dominique Jackson, Health, Insurance and Environment Committee  
Representative Chris Kennedy, Health, Insurance and Environment Committee  
Representative Lois Landgraf, Health, Insurance and Environment Committee  
Representative Susan Lontine, Health, Insurance and Environment 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 HUMAN  
SERVICES COMMITTEES AND THE  
JOINT BUDGET COMMITTEE ON  
IN-HOME SUPPORT SERVICES (IHSS)  
FY 2016-17**

**January 1, 2018**

The Colorado Department of Health Care Policy and Financing (the 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 essential to assist more persons in staying in their homes through the utilization of In-Home Support Services.

## Introduction

In-Home Support Services (IHSS) was authorized in 2002 by SB 02-027 in Home and Community Based Services (HCBS) programs. IHSS is a service-delivery option that allows a client to direct select services accessible 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.

A participant-directed service-delivery option, IHSS services are provided through and managed by an agency. The client or their Authorized Representative (AR) participates in the direction of services by selecting, hiring and training Attendants. IHSS offers clients the flexibility and control of participant-direction while the agency provides support, supervision and financial management. IHSS is similar to Consumer Directed Attendant Support Services (CDASS), where a client or their Authorized Representative manages the financial allocation, selects and trains attendant, and is the employer of record. 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"><li>• Agency selects and trains attendants</li><li>• Agency manages financial aspects of service delivery</li></ul>	<ul style="list-style-type: none"><li>• <b>Client or Authorized Representative selects and trains attendants</b></li><li>• <b>IHSS agency manages financial aspects of service delivery</b></li></ul>	<ul style="list-style-type: none"><li>• Client or Authorized Representative selects and trains attendants</li><li>• Client or Authorized Representative manages annual allocation</li></ul>

## Client Eligibility

As set forth at 10 C.C.R. 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; and,

- 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 their health maintenance activities, homemaker services, and personal care services. A client enrolled in the CHCBS waiver and participating in IHSS can direct their 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 they 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:

<b>Table 2 – Other HCBS Services by Waiver</b>			
<b>Waiver</b>	<b>EBD</b>	<b>CHCBS</b>	<b>SCI</b>
Other HCBS Benefits	<ul style="list-style-type: none"> <li>• Adult Day Health</li> <li>• Homemaker (non-IHSS)</li> <li>• Personal Care (non-IHSS)</li> <li>• Respite</li> <li>• Home Modification</li> <li>• Non-Medical Transportation</li> <li>• Personal Emergency Response Systems (PERS)</li> <li>• Alternative Care Facility (ACF)</li> <li>• Community Transition Service (CTS)</li> <li>• Supplies, Equipment, &amp; Medication Management</li> <li>• Consumer Directed Attendant Support Services (CDASS)</li> </ul>	<ul style="list-style-type: none"> <li>• Case Management</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Health</li> <li>• Homemaker (non-IHSS)</li> <li>• Personal Care (non-IHSS)</li> <li>• Respite</li> <li>• Home Modification</li> <li>• Non-Medical Transportation</li> <li>• Personal Emergency Response Systems (PERS)</li> <li>• Complementary and Integrative Health Services</li> <li>• Consumer Directed Attendant Support Services (CDASS)</li> <li>• Medication Reminder</li> </ul>

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 particularly valuable to clients with complex medical needs who reside in rural areas of Colorado.

### IHSS Agencies

As of 11/15/2017, the Department has 85 approved IHSS agencies. The IHSS agency list is updated anytime an IHSS agency is certified by the Department of Public Health and Environment, in addition to completing provider enrollment with the Department of Health Care Policy and Financing. In 2017, 31 additional agencies have been enrolled to provide IHSS; several more agencies are currently pursuing certification.

IHSS agencies are required to offer the following services in accordance with 10 C.C.R. 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 services to clients that are new 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; and,
- Provide Attendant training or validate Attendant skills.

### **Cost Effectiveness of IHSS**

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

<b>Table 3 – IHSS Per Participant Cost versus Institutional Per Participant Cost FY 2016-17</b>							
Waiver	IHSS Cost per Participant	Other HCBS Cost per Participant	State Plan Cost per Participant	<b>Total Per Participant Cost - HCBS</b>	Adjusted Institutional Cost per Participant	Adjusted State Plan Costs per Participant	<b>Total Per Participant Cost – Institutionalization</b>
EBD/SCI	\$24,171	\$1,140	\$6,877	<b>\$32,188</b>	\$40,790	\$2,992	<b>\$43,782</b>
CHCBS	\$40,446	\$511	\$13,614	<b>\$54,571</b>	\$62,709	\$5,655	<b>\$68,364</b>

State plan costs and other HCBS costs are included in this chart to show 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.

<b>Table 4 - IHSS Cost Per Client Percentage Change</b>						
	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
EBD/SCI	0.70%	-14.20%	-5.99%	3.27%	-5.52%	-5.01%
CHCBS	12.10%	11.20%	19.98%	7.68%	-3.83%	-2.11%

In FY 2016-17, there was a decrease in the per-client costs for HCBS-EBD/HCBS-SCI and CHCBS waivers. The Department believes this decrease in cost is due to several reasons. First, following the change in personal care limits for family caregivers there has been an increase of client and agency interest in IHSS. Through IHSS, clients have the flexibility to direct their care in the community with the attendant of their choice; many clients prefer relatives to be their attendants, completing both personal care and health maintenance tasks. Secondly, clients with significant medical needs who have traditionally utilized Long-Term Home Health (LTHH) for services have transitioned to IHSS for some or all of their skilled needs, resulting in cost savings as the rate per unit for health maintenance is significantly less than skilled nursing visits.

The Department has developed and published resources for IHSS, including trainings, frequently asked questions, provider lists, etc. The Department contracts with a vendor to facilitate case management agency training, which is completed throughout the state. In FY 2016-17 the vendor facilitated nine trainings with 185 case managers in attendance. The Department believes that continued training is crucial to manage and mitigate program growth, ensure proper service delivery, and fiscally appropriate service utilization. In the coming year, the Department is committed to providing additional training materials and support for both case managers and IHSS agencies. Finally, the Department is currently amending the IHSS rules, working closely with a group of stakeholders to clarify processes and improve programmatic procedures.

### **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 8). The Department has observed this growth to be a direct result of changes to IHSS authorized in HB 14-1357. Family members, including spouses, are now limited at 40 hours per week for personal care. Services may be completed in the community, which is an important component of community-based services and participant-direction. Subsequently there is increased interest in IHSS for clients, family members, and agencies. Clients new to IHSS have transitioned from traditional services and Long-Term Home Health (LTHH). The Department works closely with stakeholders through the Participant Directed Programs Policy Collaborative (PDPPC) to increase awareness about IHSS and to solicit IHSS stakeholder engagement in policy development for participant direction. There is an active IHSS Subcommittee tasked with program and rule development. The department

works proactively with new agencies, providing resources and support for billing, training, and dispute resolution. The department is dedicated to promoting opportunities for stakeholder engagement.

<b>Table 5 - IHSS Client Count</b>						
	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
EBD/SCI	337	447	698	992	1402	2341
CHCBS	70	129	184	237	285	405
Total	407	576	882	1229	1687	2746

<b>Table 6 - IHSS Percent Change in Participation</b>						
	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
EBD/SCI	18.70%	24.60%	55.70%	42.12%	41.33%	66.98%
CHCBS	51.40%	45.70%	42.64%	28.80%	19.41%	42.11%
Total	24.30%	29.30%	53.13%	39.34%	37.10%	62.77%

<b>Table 7 - IHSS HCBS-EBD/SCI Total Expenditures</b>						
	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
Health Maintenance	\$8,339,007	\$9,780,824	\$14,737,658	\$21,712,558	\$27,672,633	\$41,996,554
Homemaker	\$88,253	\$196,960	\$594,572	\$969,818	\$1,568,025	\$3,467,162
Personal Care	\$1,378,557	\$537,701	\$1,819,863	\$2,559,861	\$4,465,996	\$11,120,246
<b>Total Cost</b>	<b>\$9,805,818</b>	<b>\$11,383,797</b>	<b>\$17,152,093</b>	<b>\$25,242,238</b>	<b>\$33,706,654</b>	<b>\$56,583,962</b>

<b>Table 8 - IHSS CHCBS Total Expenditures</b>						
	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
Health Maintenance	\$2,168,200	\$4,500,375	\$7,341,077	\$10,182,009	\$11,775,005	\$16,380,597

## 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 utilization of IHSS. The Department has implemented the following strategies:

- Facilitating regular stakeholder meetings with clients, IHSS agencies, and case management agencies to promote communication related to participant-directed services including IHSS.
- Collaborating with stakeholders on rule revisions and other program development projects specific to IHSS; ensuring sound stewardship of public funds while improving the implementation of participant-direction.
- Maintaining a list of current IHSS agencies that is available to clients, families, and case management agencies.
- Providing updated information on IHSS to clients and agencies in the form of web-based materials, reference documents, and fact sheets.
- Monitoring family member reimbursement policies and cost-controls while promoting the client's choice of Attendants and services.
- Revising rules and submitting waiver amendments to CMS to allow greater participant-directed 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.
- Promote training opportunities with the Training & Operations vendor, including case management training to improve service delivery, authorization, and implementation.
- Provide routine training to new and existing IHSS agencies about programmatic policies and procedures.
- Promote IHSS as an option for individuals transitioning from an institutional setting.

## **Conclusion**

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