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In Home Support Services (IHSS) Certification- Regulation Requirements

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Objectives

- Understand applicable requirements from Volume 8 to become IHSS certified.
- Understand administrative duties required to manage an IHSS agency.
- Gain an understanding of the purpose of the IHSS program.
- Gain an understanding of what to expect from an initial IHSS survey.

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Where it all starts- Basic certification

Medicaid Waivers: HCBS - Home and Community Based Services.

- **EBD** – Elderly, Blind and Disabled
- **CMHS** – Community Mental Health Support (Previously MI)
- **BI** – Brain Injury

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IHSS is not a Waiver!

It is a service option under the following waivers:

- **EBD** - Elderly, Blind and Disabled
- **SCI** - Spinal Cord Injury
- **CHCBS** - Children's Home and Community Based Services

It is highly likely that it will be added as a service option to other waivers!

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8.552.1- Definitions

In-Home Support Services (IHSS) means services that are provided in the home and in the community by an Attendant under the direction of the client or client's Authorized Representative, including Health Maintenance Activities and support for activities of daily living or instrumental activities of daily living, Personal Care services and Homemaker services.

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8.552.1- Definitions

Attendant means a person who is directly employed by an In-Home Support Services (IHSS) Agency to provide IHSS to a client and meets the qualifications as defined at 10 C.C.R. 2505-10, § 8.552.6.K. (discussed later)

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Philosophy

- Consumer directed program
 - No longer driven by physician orders
 - No longer required to have licensed/certified providers.
- Independence in managing their own health care with the support of the agency.

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Provider Eligibility

Volume 8.552.5

Volume 8.487

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8.552.5

A. The IHSS Agency shall conform to all requirements set forth at **Volume 8.487**.

B. The provider agreement for an IHSS Agency may be terminated, denied, or non-renewed pursuant to Volume 8.076.5.

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Volume 8.487.11

Provider agencies shall:

A. Conform to all State established standards for the specific services they provide under this program; and

B. Abide by all the terms of their provider agreement with the Department; and

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8.487.11.C, 8.487.12- 8.487.15

(* IHSS requirements may adjust this existing policy)

Required **P&P** from 8.487:

- Discharge Policy*
- Employee Policies including: recruiting, selecting, retaining and terminating employees.*
- Confidentiality Policy
- Emergency Preparedness Policy
- Complaint and Incident Procedure Policy*

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8.487.16- Consumer Record Summary

- Consumer info
- Case Manager info
- Physician info
- Special Health needs
- Services documentation
 - Date, time, services completed
 - To whom and by whom
- Changes in condition
- Advance directives
- Supervision

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8.487.17- Personnel Record Summary

- Qualifications
- Training
- Supervision
- Performance evaluation
- Policies and Procedures
- Job descriptions

Don't forget the requirements from Chapter 26

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8.487.18

“A provider agency may become separately certified to provide more than one type of HCBS-EBD service if all requirements are met for certification. Administration of the different services provided shall be clearly separate for auditing purposes...

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8.487.18

..The provider agency shall also understand and be able to articulate its different functions and roles as a provider of each service, as well as all the rules that separately govern each of the types of services, in order to avoid confusion on the part of clients and others.”

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8.487.19

Provider agencies shall send billing and other staff to the provider billing training offered by the fiscal agent, at least once each year.

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Consumer Eligibility

Volume 8.552.2.A

To be eligible for IHSS a client shall meet the following criteria:

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8.552.2.A

1. Be enrolled in a Medicaid program approved to offer IHSS.

Currently:

- **EBD** - Elderly, Blind and Disabled
- **SCI** - Spinal Cord Injury
- **CHCBS** - Children's Home and Community Based Services

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8.552.2.A

2. Provide a signed Physician Attestation of Consumer Capacity form **at enrollment and following any change in condition** stating that the client has sound judgment and the ability to self-direct care...

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8.552.2.A

...If the client is in unstable health with an unpredictable progression or variation of disability or illness, the Physician Attestation of Consumer Capacity form shall also include a recommendation regarding whether additional supervision is necessary and if so, the amount and scope of supervision requested.

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8.552.2.A

3. If a client is required by the Physicians Attestation to have an Authorized Representative or elects to have an Authorized Representative, the client must delegate an Authorized Representative who has the judgment and ability to assist the client in acquiring and using services, or
 - a. Obtain assistance from an IHSS Agency that is able and willing to support the client as necessary to participate in IHSS.

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8.552.1- Definitions

Authorized Representative (AR) means an individual designated by the client, or by the parent or guardian of the client receiving services, if appropriate, who has the judgment and ability to assist the client in acquiring and receiving services as defined in C.R.S. Section 25.5-6-1202.

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C.R.S 25.5-6-1202

"Authorized representative" means an individual designated by the eligible person receiving services, or by the parent or guardian of the eligible person receiving services, if appropriate, who has the judgment and ability to assist the eligible person receiving services in acquiring and utilizing services. The extent of the authorized representative's involvement shall be determined upon designation. The authorized representative shall not be the eligible person's service provider.

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Authorized Representative Requirements

Volume 8.552.4. B- 8.552.4.F

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8.552.4.B

An Authorized Representative is not allowed to be reimbursed for IHSS Attendant services for the client they represent.

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8.552.4.C

If the client is required to or elects to have an Authorized Representative, the

1. Authorized Representative shall meet the requirements: Must be at least 18 years of age.

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8.552.4.C

2. Must have known the client for at least two years. For children under the age of two, the Authorized Representative must have known the child for the duration of their life.
3. Has not been convicted of any crime involving exploitation, abuse, neglect, or assault on another person.

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8.552.4

D. The Authorized Representative must attest to the above requirement on the Authorized Representative Designation for In-Home Support Services (IHSS) form.

E. IHSS clients who personally require an Authorized Representative may not serve as an Authorized Representative for another IHSS client.

F. The client and their Authorized Representative must adhere to IHSS Agency policies and procedures.

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Consumer No Longer Eligibility

Volume 8.552.2.B
IHSS eligibility for a client will end if:

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8.552.2.B

1. The client is no longer enrolled in a Medicaid program approved to offer IHSS.
2. The client's medical condition deteriorates causing an unsafe situation for the client or the Attendant as determined by the client's Licensed Medical Professional.

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8.552.2.B

3. The client refuses to designate an Authorized Representative or receive assistance from an IHSS Agency when the client is unable to direct their own care as documented by the client's Licensed Medical Professional on the Physician Attestation of Consumer Capacity form.
4. The client provides false information or false records.

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8.552.1- Definitions

Licensed Medical Professional means the primary care provider of the client who possess one of the following medical licenses: Physician (MD/DO), Physician Assistant (PA) and Advanced Practicing Nurse (APN) as governed by the Colorado Medical Practice Act and the Colorado Nurse Practice Act.

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IHSS Services

Volume 8.552.3

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8.552.3

- A. Services are for the benefit of the client.
Services for the benefit of other persons are not reimbursable.
- B. Services available for eligible adults:
1. Homemaker as defined at Volume 8.490
 2. Personal Care as defined at Volume 8.489
 3. Health Maintenance Activities

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8.552.1- Definitions

Homemaker Services means general household activities provided in the home of an eligible client to maintain a healthy and safe home environment for a client, when the person ordinarily responsible for these activities is absent or unable to manage these tasks.

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8.552.1- Definitions

Personal Care means services which are furnished to an eligible client in the client's home to meet the client's physical, maintenance and supportive needs, when those services are not skilled Personal Care, do not require the supervision of a nurse, and do not require physician's orders.

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8.552.1- Definitions

Health Maintenance Activities (HMA) means those routine and repetitive skilled 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...

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8.552.1- Definitions

...These activities include any excluded Personal Care tasks as defined in Volume 8.489, as well as skilled tasks typically performed by a Certified Nursing Assistant (CNA) or licensed nurse that do not require the clinical assessment and judgement of a licensed nurse.

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8.552.3

- C. Services available for eligible children:
1. Health Maintenance Activities

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Client and Authorized Representative Participation and Self Direction

8.552.4.A

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8.552.4.A

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

1. Present a person(s) of their own choosing to the IHSS Agency as a potential Attendant. The client must have adequate Attendants to assure compliance with all tasks in the Care Plan.

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8.552.4.A

2. Train Attendant(s) to meet their needs.
3. Dismiss Attendants who are not meeting their needs.
4. Schedule, manage, and supervise Attendants with the support of the IHSS Agency.
5. Determine, in conjunction with the IHSS Agency, the level of in-home supervision as recommended by the client's Licensed Medical Professional.

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8.552.4.A

6. Transition to alternative service delivery options at any time. The Case Manager shall coordinate the transition and referral process.
7. Communicate with the IHSS Agency and Case Manager to ensure safe, accurate and effective delivery of services.
8. Request a reassessment, as described at Volume 8.393.2.D, if level of care or service needs have changed.

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IHSS Agency Responsibilities

Volume 8.552.6

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8.552.6.A

The IHSS Agency shall assure and document that all clients are provided the following:

1. Independent Living Core Services
 - a. An IHSS Agency must provide a list of the full scope of **Independent Living Core Services** provided by the agency to each client on an annual basis. The IHSS Agency must keep a record of each client's choice to utilize or refuse these services.

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8.552.1- Definitions

Independent Living Core Services means 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:

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8.552.1- Definitions

- 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.

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8.552.6.A

2. Attendant training, oversight and supervision by a licensed health care professional employed by the IHSS who is at minimum a Registered Nurse (RN).

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8.552.6.A

3. The IHSS agency shall provide 24-hour back-up service for scheduled visits to clients at any time an Attendant is not available. At the time the Care Plan is developed the IHSS Agency shall ensure that adequate staffing is available. Staffing must include backup Attendants to ensure necessary services will be provided in accordance with the Care Plan.

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8.552.6.B

The IHSS Agency shall adhere to the following:

1. If the IHSS Agency admits clients with needs that require care or services to be delivered at specific times or parts of day, the IHSS Agency shall ensure qualified staff in sufficient quantity are employed by the agency or have other effective back-up plans to ensure the needs of the client are met.

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8.552.6.B

2.The IHSS Agency shall only accept clients for care or services based on a reasonable assurance that the needs of the client can be met adequately by the IHSS Agency in the individual's temporary or permanent home or place of residence.

- a. There shall be documentation in the Care Plan or client record of the agreed upon days and times of services to be provided based upon the client's needs that is updated at least annually.

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8.552.6.B

3.If an IHSS Agency receives a referral of a client who requires care or services that are not available at the time of referral, the IHSS Agency shall advise the client or their Authorized Representative and the Case Manager of that fact.

- a. The IHSS Agency shall only admit the client if the client or their Authorized Representative and Case Manager agree the recommended services can be delayed or discontinued.

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8.552.6.B

4. The IHSS Agency shall ensure orientation is provided to clients or Authorized Representatives who are new to IHSS or request re-orientation through The Department's prescribed process. Orientation shall include instruction in the philosophy, policies and procedures of IHSS and information concerning client rights and responsibilities.

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8.552.6.B

5. The IHSS Agency will keep written service notes documenting the services provided at each visit.

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8.552.6

C.The IHSS Agency is the legal employer of a client's Attendants and must adhere to all requirements of federal and state law, and to the rules, regulations, and practices as prescribed by The Department.

D.The IHSS Agency shall assist all clients in interviewing and selecting an Attendant when requested, and maintain documentation of the IHSS Agency's assistance and/or the client's refusal of such assistance.

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8.552.6

- E. The IHSS Agency will complete an intake assessment following referral from the Case Manager. The IHSS Agency will develop a Care Plan in coordination with the Case Manager and client. Any proposed services outlined in the Care Plan that may result in an increase in authorized services and units must be submitted to the Case Manager for review. The Care Plan must be approved prior to start of services.

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8.552.1- Definitions

Care Plan means a written plan of care developed between the client or the client's Authorized Representative, IHSS Agency and Case Management Agency that is authorized by the Case Manager.

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8.552.6

- F. The IHSS Agency shall ensure that a current Care Plan is in the client's record, and that Care Plans are updated with the client at least annually or more frequently in the event of a client's change in condition. The IHSS Agency will send the Care Plan to the Case Manager for review and approval.

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8.552.6.F

1. The Care Plan will include a statement of allowable Attendant hours and a detailed listing of frequency, scope and duration of each service to be provided to the client for each day and visit. The Care Plan shall be signed by the client or the client's Authorized Representative and the IHSS Agency.

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8.552.6.F

2. In the event of the observation of new symptoms or worsening condition that may impair the client's ability to direct their care, the IHSS Agency, in consultation with the client or their Authorized Representative and Case Manager, shall contact the client's Licensed Medical Professional to receive direction as to the appropriateness of continued care...

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8.552.6.F

...The outcome of that consultation shall be documented in the client's revised Care Plan, with the client and/or Authorized Representative's input and approval. The IHSS Agency will submit the revised Care Plan to the Case Manager for review and approval.

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8.552.6.G

The IHSS Agency shall either contract with or employ a state-licensed health care professional, who is at the minimum a Registered Nurse (RN). The IHSS Agency's licensed health care professional is responsible for the following activities:

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8.552.6.G

1. Administer a skills validation test for Attendants. Skills validation must be completed prior to service delivery unless postponed by the client or Authorized Representative to prevent interruption in services. The reason for postponement shall be documented by the IHSS agency in the client's file. In no event shall the skills validation be postponed for more than 30 days after services begin to prevent interruption in services.

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8.552.6.G

2. Verify and document Attendant skills and competency to perform IHSS and basic client safety procedures.
3. Counsel Attendants and staff on difficult cases and potentially dangerous situations.
4. Consult with the client, Authorized Representative or Attendant in the event a medical issue arises.
5. Investigate complaints and critical incidents within ten (10) calendar days as defined in Volume 8.487.15.

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8.552.6.G

6. Verify the Attendant follows all tasks set forth in the Care Plan.

7. Review the Care Plan and Physician Attestation for Consumer Capacity form upon initial enrollment, following any change of condition, and upon the request of the client, their Authorized Representative, or the Case Manager.

8. Provide in-home supervision for the client as agreed upon by the client or their Authorized Representative.

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Supervision Expectations

- RN supervision as it is requested per the MD.
- All cases are required to be compliance with the license it is under.
- Class B- Every 3 months.
- Supervisory visits do not need to be completed by the RN unless the care necessitates it.

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8.552.6.H

At the time of enrollment and following any change of condition, the IHSS Agency will review recommendations for supervision listed on the Physician Attestation of Consumer Capacity form. This review of recommendations shall be documented by the IHSS Agency in the client record.

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8.552.6.H

1. The IHSS Agency shall collaborate with the client or client's Authorized Representative to determine the level of supervision provided by the IHSS Agency's licensed health care professional beyond the requirements set forth at C.R.S. Section 25.5-6-1203.

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8.552.6.H

2. The client may decline recommendations for in-home supervision. The IHSS Agency must document this choice in the client record and notify the Case Manager. The IHSS Agency and their licensed health care professional, Case Manager, and client or their Authorized Representative shall discuss alternative service delivery options and the appropriateness of continued participation in IHSS.

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8.552.6.I

The IHSS Agency shall assure and document that all Attendants have received basic training in the delivery of IHSS prior to the start of services. Attendant training shall include:

1. Development of interpersonal skills focused on addressing the needs of persons with disabilities.

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8.552.6.I

2. Overview of IHSS as a service-delivery option of consumer direction.
3. Instruction on basic first aid administration.
4. Instruction on safety and emergency procedures.
5. Instruction on infection control techniques, including universal precautions.
6. Mandatory reporting procedures.

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8.552.6.J

The IHSS Agency shall allow the client or Authorized Representative to provide individualized Attendant training that is specific to their own needs and preferences.

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8.552.6.K

With the support of the IHSS Agency, Attendants must adhere to the following:

1. Must be at least 18 years of age and demonstrate competency in caring for the client to the satisfaction of the client or Authorized Representative.
2. May be a Family Member subject to the reimbursement and service limitations Volume 8.552.8.

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8.552.1- Definitions

Family Member means any person related to the client by virtue of blood, marriage, adoption, or common law.

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8.552.6.K

3. Must be able to perform the assigned tasks on the Care Plan.
4. Shall not, in exercising their duties as an IHSS Attendant, represent themselves to the public as a licensed nurse, a certified nurse's aide, a licensed practical or professional nurse, a registered nurse or a registered professional nurse as defined in C.R.S. Section 25.5-6-1203.

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8.552.6.K

5. Shall not have had their license as a nurse or certified nurse aide suspended or revoked or their application for such license or certification denied.

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8.552.6.L

The IHSS Agency shall provide functional skills training to assist clients and their Authorized Representatives in developing skills and resources to maximize their independent living and personal management of health care.

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Summary of Agency Responsibilities

- Independent Living Core Services
- 24-hour Back-up
- Admissions
- Legal Employer
- Assistance in Selecting an Attendant
- Intake Assessment
- Care Planning
- RN Supervision
- Attendant Training
- Individualized Training
- Attendant limitations
- Functional Skills Training

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Case Manager Responsibilities

Volume 8.552.7

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Summary

- Provide information and resources to the consumers.
- Initiate a referral:
 - Outline of the services
 - Physician attestation
 - Assessment and information
 - Other pertinent information

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Summary

- Complete the following forms prior to the Care plan approval:
 - Physician attestation
 - Authorized representative form or the Provider Agency Responsibility form

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Summary

- Upon the care plan being received:
 - Review in a timely manner.
 - Ensure all required information is present.
 - Ensure services are appropriate.
 - Request additional information if needed
 - Ensure frequency, scope and duration is documented.
 - Review licensed medical professional recommendations.
 - Collaborate on the start of care.

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Discontinuation of Services

Volume 8.552.9

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8.552.9

- A. A client may elect to discontinue IHSS or use an alternate service-delivery option at any time.
- B. A client may be discontinued from IHSS when equivalent care in the community has been secured.

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8.552.9.C

The Case Manager may terminate a client's participation in IHSS for the following reasons:

1. The client or their Authorized Representative fails to comply with IHSS program requirements as defined in Volume 8.552.4, or
2. A client no longer meets program criteria, or
3. The client provides false information, false records, or is convicted of fraud, or

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8.552.9.C

4.The client or their Authorized Representative exhibits Inappropriate Behavior and The Department has determined that the IHSS Agency has made adequate attempts at dispute resolution and dispute resolution has failed.

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8.552.1- Definitions

Inappropriate Behavior means documented verbal, sexual or physical threats or abuse committed by the client or Authorized Representative toward Attendants, Case Managers, or the IHSS Agency.

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8.552.9.C.4

- a. The IHSS Agency and Case Manager are required to assist the client or their Authorized Representative to resolve the Inappropriate Behavior and to document all attempts to resolve the Inappropriate Behavior prior to notice of termination.

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8.552.9.D

When and IHSS Agency discontinues services, the agency shall give the client and the client's Authorized Representative written notice of at least 30 days. Notice shall be provided in person, by certified mail or another verifiable-receipt service. Notice shall be considered given when it is documented that the client or Authorized Representative has received the notice...

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8.552.9.D

...The notice shall provide the reason for discontinuation. A copy of the 30-day notice shall be given to the Case Management Agency.

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8.552.9.D

1. Exceptions will be made to the requirement for advanced notice when the IHSS Agency has documented that there is an immediate threat to the client, IHSS Agency, or Attendants.
2. Upon IHSS Agency discretion, the agency may allow the client or their Authorized Representative to use the 30-day notice period to address conflicts that have resulted in discontinuation.

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8.552.9.E

If continued services are needed with another agency, the current IHSS Agency shall collaborate with the Case Manager and client or their Authorized Representative to facilitate a smooth transition between agencies. The IHSS Agency shall document due diligence in ensuring continuity of care upon discharge as necessary to protect the client's safety and welfare.

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Reimbursement and Service Limitations

Volume 8.552.8

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8.552.8.A

IHSS services must be documented on an approved IHSS Care Plan and prior authorized before any services are rendered. The IHSS Care Plan and prior authorization request (PAR) must be submitted and approved by the Case Manager and received by the IHSS Agency prior to services being rendered. Services rendered in advance of approval and receipt of these documents are not reimbursable.

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8.552.8.B

IHSS Personal Care services must comply with the rules for reimbursement set forth at Volume 8.489.50. IHSS Homemaker services must comply with the rules for reimbursement set forth at Volume 8.490.5.

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8.552.8.C

Family Members are authorized to provide only Personal Care services or Health Maintenance Activities for eligible adults and Health Maintenance Activities for eligible children.

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8.552.8.D

Services rendered by an Attendant who shares living space with the client or Family Members are reimbursable only when there is a determination by the Case Manager, made prior to the services being rendered, that the services meet the definition of Extraordinary Care.

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8.552.1- Definitions

Extraordinary Care means a service which exceeds the range of care a Family Member would ordinarily perform in a household on behalf of a person without a disability or chronic illness of the same age, and which is necessary to assure the health and welfare of the client and avoid institutionalization.

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8.552.8.E

Family Members shall not be reimbursed for more than forty (40) hours of Personal Care services in a seven (7) day period.

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8.552.8.F

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.

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8.552.8.G

Restrictions on allowable Personal Care units shall not apply to parents who provide Attendant services to their eligible adult children under In-Home Support Services as set forth at Volume 8.485.204.D.

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8.485.200

The family member providing personal care shall be reimbursed, using an hourly rate, by the personal care agency which employs the family member, with the following restrictions:

- D. Restrictions on allowable personal care units shall not apply to parents who provide Attendant services to their eligible children under In-Home Support Services (§8.552).

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8.552.8.H

The IHSS Agency shall not submit claims for services missing documentation of the services rendered, for services which are not on the Care Plan, or for services which are not on an approved PAR. The IHSS Agency shall not submit claims for more time or units than were required to render the service regardless of whether more time or units were prior authorized. Reimbursement for claims for such services is not allowable.

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8.552.8.I

The IHSS Agency shall request a reallocation of previously authorized service units for 24-hour back-up care prior to submission of a claim.

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Preparing for Survey

What to have in your records...

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8.552 Suggested Client Record Summary

- 24-hour Back-up
- Clients Rights & Responsibilities
- List of Providers
- Identified Back up attendant(s)
- Care plan
- Intake and Orientation
- Functional skills training
- Individualized training
- Independent Living Core Services

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8.552 Suggested Employee Record Summary

- Skills Competency
- Attendant Basic Training
- Individualized Training
- Documentation of Functional Skills Training

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Summary of IHSS Rules

Services:

- Homemaker 8.490 (HMKR)
- Personal Care 8.489 (PCP or RPCP)
 - Relative or non relative
- Health Maintenance Activities (HMA)

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What is different NOW!

New Definitions:

- Authorized Rep
- Extraordinary Care
- Family Member
- Homemaker Services and Personal Care
- Inappropriate Behavior
- Independent Living Core Services
- Licensed Medical Professional

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Summary of IHSS Rules

Self Direct:

- Present an attendant
- Train attendant
- Dismiss attendant
- Individualized training
- Schedule, manage and supervise
- Level of In-home supervision

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What is different NOW!

Self Direction:

- 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, as described at Volume 8.393.2.D, if level of care or service needs have changed.

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Summary of NEW IHSS Rules

Authorized rep:

- Can not be reimbursed for services
- Must be 18 years of age
- Known the consumer for 2 years
- Have not been convicted of any crime involving exploitation, abuse, neglect or assault on another person.
- Sign the attestation

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Summary of NEW IHSS Rules

Attendants must:

- Be 18 years of age
- Can be family
- Must perform tasks on care plan
- Shall not represent them selves as licensed or certified
- Shall not have had their license or certification revoked or suspended.

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Summary of Agency Responsibilities

- Independent Living Core Services
- 24-hour Back-up
- Admissions
- Legal Employer
- Assistance in Selecting an Attendant
- Intake Assessment
- Care Planning
- RN Supervision
- Attendant Training
- Individualized Training
- Attendant limitations
- Functional Skills Training

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Summary of IHSS Rules

Licensed Health Care Professional (RN) Responsibilities:

- Administer skills validation
- Verify and document Attendant skills and competency
- In home Supervision
- Counseling on difficult cases

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Summary of IHSS Rules

- Consulting on medical issues
- Investigate complaints, incidents
- Verify care plan is being followed

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Summary of IHSS Rules

- | | |
|-----------------------------|--|
| ▪ Attendant Basic Training: | ▪ Safety and Emergency |
| ▪ Interpersonal skills | ▪ Infection control, Universal precautions |
| ▪ IHSS Overview | ▪ Mandatory reporting* |
| ▪ Basic 1 st Aid | |

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IHSS forms that could be useful.

- 30 day waiver of training
- Independent Living Core Services
- Consulting Medical Issues
- Counseling Attendant on Difficult cases
- Skills Competency Assessment
- IHSS Overview
- Functional Skills Training
- Supervision

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What to expect from an initial IHSS Survey.

- Review of:
 - P&P
 - Mock Client Record
 - Mock Employee Record
 - Enrollment Packet
 - Complaint Log
 - Incident Log
 - Occurrence Log
 - Employee Handbook

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What to expect from an initial IHSS Survey.

- Questions asked:
 - RN supervision
 - Training
 - Verification of Staff Competence
 - Criminal history checks
 - Independent Living Core Services
 - Functional skills training.
 - 24-hour back-up
 - Supervision

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Q & A

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Objectives

- Understand applicable requirements from Volume 8 to become IHSS certified.
- Understand administrative duties required to manage an IHSS agency.
- Gain an understanding of the purpose of the IHSS program.
- Gain an understanding of what to expect from an initial IHSS survey.

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Evaluation

Return within 1 business day

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Exam

Make sure your name and Agency name is legible and return within 1 business day.

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