

2007  
SUNSET  
TIFES  
REVIEW

Colorado Department of Regulatory Agencies  
Office of Policy, Research and Regulatory Reform

In-Home Support Services



October 15, 2007

# STATE OF COLORADO

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Bill Ritter, Jr.  
Governor

D. Rico Munn  
Executive Director

October 15, 2007

Members of the Colorado General Assembly  
c/o the Office of Legislative Legal Services  
State Capitol Building  
Denver, Colorado 80203

Dear Members of the General Assembly:

The mission of the Department of Regulatory Agencies (DORA) is consumer protection. As a part of the Executive Director's Office within DORA, the Office of Policy, Research and Regulatory Reform seeks to fulfill its statutorily mandated responsibility to conduct sunset reviews with a focus on protecting the health, safety and welfare of all Coloradans.

DORA has completed the evaluation of Colorado In-Home Support Services. I am pleased to submit this written report, which will be the basis for my office's oral testimony before the 2008 legislative committee of reference. The report is submitted pursuant to section 24-34-104(8)(a), of the Colorado Revised Statutes (C.R.S.), which states in part:

The department of regulatory agencies shall conduct an analysis of the performance of each division, board or agency or each function scheduled for termination under this section...

The department of regulatory agencies shall submit a report and supporting materials to the office of legislative legal services no later than October 15 of the year preceding the date established for termination...

The report discusses the question of whether the services provided under Part 12 of Article 6 of Title 25.5, C.R.S., serve to protect the public health, safety or welfare. The report also discusses the effectiveness of the Department of Health Care Policy and Financing and staff in carrying out the intent of the statutes and makes recommendations for statutory and administrative changes in the event these services are continued by the General Assembly.

Sincerely,

D. Rico Munn  
Executive Director



## 2007 Sunset Review In-Home Support Services

Department of Regulatory Agencies

Bill Ritter, Jr.  
Governor

D. Rico Munn  
Executive Director

### Executive Summary

#### Quick Facts

**What are In-Home Support Services?** In-Home Support Services (IHSS) are provided under a Home- and Community-Based Services waiver, approved by the federal Centers for Medicare and Medicaid Services. IHSS represent an alternative option to traditional long-term care facilities for the elderly, blind and disabled, and children with long-term care needs who are Medicaid-eligible. IHSS are consumer-directed services that enable participants to direct who is responsible for their care, as well as the type of care to be provided. IHSS enable consumers to decide which services to use, which workers to hire, and what time of day they will come.

**Who Participates?** There are five long-term care agencies that offer IHSS, and they facilitate services for between 62 and 95 Coloradans.

**How is it Administered?** The Colorado Department of Health Care Policy and Financing (HCPF) contracts with 23 Single Entry Point case management agencies to determine whether individuals are eligible to participate in IHSS. If an individual is eligible, the individual then contacts one of the five long-term care agencies that have been approved by the Colorado Department of Health Care Policy and Financing. The care-taker selected by the IHSS-participant then becomes an employee of the long-term care agency, which facilitates the Medicaid reimbursements.

**What Does it Cost?** HCPF was not able to provide figures on the costs of IHSS. However, unofficial figures indicate that Colorado spends approximately \$500 million per year on fewer than 10,000 individuals in long-term care facilities, and approximately \$500 million on approximately 16,000 individuals in long-term, home-based programs.

**What Disciplinary Activity is There?** The Colorado Department of Public Health and Environment reported that no complaints have been made regarding the care-takers of IHSS participants.

**Where Do I Get the Full Report?** The full sunset review can be found on the internet at:  
<http://www.dora.state.co.us/opr/oprpublications.htm>

#### Key Recommendations

**Continue In-Home Support Services for three years, until 2011.**

IHSS allow eligible elderly, blind and disabled, and children with long-term care needs and who are eligible for Medicaid, to have an attendant of their choosing provide long-term care assistance in their own homes, rather than in long-term care facilities. Although there are several problems with IHSS, particularly relating to the level of funds expended on IHSS participants and the number of participants, IHSS enable eligible Coloradans to exert greater control over their health care. Additionally, unofficial figures indicate that serving Medicaid patients in their homes rather than in long-term care facilities is cost effective. Since IHSS operates under a Medicaid waiver that must be renewed every five years, IHSS should be continued for three years, until 2011, which is prior to the time at which a new waiver application will need to be filed.

### **Major Contacts Made During This Review**

Accent on Independence  
Adult Home Care Service, Inc.  
Colorado Cross-Disability Coalition  
Colorado Springs Independence Center  
Department of Health Care Policy and Financing  
Department of Public Health and Environment  
Longterm Care Options, L.L.C.  
Personal Assistance Services of Colorado

### **What is a Sunset Review?**

A sunset review is a periodic assessment of state boards, programs, and functions to determine whether or not they should be continued by the legislature. Sunset reviews focus on creating the least restrictive form of regulation consistent with protecting the public. In formulating recommendations, sunset reviews consider the public's right to consistent, high quality professional or occupational services and the ability of businesses to exist and thrive in a competitive market, free from unnecessary regulation.

Sunset Reviews are Prepared by:  
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# Table of Contents

Background .....	1
<i>The Sunset Process</i> .....	1
<i>Methodology</i> .....	3
<i>Profile of the Program</i> .....	4
<i>History of Regulation</i> .....	6
Legal Framework.....	7
Program Description and Administration .....	10
<i>Certification</i> .....	14
Analysis and Recommendations.....	16
<i>Recommendation 1 – Continue In-Home Support Services for three years, until 2011.</i> .....	16
<i>Administrative Recommendation 1 – HCPF should implement a system to effectively and accurately track IHSS participants.</i> .....	19
<i>Administrative Recommendation 2 – HCPF should implement periodic training seminars for SEP case managers regarding IHSS.</i> .....	19
<i>Administrative Recommendation 3 – HCPF should develop comprehensive informational material regarding IHSS that is available to potential participants</i> .....	20
<i>Administrative Recommendation 4 – HCPF should require long-term home health care agencies to advise IHSS participants about the grievance process.</i> .....	21
Appendix A – Sunset Statutory Evaluation Criteria .....	23
Appendix B – Long-Term Care Eligibility Assessment .....	24
Appendix C – Letter of Intent – Health Facility License.....	29
Appendix D – Initial Certification Application Checklist .....	31
Appendix E – Medicaid Certification Process .....	33

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## ***Background***

### *The Sunset Process*

Regulation, when appropriate, can serve as a bulwark of consumer protection. Regulatory programs can be designed to impact individual professionals, businesses or both.

As regulatory programs relate to individual professionals, such programs typically entail the establishment of minimum standards for initial entry and continued participation in a given profession or occupation. This serves to protect the public from incompetent practitioners. Similarly, such programs provide a vehicle for limiting or removing from practice those practitioners deemed to have harmed the public.

From a practitioner perspective, regulation can lead to increased prestige and higher income. Accordingly, regulatory programs are often championed by those who will be the subject of regulation.

On the other hand, by erecting barriers to entry into a given profession or occupation, even when justified, regulation can serve to restrict the supply of practitioners. This not only limits consumer choice, but can also lead to an increase in the cost of services.

There are also several levels of regulation. Licensure is the most restrictive form of regulation, yet it provides the greatest level of public protection. Licensing programs typically involve the completion of a prescribed educational program (usually college level or higher) and the passage of an examination that is designed to measure a minimal level of competency. These types of programs usually entail title protection – only those individuals who are properly licensed may use a particular title(s) – and practice exclusivity – only those individuals who are properly licensed may engage in the particular practice. While these requirements can be viewed as barriers to entry, they also afford the highest level of consumer protection in that they ensure that only those who are deemed competent may practice and the public is alerted to those who may practice by the title(s) used.

Certification programs offer a level of consumer protection similar to licensing programs, but the barriers to entry are generally lower. The required educational program may be more vocational in nature, but the required examination should still measure a minimal level of competency. Additionally, certification programs typically involve a non-governmental entity that establishes the training requirements and owns and administers the examination. State certification is made conditional upon the individual practitioner obtaining and maintaining the relevant private credential. These types of programs also usually entail title protection and practice exclusivity.

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While the aforementioned requirements can still be viewed as barriers to entry, they afford a level of consumer protection that is lower than a licensing program. They ensure that only those who are deemed competent may practice and the public is alerted to those who may practice by the title(s) used.

Registration programs can serve to protect the public with minimal barriers to entry. A typical registration program involves an individual satisfying certain prescribed requirements – typically non-practice related items, such as insurance or the use of a disclosure form – and the state, in turn, placing that individual on the pertinent registry. These types of programs can entail title protection and practice exclusivity. Since the barriers to entry in registration programs are relatively low, registration programs are generally best suited to those professions and occupations where the risk of public harm is relatively low, but nevertheless present. In short, registration programs serve to notify the state of which individuals are engaging in the relevant practice and to notify the public of those who may practice by the title(s) used.

Finally, title protection programs represent one of the lowest levels of regulation. Only those who satisfy certain prescribed requirements may use the relevant prescribed title(s). Practitioners need not register or otherwise notify the state that they are engaging in the relevant practice, and practice exclusivity does not attach. In other words, anyone may engage in the particular practice, but only those who satisfy the prescribed requirements may use the enumerated title(s). This serves to indirectly ensure a minimal level of competency – depending upon the prescribed preconditions for use of the protected title(s) – and the public is alerted to the qualifications of those who may use the particular title(s).

Licensing, certification and registration programs also typically involve some kind of mechanism for removing individuals from practice when such individuals engage in enumerated proscribed activities. This is generally not the case with title protection programs.

As regulatory programs relate to businesses, they can enhance public protection, promote stability and preserve profitability. But they can also reduce competition and place administrative burdens on the regulated businesses.

Regulatory programs that address businesses can involve certain capital, bookkeeping and other recordkeeping requirements that are meant to ensure financial solvency and responsibility, as well as accountability. Initially, these requirements may serve as barriers to entry, thereby limiting competition. On an ongoing basis, the cost of complying with these requirements may lead to greater administrative costs for the regulated entity, which costs are ultimately passed on to consumers.

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Many programs that regulate businesses involve examinations and audits of finances and other records, which are intended to ensure that the relevant businesses continue to comply with these initial requirements. Although intended to enhance public protection, these measures, too, involve costs of compliance.

Similarly, many regulated businesses may be subject to physical inspections to ensure compliance with health and safety standards.

Regulation, then, has many positive and potentially negative consequences.

The provision of In-Home Support Services (IHSS) through the Colorado Department of Health Care Policy and Financing (HCPF) in accordance with Part 12 of Article 6 of Title 25.5, Colorado Revised Statutes (C.R.S.), shall terminate on July 1, 2008, unless continued by the General Assembly. During the year prior to this date, it is the duty of the Department of Regulatory Agencies (DORA) to conduct an analysis and evaluation of IHSS pursuant to section 24-34-104, C.R.S.

The purpose of this review is to determine whether IHSS should be continued for the protection of the public and to evaluate the performance of IHSS and staff of HCPF. During this review, HCPF must demonstrate that there is still a need for IHSS and that the services are the least restrictive services consistent with protecting the public. DORA's findings and recommendations are submitted via this report to the legislative committee of reference of the Colorado General Assembly. Statutory criteria used in sunset reviews may be found in Appendix A on page 23.

### *Methodology*

As part of this review, DORA staff attended stakeholder meetings, interviewed HCPF staff and staff at the Colorado Department of Health and Environment (CDPHE), interviewed officials with state and national professional associations, interviewed long-term home health care agencies, reviewed Colorado statutes and IHSS rules, and reviewed the laws of other states.



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## *Profile of the Program*

In Colorado, IHSS were established to serve as an alternative option to traditional long-term care (nursing home facilities) for the elderly, blind and disabled, as well as children with disabilities who are Medicaid-eligible. IHSS are consumer-directed services that enable participants to direct who is responsible for their care, as well as the type of care to be provided. IHSS enable consumers to decide which services to use, which workers to hire, and what time of day they will come.<sup>1</sup>

IHSS operates under the Medicaid Home and Community-Based Services (HCBS) program, which is administered by the Centers for Medicare and Medicaid Services (CMS) within the federal Department of Human Services. The HCBS program provides Medicaid funds to states to assist citizens requiring long-term care who desire to live within their respective communities. In Colorado, HCPF receives and allocates the HCBS funds to participants in HCBS programs.

Within the HCBS program, states are permitted to apply for waivers in order to provide specific community-based services or programs to citizens requiring long-term care. Specifically, HCBS waivers are authorized in section 1915(c) of the Social Security Act.<sup>2</sup> HCBS waivers enable various departments in states to request permission to design services or programs that target specific populations within the community. In Colorado, HCPF is responsible for completing a waiver request to CMS.

IHSS are examples of consumer-based waiver services in Colorado. IHSS, under the current waivers, provide a unique opportunity for the elderly, blind and disabled, as well as children with disabilities, who are Medicaid-eligible. IHSS operates under the Elderly, Blind and Disabled (EBD) as well as the Children's waivers. In order to continue IHSS in Colorado, HCPF must submit a renewal form to the CMS every five years and gain approval to continue the program.

The waiver application is based on the HCBS Quality Framework, which focuses on seven broad, participant-centered desired outcomes for the delivery of waiver services, including assuring participant health and welfare.<sup>3</sup>

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<sup>1</sup> HCBS, *Glossary/Acronyms*. Retrieved on September 21, 2007, from <http://www.hcbs.org/glossary.php>.

<sup>2</sup> Application for a Section 1915(c) Home and Community-Based Services Waiver.

<sup>3</sup> Application for a Section 1915(c) Home and Community-Based Services Waiver.

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The HCBS Quality Framework is as follows:<sup>4</sup>

- Participant Access: Individuals have access to home and community-based services and support in their communities.
- Participant-Centered Service Planning and Delivery: Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life in the community.
- Provider Capacity and Capabilities: There are sufficient HCBS providers and they possess and demonstrate the capability to effectively serve participants.
- Participant Safeguards: Participants are safe and secure in their homes and communities, taking into account their informed and expressed choices.
- Participant Rights and Responsibilities: Participants receive support to exercise their rights in accepting personal responsibilities.
- Participant Outcomes and Satisfaction: Participants are satisfied with their services and achieve desired outcomes.
- System Performance: The system supports participants efficiently and effectively and constantly strives to improve quality.

Currently, there are three HCBS consumer-directed services or programs serving citizens in Colorado, which include:

- IHSS;
- Consumer-Directed Attendant Support (CDAS); and
- Consumer-Directed Care for the Elderly (CDCE).

IHSS are services for Medicaid-eligible participants that enable the elderly, blind and disabled, as well as children with long-term care needs, to have an attendant of their choosing provide long-term care assistance. Long-term care assistance includes providing services that are either skilled or unskilled. An example of a skilled service would be catheter irrigation, while unskilled assistance includes bathing a participant.

IHSS also allow participants to remain in their respective homes when receiving long-term care assistance rather than entering or remaining in a long-term care facility.

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<sup>4</sup> Application for a Section 1915(c) Home and Community-Based Services Waiver.

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Additionally, the CDAS program operates under a different waiver than IHSS. Participants in the CDAS program are required to direct their own care; they are required to train, hire and supervise their respective caregivers. In addition to managing their own care, the CDAS program also requires participants to manage the financial aspects of their care. Financial aspects include budgeting and paying the caregiver directly.

The final Medicaid consumer-directed program in Colorado is the CDCE program. CDCE is similar to IHSS except that the CDCE program does not include the children's waiver. The CDCE program is exclusively for Medicaid recipients who meet the following criteria:

- Age 55 or older;
- Require nursing level of care;
- Willing to participate; and
- Able to direct his or her own care or have an authorized representative direct his or her care.

### *History of Regulation*

In 2001, a Health Care Task Force was established by the General Assembly to study a variety of long-term health care issues facing Coloradans. Membership of the Health Care Task Force included five members of the House of Representatives and five members of the Senate. The Health Care Task Force received input on ways to improve long-term health care from a variety of interested parties and stakeholders.

Upon completing deliberation and discussion regarding long-term health care issues, the Health Care Task Force recommended seven bills and one resolution for consideration during the 2002 legislative session, including Senate Bill 02-027, which ultimately created IHSS. The bill sought to create services that would serve as an additional option for eligible clients regarding long-term care. The purpose of the bill was to establish services that provided additional Medicaid consumer-directed options in Colorado.

Expansion of the consumer-directed services and programs served as an alternative to the traditional long-term care options. The general premise of consumer-directed services and programs is to empower participants to make their own decisions regarding their long-term care needs. Within the IHSS model, Medicaid eligible participants are allowed to choose who provides their long-term care needs.

In addition to allowing a participant in IHSS to choose his or her attendant, a participant may also choose the long-term home health care agency that employs his or her attendant.

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## Legal Framework

In-Home Support Services (IHSS) were created in section 25.5-6-1201, *et seq.*, Colorado Revised Statutes (C.R.S.)(Act). The Act outlines the statutory requirements to implement IHSS in Colorado.

The purpose of IHSS are to deliver home-and community-based services to the elderly, blind, and disabled and disabled children who are eligible for Medicaid, and allows for more self direction in their care while providing a cost savings to the state.<sup>5</sup> As a result, the Colorado Department of Health Care Policy and Financing (HCPF) offers IHSS to Medicaid-eligible participants who qualify for the Home and Community-Based Services (HCBS) Elderly, Blind and Disabled (EBD) and the Children's HCBS waivers. An eligible person participating in IHSS or the eligible person's authorized representative, parent or guardian must be allowed to choose his or her attendant.<sup>6</sup>

In order to participate in IHSS, an individual must:<sup>7</sup>

- Meet eligibility requirements for HCBS-EBD or the Children's HCBS waiver; and
- Provide a statement from his or her primary care or treating physician that indicates the individual has sound judgment and the ability to direct his or her own care, or the eligible child's parent or guardian has sound judgment and the ability to direct the eligible child's care, or the person has an authorized representative who has the judgment and ability to assist in acquiring and using services.

Additionally, Colorado statutes waive the Nurse Practice Act and the Nurse Aide Act such that attendants who are directly employed by IHSS agencies to provide services to IHSS participants do not have to be licensed nurses or certified nurse aides.

In order to qualify for certification as IHSS agencies, entities must offer independent living core services, consisting of peer counseling, including cross-disability peer counseling; information and referral services; independent living skills training; and individual and systems advocacy.<sup>8</sup> It is important to note that agencies participating in IHSS are not required to first be certified as long-term home health care agencies.

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<sup>5</sup> § 25.5-6-1201, C.R.S.

<sup>6</sup> § 25.5-6-1203(2), C.R.S.

<sup>7</sup> In-Home Support Services Regulation 8.552.2.A.

<sup>8</sup> Department of Health Care Policy and Financing. *Provider Bulletin*. Retrieved on September 19, 2007, from [http://www.chcpf.state.co.us/HCPF/Syschange/Provider\\_Bulletin.asp](http://www.chcpf.state.co.us/HCPF/Syschange/Provider_Bulletin.asp)

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IHSS agencies must also offer peer counseling, including, but not limited to, cross-disability peer counseling, information and referral services and individual and systems advocacy to all clients.<sup>9</sup> IHSS agencies also must provide intake and orientation services to clients or authorized representatives who are new to IHSS.<sup>10</sup>

IHSS agencies are required to contract with or have a registered nurse on staff. The registered nurse must provide oversight and monitoring of the following activities:<sup>11</sup>

- Verification and documentation of attendant skills and competency to perform IHSS and basic consumer safety procedures;
- Counsel attendant staff on difficult cases and potentially dangerous situations;
- Consult with the client, authorized representative or attendant in the event a medical issue arises;
- Investigate complaints and critical incidents within 10 working days; and
- Assure that the attendant is following directives found in the patient-specific IHSS plan.

Attendants who wish to provide services to IHSS participants must complete training requirements by IHSS agencies. Attendant training must include, but not necessarily be limited to:<sup>12</sup>

- Development of interpersonal skills focused on addressing the needs of persons with disabilities;
- Overview of IHSS;
- Instruction on basic first aid;
- Instruction on safety and emergency procedures; and
- Instruction on infection control techniques.

Attendants must complete all training requirements prior to providing services to IHSS participants; however, IHSS participants or authorized representatives may waive the training and skills validations requirement. In no event can the training or skills validation be postponed for more than 30 days after services begin.<sup>13</sup>

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<sup>9</sup> In-Home Support Services Regulation 8.552.5.A.

<sup>10</sup> In-Home Support Services Regulation 8.552.5.C.

<sup>11</sup> In-Home Support Services Regulation 8.552.5.F.

<sup>12</sup> In-Home Support Services Regulation 8.552.5.H.

<sup>13</sup> In-Home Support Services Regulation 8.552.5.J.

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Additionally, a Single Entry Point (SEP) case manager is responsible for ensuring cost effectiveness and non-duplication of services by:<sup>14</sup>

- Documenting the discontinuation of previously authorized long-term home health services that are replaced by IHSS;
- Documenting, for new clients, the long-term home health services that are available in lieu of IHSS;
- Documenting and justifying any need for both long-term home health services and IHSS;
- Ensuring all required information is in the client's IHSS plan;
- Authorizing cost effective and non-duplicative services via the prior authorization request (PAR); and
- Reviewing the IHSS PAR and giving approval prior to rendering services.

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<sup>14</sup> In-Home Support Services Regulation 8.552.6.A.

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## ***Program Description and Administration***

In-Home Support Services (IHSS) offer long-term care services to eligible Medicaid individuals who qualify under the Home and Community-Based Services (HCBS) Elderly Blind and Disabled (EBD) or Children's waivers. IHSS are consumer-directed services; that is, consumers may choose the person responsible for their care. IHSS are voluntary services, available to the disabled community; participants may withdraw from the service at any time. IHSS participants work with Single Entry Point (SEP) case managers to determine eligibility.

Additionally, an IHSS participant must obtain a Physician's Certification of Program Eligibility, which must be signed by his or her physician. The Physician's Certification of Program Eligibility states that the participant is responsible for training and directing the chosen attendant to provide services. The physician must attest that the IHSS participant is of sound judgment, has the ability to direct his or her own care or that the participant requires an authorized representative who is ultimately responsible for directing the participant's care. Participants may receive IHSS services if they are Medicaid clients who meet the eligibility standards for the HCBS-EBD or Children's waivers.

The Colorado Department of Health Care Policy and Financing (HCPF) funded the administrative functions of IHSS through a Colorado Community Personal Assistance Services Supports (COMPASS) federal grant. Colorado received the federal grant under the Systems Change for Community Living initiative, sponsored by the Centers for Medicare and Medicaid Services (CMS).<sup>15</sup> HCPF was awarded \$725,000 from October 2002 through September 2005 through the COMPASS grant.<sup>16</sup> It is important to note that not all of the funds received by HCPF for the COMPASS grant were allocated for IHSS. In fact, section 3 of Senate Bill 02-027, which created IHSS, states:

The Department will receive the sum of thirty-six thousand six hundred seventy-five dollars (\$36,675) in federal funds and 0.4 FTE for the implementation of this act.

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<sup>15</sup> New Medicaid Grants and Initiatives. *Magnificent Seven*. Retrieved June 4, 2007, from [http://www.hcbs.org/files/29/1422/7\\_Grants\\_and\\_Initiatives.doc](http://www.hcbs.org/files/29/1422/7_Grants_and_Initiatives.doc)

<sup>16</sup> New Medicaid Grants and Initiatives. *Magnificent Seven*. Retrieved June 4, 2007, from [http://www.hcbs.org/files/29/1422/7\\_Grants\\_and\\_Initiatives.doc](http://www.hcbs.org/files/29/1422/7_Grants_and_Initiatives.doc)

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Additionally, the goals of the COmPASS grant are outlined in a brief synopsis of past grants on the Home and Community Based Services (HCBS) website.<sup>17</sup>

The goals of the COmPASS grant are to increase the independence and self-sufficiency of Coloradans with disabilities through community integration and to improve the quality of attendant support received by Coloradans with disabilities through enhanced consumer control.

### **IHSS Eligibility Determination**

There are a variety of benchmarks prospective participants must meet in order to participate in IHSS, including:

- Completing the Uniform Long Term Care (ULTC 100.2) form;
- Qualifying for the HCBS-EBD or Children's waiver;
- Securing an attendant to provide services; and
- Securing a home health agency certified by the Colorado Department of Public Health and Environment (CDPHE) to participate in IHSS.

Prior to participating in IHSS, prospective participants must complete a ULTC 100.2 form to determine whether they meet eligibility requirements for participation in Medicaid long-term care services. The ULTC 100.2 is administered by a Single Entry Point (SEP) case manager. SEPs interview prospective clients to determine their eligibility. Currently, HCPF contracts with 23 SEP agencies located throughout the state. It is important to note that the 23 contracted SEP agencies work with other HCBS services, not solely IHSS.

In order to qualify, prospective participants must have at least two deficits in the six Activities of Daily Living (ADL) categories. A copy of the Long-Term Care Eligibility Assessment is included in this report in Appendix B on page 24. The ADLs within the ULTC 100.2 are as follows:

- Bathing;
- Dressing;
- Toileting;
- Mobility;
- Transferring; and
- Eating.

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<sup>17</sup> New Medicaid Grants and Initiatives. *Magnificent Seven*. Retrieved June 4, 2007, from [http://www.hcbs.org/files/29/1422/7\\_Grants\\_and\\_Initiatives.doc](http://www.hcbs.org/files/29/1422/7_Grants_and_Initiatives.doc)



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If prospective participants meet at least two of these deficits, they may continue to the next step in the qualification process.

Prospective IHSS participants must then work with a SEP to determine whether they qualify for either the HCBS-EBD or the Children's HCBS waivers. In order to qualify for the HCBS-EBD waiver, prospective participants must meet the following eligibility requirements:

- Satisfy the requirement to be 18 years of age or older;
- Satisfy nursing facility level of care as determined by the ULTC 100.2; and
- Satisfy financial eligibility requirements.

In order to be eligible to participate under the HCBS-EBD waiver, an individual must meet the minimum financial eligibility requirements. The minimum eligibility requirements enable an individual to participate if his or her monthly income does not exceed three times Supplemental Security Income (SSI) eligibility, which is \$1,869 in 2007. Also, an individual must not possess more than \$2,000 in assets, excluding a house (under \$500,000) and a vehicle.

Additionally, eligibility requirements for the Children's waiver are as follows:<sup>18</sup>

- The participant must be under 18 years of age;
- The participant must reside in the home with parent(s) or guardian and be at risk of institutional placement;
- The participant's physician must certify that the quality and quantity of services meets the need of the child in the home setting;
- The participant must meet the nursing level of care as determined by the ULTC 100.2;
- The participant, due to parental income and/or resources, is not otherwise eligible for Medicaid benefits or enrolled in other Medicaid waiver programs; and
- The participant meets financial eligibility requirements.

The qualifying financial eligibility requirements for the Children's waiver are identical to those of the HCBS-EBD waiver. That is, the participant's household monthly income cannot exceed three times SSI eligibility to qualify for the Children's waiver.

A participant who meets the eligibility requirements for either waiver works with the SEP case manager to complete a long-term care plan that outlines the specific care the participant will receive from the attendant he or she hires.

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<sup>18</sup> Children's HCBS Waiver Program Regulations. Rule 8.506.11.

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## **Services Provided to IHSS Participants**

The services attendants provide to IHSS participants are divided into two categories: skilled and unskilled. Skilled activities are also known as Health Maintenance Activities (HMAs), which are activities that are routine and repetitive and are necessary for the health and normal body functioning of an IHSS participant. Examples of skilled HMAs include:<sup>19</sup>

- Catheter irrigation;
- Administration of medication;
- Enemas;
- Suppositories; and
- Wound care.

Unskilled activities are defined in the long-term health care setting as personal care and homemaker tasks. Unskilled activities include:

- Shopping;
- House cleaning;
- Meal preparation;
- Laundry; and
- Assistance with bathing.

The reimbursement rates for each service provided within IHSS are outlined HCPF's July 2007 Medical Assistance Program Bulletin. The reimbursement rates are as follows:<sup>20</sup>

- Skilled care for HMAs are be reimbursed at the rate of \$26.88 per hour;
- Personal care services are be reimbursed at the rate of \$14.28 per hour; and
- Homemaker services are be reimbursed at the rate of \$14.28 per hour.

Under the HCBS-EBD waiver, there is a limitation on reimbursement to attendants who provide personal care services to IHSS participants. The HCBS\_EBD waiver allows attendants to receive reimbursement for a maximum of 444 hours per year for personal care services, which translates to approximately 37 hours per month. The only reimbursement limitations on attendants are those concerning relative attendants who are not parents of adult children.

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<sup>19</sup> § 25.5-6-1202(4), C.R.S.

<sup>20</sup> Department of Health Care Policy and Financing. *Medical Assistance Program Bulletin*. July 2007.

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Additionally, HMAs under the HCBS-EBD waiver do not have a limitation. Attendants are not restricted to a maximum number of hours in providing care to IHSS participants related to HMAs.

Conversely, the Children's waiver does not have any hour limits on personal care because the Children's waiver does not include personal care as a benefit.

According to HCPF, there are 95 active participants in IHSS.

### *Certification*

In order to qualify for certification as an IHSS agency, an entity must offer independent living core services, consisting of peer counseling, including cross-disability peer counseling; information and referral services; independent living skills training; and individual and systems advocacy.<sup>21</sup> HCPF has an interagency agreement with the CDPHE to recommend certification, where appropriate. HCPF, however, ultimately certifies IHSS agencies and enters into Medicaid provider agreements.

The current certification process includes submitting all certification documents to the CDPHE, off-site review of the aforementioned documents and an on-site inspection/survey of the services to be provided.

A prospective IHSS agency must complete a variety of forms and return the completed forms to the CDPHE for analysis and approval. The first step an agency must fulfill in the certification process is to complete a Letter of Intent to CDPHE. The Letter of Intent, which is located in Appendix C on page 29, requests general information, including:

- Type of application requested;
- General agency contact information;
- Type of facility; and
- Proposed services to be provided.

The Agency then submits the Letter of Intent to the CDPHE for processing. The CDPHE also mails the agency an Initial Certification Application Checklist (ICAC) at the same time. Completion of the ICAC enables the prospective provider to determine whether it meets the minimum requirements to become an IHSS agency in Colorado. This is a self-assessment tool for the prospective agency to understand what the surveyor will look for and be prepared to show compliance or ask questions prior to survey if he or she is unsure of the requirements.

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<sup>21</sup> Department of Health Care Policy and Financing. *Provider Bulletin*. Retrieved on September 19, 2007, from [http://www.chcpf.state.co.us/HCPF/Syschange/Provider\\_Bulletin.asp](http://www.chcpf.state.co.us/HCPF/Syschange/Provider_Bulletin.asp)

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The ICAC, which is located in Appendix D on page 31, requires agencies to possess policies addressing proper workplace operating and emergency procedures. The ICAC also requires prospective agencies to possess policies in the following areas:

- Independent core living services;
- Basic training for IHSS attendants; and
- 24-hour back-up services.

Prospective agencies are also required to complete an IHSS certification packet, which is distributed by the CDPHE. The IHSS packet, which is included in Appendix E on page 33, details the certification process, as well as an agency's responsibility to maintain current operation policies. The IHSS packet also includes information related to ownership of the agency.

Once certification is recommended by CDPHE, the agency needs to contact HCPF to complete the certification process and enter into a Medicaid provider agreement. IHSS provider agencies must obtain re-certification every 9 to 15 months for the first three years of operation. Re-certification surveys are conducted by the CDPHE. The re-certification surveys are completed to ensure that participating agencies are in compliance with the original certification standards, as well as the current regulations of IHSS.

Currently, there are five long-term home health care agencies certified to provide IHSS to eligible participants located in the following geographic areas within Colorado:

- Two in the Denver metropolitan area;
- One in Colorado Springs;
- One in Delta; and
- One in Cortez.

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## ***Analysis and Recommendations***

*Recommendation 1 – Continue In-Home Support Services for three years, until 2011.*

In-Home Support Services (IHSS) were created by the General Assembly in 2002 to address long-term care issues facing Coloradans. The goal of IHSS was to establish a service that allows the elderly, blind and disabled, as well as children with long-term care needs, to have an attendant of their choosing provide long-term care assistance. IHSS also allows participants to remain in their respective homes when receiving care rather than entering or remaining in a long-term care facility.

In order to qualify to participate in IHSS, prospective participants are required to be evaluated by a Single Entry Point (SEP) case manager to determine eligibility. Prospective participants must meet certain level of care needs outlined in the Uniform Long Term Care (ULTC) 100.2 form. The ULTC 100.2 form identifies a number of Activities of Daily Living categories. To be eligible to participate in IHSS, prospective participants must have at least two deficits.

Currently, there are five long-term home health care agencies participating in IHSS, located in the following areas of Colorado:

- Two are located in the Denver metropolitan area;
- One is located in Colorado Springs;
- One is located in Delta; and
- One is located in Cortez.

The long-term home health care agencies in Delta and Cortez have only recently obtained certification from the Colorado Department of Health Care Policy and Financing (HCPF) to participate in IHSS. Therefore, the two agencies do not have any participants in IHSS as of this writing.

Although IHSS was established in 2002, the first eligible clients did not participate in IHSS until fiscal year 04-05. Once IHSS was statutorily created, HCPF was charged with implementation. HCPF established rules for IHSS, completed and submitted the federal waiver application to the Home- and Community-Based Service (HCBS) program, which is administered by the Centers for Medicare and Medicaid Services, as well as hired staff to administer IHSS. HCPF also entered into an interagency agreement with the Colorado Department of Public Health and Environment (CDPHE) to recommend certification of agencies that are interested in participating in IHSS. It is important to note that although HCPF and CDPHE entered into an interagency agreement, HCPF is ultimately accountable for the effective administration of IHSS.

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One of the major issues identified during this sunset review of IHSS was the discrepancy in information provided to the Department of Regulatory Agencies (DORA) by CDPHE and HCPF. For example, a long-term home health care agency in the Boulder area expressed an interest in participating in IHSS and submitted the appropriate paper work to begin the certification process. The prospective long-term home health care agency explained to DORA that it submitted the proper paper work in January 2007 to obtain certification; however, as of June 2007, the long-term home health care agency had not received any correspondence from either the CDPHE or HCPF. When DORA inquired about the delay in the certification process, CDPHE staff explained that the long-term home health care agency's paper work might have been submitted to HCPF by mistake instead of CDPHE. CDPHE staff stated that it would research the issue and "find out" why there was a delay. Upon learning of the problem, CDPHE promptly investigated the issue. To date, the long-term home health care agency is still engaged in the certification process.

Additionally, DORA also inquired about the delay in the certification process regarding the aforementioned long-term home health care agency to HCPF staff. HCPF staff maintained that it would research the issue and report back to DORA. During the remainder of the sunset review, DORA did not receive any additional information regarding this issue.

HCPF's and CDPHE's lack of cohesion regarding the process for addressing concerns with the application process for long-term home health care agencies interested in participating in IHSS is problematic. The administrative inadequacy is clearly evident in the example of the long-term home health care agency located in the Boulder area. The failure to establish an administrative process to address issues that arise due to confusion about the application process, ultimately delays the certification of long-term home health care agencies in Colorado. This undermines the sole purpose of IHSS: to enable eligible participants to receive long-term care in their home rather than in a long-term care facility. The inability of interested agencies to obtain IHSS certification results in fewer participants, which potentially restricts access to consumer-directed care options in various areas of the state of Colorado.

Unfortunately, it is impossible to know how many prospective IHSS clients have not been able to participate in IHSS in the Boulder area due to the lack of communication and effective coordination between HCPF and CDPHE.

Additionally, on a number of occasions, DORA attempted to obtain cost effectiveness information related to IHSS from HCPF. Specifically, DORA attempted to obtain information to highlight whether home-based long-term care services are more cost effective than long-term care facilities. HCPF did not respond to DORA's requests regarding cost effectiveness of IHSS versus long-term care facilities.

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However, DORA received cost effectiveness information from interested parties and stakeholders in the community. According to the interested parties and stakeholders, Colorado spends approximately \$500 million annually for less than 10,000 people living in long-term care facilities. At the same time, Colorado spends a little more than \$500 million annually for approximately 16,000 long-term care participants who do not live in long-term care facilities. Based on this, it appears as though services such as IHSS are more cost-effective than caring for individuals in long-term care facilities.

However, in order for a program or service to achieve success in Colorado, prospective clients and long-term home health care agencies must know where to submit the proper information that would enable them to participate. Without clear direction from either state agency (CDPHE or HCPF) prospective long-term home health care agencies are excluded from participating in IHSS. As a result, potential IHSS participants are not afforded the option of participating in IHSS in a specific geographic area.

During the sunset review of IHSS, DORA identified several administrative issues that have prevented IHSS from fully achieving its performance potential within the state of Colorado.

DORA recommends that the General Assembly should continue IHSS because it provides eligible participants the option to direct their own long-term care rather than relying on long-term care facilities. However, IHSS should be reviewed in three years to ensure that all of the recommended changes have occurred. The recommended changes to IHSS are intended to improve participation in IHSS, as well as establish additional accountability measures for HCPF. Even though HCPF entered into an interagency agreement with CDPHE to certify long-term home health care agencies for participation in IHSS, HCPF is ultimately accountable for the effective administration of IHSS.

The three-year timeframe also precedes the renewal of the waivers to the Centers for Medicare and Medicaid Services. After the initial cycle of the waiver (which is three years), HCPF is required to renew the HCBS program waivers every five years. Reviewing IHSS in three years provides ample time to conduct a review and determine whether the services should continue in the future. In the event that the General Assembly sunsets IHSS in three years, HCPF will not need to renew the HCBS program waivers.

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*Administrative Recommendation 1 – HCPF should implement a system to effectively and accurately track IHSS participants.*

In order to effectively monitor IHSS and gauge whether the services are performing adequately, HCPF should know and be able to provide documentation regarding the accurate number of participants. During this sunset review, DORA requested the total number of active IHSS participants as of the end of fiscal year 06-07 (June 30, 2007). The long-term home health care agencies reported to DORA that there were a total of 62 active IHSS participants. HCPF reported that there were 95 participants. The discrepancy between the participating agencies and HCPF is rather large given the relatively small number of participants in IHSS.

There are several concerns with the large discrepancy of the number of participants between the long-term home health care agencies and HCPF. As a result, HCPF is not able to identify any trends or major issues that need to be addressed either at the agency level or through the participants of IHSS.

Under the current tracking system, HCPF does not know when IHSS participants are entering or exiting. In order to identify issues within IHSS, HCPF should implement a system that actively and accurately monitors the number of participants utilizing the services.

*Administrative Recommendation 2 – HCPF should implement periodic training seminars for SEP case managers regarding IHSS.*

There are 23 SEP case manager agencies located throughout Colorado that advise long-term care participants about the various services and programs offered, including IHSS. DORA attempted to contact the SEP case manager agencies to discuss the training that HCPF provided regarding IHSS. DORA requested a current list of contacts within each of the 23 agencies. Three of the 23 contacts provided by HCPF were no longer accurate. That is, the employee either no longer works for the SEP agency or has been transferred within the SEP agency.

Although three contacts in terms of real numbers is relatively small, this represents 13 percent of the total SEP agencies that could potentially advise prospective participants to participate in IHSS. Because three SEP agencies do not have current contact information on file with HCPF staff, it is impossible to determine how many eligible prospective participants were not informed about IHSS within the geographic areas affected. As a result, it is impossible to determine how many additional participants could be participating in IHSS.



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The remaining responses from the SEP agencies were not favorable to the HCPF training regarding IHSS. In fact, one response stated, “What is IHSS?” This is problematic from an administrative standpoint. If SEP case managers are not comfortable with IHSS, as well as knowledgeable about the eligibility requirements for participation, they are not likely to encourage potential eligible individuals to participate in IHSS. As a result, IHSS will continue to experience low participation in Colorado. In order to address the low participation rate regarding IHSS, HCPF should implement a comprehensive training program for all 23 SEP agencies, which includes, but is not limited to:

- The current eligibility requirements;
- How many long-term home health care agencies are participating in IHSS; and
- Where the long-term health agencies are located in Colorado.

A comprehensive training program related to IHSS will potentially foster an environment that encourages SEP case managers to encourage eligible participants to enter IHSS, which will allow participants to receive long-term care in their own homes rather than in a long-term care facilities. According to the interested parties and stakeholders contacted, IHSS are more cost effective to operate than long-term care facilities. IHSS also enable eligible participants to receive care from an attendant who they have chosen, as well as the protection of a long-term home health agency to ensure that they are receiving proper care.

*Administrative Recommendation 3 – HCPF should develop comprehensive informational material regarding IHSS that is available to potential participants.*

Currently, potential IHSS participants rely on SEP case managers to learn about different home-based health care options, including IHSS. HCPF’s website is difficult to navigate when attempting to locate IHSS as well as the eligibility requirements. In fact, an initial browse of the HCPF website does not highlight any consumer-based programs, including IHSS. Eligible participants should be able to access the HCPF website and view comprehensive information regarding the eligibility requirements, the number of long-term home health care agencies, including specific locations, and specific contacts for interested persons seeking additional information.

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Clearly detailing the parameters of IHSS will serve to empower the potential participants by allowing them to research and choose the long-term care options that best suit their needs. Rather than relying solely on a SEP case manager who may not have extensive knowledge about IHSS, including the requirements to participate, it is important to allow potential IHSS participants to determine whether a service or program meets their needs. Even if the SEP case manager received the training, there is no guarantee that the SEP case manager would recommend IHSS as a long-term care option. Therefore, it is important to enable prospective IHSS participants to research and gauge whether IHSS meets their long-term care needs.

Additionally, the information brochure developed by HCPF should be readily available and easily accessible for potential IHSS participants in places such as long-term care facilities. Expanding the information available to potential IHSS participants serves to empower the community of potential eligible individuals in IHSS.

*Administrative Recommendation 4 – HCPF should require long-term home health care agencies to advise IHSS participants about the grievance process.*

Currently, the CDPHE is charged with addressing grievances filed against a long-term home health care agency related to IHSS. IHSS participants can register a complaint with the CDPHE's home health hotline. An intake staff person within the CDPHE records the initial complaint and enters it into the CDPHE's complaint tracking system, which routes the complaint to the appropriate program manager. The program manager, in turn, assigns the complaint to a staff member for further investigation. The nature of the complaint determines how the complaint is investigated (e.g., record reviews, participant interviews, staff interviews, home visits, etc.). If a complaint is substantiated by CDPHE, the long-term home health care agency is cited for deficient practice(s) and required to submit a plan of correction. The complainant is also advised of the outcome of the complaint investigation upon its completion.

Although a formal process is currently in place to file and address grievances related to IHSS, the IHSS regulations do not require long-term home health care agencies to inform IHSS participants about the process. This could potentially be problematic because if IHSS participants do not know about the grievance process, they may not be inclined to file a grievance if there are issues related to the long-term home health agency or the attendant providing long-term health care services.

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There have not been any formal grievances filed since the inception of IHSS. This may or may not be attributable to the fact that IHSS participants might not be aware of the current process for filing a grievance.

In order to provide adequate protection to IHSS participants, HCPF should implement a regulation that requires long-term home health care agencies to inform IHSS participants about the grievance process, as well as provide information regarding the process to file a grievance. This will ensure that IHSS participants possess the information necessary to file a grievance when needed.

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## ***Appendix A – Sunset Statutory Evaluation Criteria***

- (I) Whether regulation by the agency is necessary to protect the public health, safety and welfare; whether the conditions which led to the initial regulation have changed; and whether other conditions have arisen which would warrant more, less or the same degree of regulation;
- (II) If regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms and whether agency rules enhance the public interest and are within the scope of legislative intent;
- (III) Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures and practices and any other circumstances, including budgetary, resource and personnel matters;
- (IV) Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively;
- (V) Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates;
- (VI) The economic impact of regulation and, if national economic information is not available, whether the agency stimulates or restricts competition;
- (VII) Whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession;
- (VIII) Whether the scope of practice of the regulated occupation contributes to the optimum utilization of personnel and whether entry requirements encourage affirmative action;
- (IX) Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.

# Appendix B – Long-Term Care Eligibility Assessment

## LONG TERM CARE ELIGIBILITY ASSESSMENT

**General Instructions:** To qualify for Medicaid long-term care services, the recipient/applicant must have deficits in 2 of 6 Activities of Daily Living, ADLs, (2+ score) or require at least moderate (2+ score) in Behaviors or Memory/Cognition under Supervision.

### ACTIVITIES OF DAILY LIVING

#### I. BATHING

**Definition:** The ability to shower, bathe or take sponge baths for the purpose of maintaining adequate hygiene.

##### ADL SCORING CRITERIA

- 0=The client is independent in completing the activity safely.
- 1=The client requires oversight help or reminding; can bathe safely without assistance or supervision, but may not be able to get into and out of the tub alone.
- 2=The client requires hands on help or line of sight standby assistance throughout bathing activities in order to maintain safety, adequate hygiene and skin integrity.
- 3=The client is dependent on others to provide a complete bath.

**Due To: (Score must be justified through one or more of the following conditions)**

<p><b>Physical Impairments:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pain</li> <li><input type="checkbox"/> Visually Impaired</li> <li><input type="checkbox"/> Limited Range of Motion</li> <li><input type="checkbox"/> Weakness</li> <li><input type="checkbox"/> Balance Problems</li> <li><input type="checkbox"/> Shortness of Breath</li> <li><input type="checkbox"/> Decreased Endurance</li> <li><input type="checkbox"/> Falls</li> <li><input type="checkbox"/> Paralysis</li> <li><input type="checkbox"/> Neurological Impairment</li> <li><input type="checkbox"/> Oxygen Use</li> <li><input type="checkbox"/> Muscle Tone</li> <li><input type="checkbox"/> Amputation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Open Wound</li> <li><input type="checkbox"/> Stoma Site</li> </ul> <p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cognitive Impairment</li> <li><input type="checkbox"/> Memory Impairment</li> <li><input type="checkbox"/> Behavior Issues</li> <li><input type="checkbox"/> Lack of Awareness</li> <li><input type="checkbox"/> Difficulty Learning</li> <li><input type="checkbox"/> Seizures</li> </ul> <p><b>Mental Health:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of Motivation/Apathy</li> <li><input type="checkbox"/> Delusional</li> <li><input type="checkbox"/> Hallucinations</li> <li><input type="checkbox"/> Paranoia</li> </ul>
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**Comments:**

#### II. DRESSING

**Definition:** The ability to dress and undress as necessary. This includes the ability to put on prostheses, braces, anti-embolism hose or other assistive devices and includes fine motor coordination for buttons and zippers. Includes choice of appropriate clothing for the weather. Difficulties with a zipper or buttons at the back of a dress or blouse do not constitute a functional deficit.

##### ADL SCORE CRITERIA

- 0= The client is independent in completing activity safely.
- 1=The client can dress and undress, with or without assistive devices, but may need to be reminded or supervised to do so on some days.
- 2= The client needs significant verbal or physical assistance to complete dressing or undressing, within a reasonable amount of time.
- 3= The client is totally dependent on others for dressing and undressing

**Due To: (Score must be justified through one or more of the following conditions)**

<p><b>Physical Impairments:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pain</li> <li><input type="checkbox"/> Sensory Impairment</li> <li><input type="checkbox"/> Limited Range of Motion</li> <li><input type="checkbox"/> Weakness</li> <li><input type="checkbox"/> Balance Problems</li> <li><input type="checkbox"/> Shortness of Breath</li> <li><input type="checkbox"/> Decreased Endurance</li> <li><input type="checkbox"/> Fine Motor Impairment</li> <li><input type="checkbox"/> Paralysis</li> <li><input type="checkbox"/> Neurological Impairment</li> <li><input type="checkbox"/> Bladder Incontinence</li> <li><input type="checkbox"/> Bowel Incontinence</li> <li><input type="checkbox"/> Amputation</li> <li><input type="checkbox"/> Oxygen Use</li> <li><input type="checkbox"/> Muscle Tone</li> <li><input type="checkbox"/> Open Wound</li> </ul>	<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cognitive Impairment</li> <li><input type="checkbox"/> Memory Impairment</li> <li><input type="checkbox"/> Behavior Issues</li> <li><input type="checkbox"/> Lack of Awareness</li> <li><input type="checkbox"/> Difficulty Learning</li> <li><input type="checkbox"/> Seizures</li> </ul> <p><b>Mental Health:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of Motivation/Apathy</li> <li><input type="checkbox"/> Delusional</li> <li><input type="checkbox"/> Hallucinations</li> <li><input type="checkbox"/> Paranoia</li> </ul>
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**Comments:**

### III. TOILETING

**Definition:** The ability to use the toilet, commode, bedpan or urinal. This includes transferring on/off the toilet, cleansing of self, changing of apparel, managing an ostomy or catheter and adjusting clothing.

**ADL SCORE CRITERIA**

- 0=The client is independent in completing activity safely.
- 1=The client may need minimal assistance, assistive device, or cueing with parts of the task for safety, such as clothing adjustment, changing protective garment, washing hands, wiping and cleansing.
- 2=The client needs physical assistance or standby with toileting, including bowel/bladder training, a bowel/bladder program, catheter, ostomy care for safety or is unable to keep self and environment clean.
- 3=The client is unable to use the toilet. The client is dependent on continual observation, total cleansing, and changing of garments and linens. This may include total care of catheter or ostomy. The client may or may not be aware of own needs.

**Due To: (Score must be justified through one or more of the following conditions)**

<p><b>Physical Impairments:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Pain</li> <li><input type="checkbox"/>Visual Impairment</li> <li><input type="checkbox"/>Limited Range of Motion</li> <li><input type="checkbox"/>Weakness</li> <li><input type="checkbox"/>Shortness of Breath</li> <li><input type="checkbox"/>Decreased Endurance</li> <li><input type="checkbox"/>Fine Motor Impairment</li> <li><input type="checkbox"/>Paralysis</li> <li><input type="checkbox"/>Neurological Impairment</li> <li><input type="checkbox"/>Bladder Incontinence</li> <li><input type="checkbox"/>Bowel Incontinence</li> <li><input type="checkbox"/>Amputation</li> <li><input type="checkbox"/>Oxygen Use</li> <li><input type="checkbox"/>Physiological defect</li> <li><input type="checkbox"/>Balance</li> <li><input type="checkbox"/>Muscle Tone</li> <li><input type="checkbox"/>Impaction</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/>Ostomy</li> <li><input type="checkbox"/>Catheter</li> </ul> <p><b>Supervision Need:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Cognitive Impairment</li> <li><input type="checkbox"/>Memory Impairment</li> <li><input type="checkbox"/>Behavior Issues</li> <li><input type="checkbox"/>Lack of Awareness</li> <li><input type="checkbox"/>Difficulty Learning</li> <li><input type="checkbox"/>Seizures</li> </ul> <p><b>Mental Health:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Lack of Motivation/Apathy</li> <li><input type="checkbox"/>Delusional</li> <li><input type="checkbox"/>Hallucinations</li> <li><input type="checkbox"/>Paranoia</li> </ul>
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**Comments:**

### IV. MOBILITY

**Definition:** The ability to move between locations in the individual's living environment inside and outside the home. Note: Score client's mobility without regard to use of equipment other than the use of prosthesis.

**ADL SCORE CRITERIA**

- 0=The client is independent in completing activity safely.
- 1=The client is mobile in their own home but may need assistance outside the home.
- 2=The client is not safe to ambulate or move between locations alone; needs regular cueing, stand-by assistance, or hands on assistance for safety both in the home and outside the home.
- 3=The client is dependent on others for all mobility.

**Due To: (Score must be justified through one or more of the following conditions)**

<p><b>Physical Impairments:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Pain</li> <li><input type="checkbox"/>Sensory Impairment</li> <li><input type="checkbox"/>Limited Range of Motion</li> <li><input type="checkbox"/>Weakness</li> <li><input type="checkbox"/>Shortness of Breath</li> <li><input type="checkbox"/>Decreased Endurance</li> <li><input type="checkbox"/>Fine or Gross Motor Impairment</li> <li><input type="checkbox"/>Paralysis</li> <li><input type="checkbox"/>Neurological Impairment</li> <li><input type="checkbox"/>Amputation</li> <li><input type="checkbox"/>Oxygen Use</li> <li><input type="checkbox"/>Balance</li> <li><input type="checkbox"/>Muscle Tone</li> </ul>	<p><b>Supervision Need:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Cognitive Impairment</li> <li><input type="checkbox"/>Memory Impairment</li> <li><input type="checkbox"/>Behavior Issues</li> <li><input type="checkbox"/>Lack of Awareness</li> <li><input type="checkbox"/>Difficulty Learning</li> <li><input type="checkbox"/>Seizures</li> <li><input type="checkbox"/>History of Falls</li> </ul> <p><b>Mental Health:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Lack of Motivation/Apathy</li> <li><input type="checkbox"/>Delusional</li> <li><input type="checkbox"/>Hallucinations</li> <li><input type="checkbox"/>Paranoia</li> </ul>
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**Comments:**

## LONG TERM CARE ELIGIBILITY ASSESSMENT: ADLS (continued)

### V. TRANSFERRING

**Definition:** The physical ability to move between surfaces: from bed/chair to wheelchair, walker or standing position; the ability to get in and out of bed or usual sleeping place; the ability to use assisted devices for transfers. *Note:* Score client's mobility without regard to use of equipment.

**ADL SCORE CRITERIA**

- 0=The client is independent in completing activity safely.
- 1=The client transfers safely without assistance most of the time, but may need standby assistance for cueing or balance; occasional hands on assistance needed.
- 2=The client transfer requires standby or hands on assistance for safety; client may bear some weight.
- 3=The client requires total assistance for transfers and/or positioning with or without equipment.

**Due To: (Score must be justified through one or more of the following conditions)**

<p><b>Physical Impairments:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Pain</li> <li><input type="checkbox"/>Sensory Impairment</li> <li><input type="checkbox"/>Limited Range of Motion</li> <li><input type="checkbox"/>Weakness</li> <li><input type="checkbox"/>Balance Problems</li> <li><input type="checkbox"/>Shortness of Breath</li> <li><input type="checkbox"/>Falls</li> <li><input type="checkbox"/>Decreased Endurance</li> <li><input type="checkbox"/>Paralysis</li> <li><input type="checkbox"/>Neurological Impairment</li> <li><input type="checkbox"/>Amputation</li> <li><input type="checkbox"/>Oxygen Use</li> </ul>	<p><b>Supervision Need:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Cognitive Impairment</li> <li><input type="checkbox"/>Memory Impairment</li> <li><input type="checkbox"/>Behavior Issues</li> <li><input type="checkbox"/>Lack of Awareness</li> <li><input type="checkbox"/>Difficulty Learning</li> <li><input type="checkbox"/>Seizures</li> </ul> <p><b>Mental Health:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Lack of Motivation/Apathy</li> <li><input type="checkbox"/>Delusional</li> <li><input type="checkbox"/>Hallucinations</li> <li><input type="checkbox"/>Paranoia</li> </ul>
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**Comments:**

### VI. EATING

**Definition:** The ability to eat and drink using routine or adaptive utensils. This also includes the ability to cut, chew and swallow food. *Note: If a person is fed via tube feedings or intravenously, check box 0 if they can do independently, or box 1, 2, or 3 if they require another person to assist.*

**ADL SCORE CRITERIA**

- 0=The client is independent in completing activity safely
- 1=The client can feed self, chew and swallow foods but may need reminding to maintain adequate intake; may need food cut up; can feed self if food brought to them, with or without adaptive feeding equipment.
- 2=The client can feed self but needs line of sight standby assistance for frequent gagging, choking, swallowing difficulty; or aspiration resulting in the need for medical intervention. The client needs reminder/assistance with adaptive feeding equipment; or must be fed some or all food by mouth by another person.
- 3=The client must be totally fed by another person; must be fed by another person by stomach tube or venous access.

**Due To: (Score must be justified through one or more of the following conditions)**

<p><b>Physical Impairments:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Pain</li> <li><input type="checkbox"/>Visual Impairment</li> <li><input type="checkbox"/>Limited Range of Motion</li> <li><input type="checkbox"/>Weakness</li> <li><input type="checkbox"/>Shortness of Breath</li> <li><input type="checkbox"/>Decreased Endurance</li> <li><input type="checkbox"/>Paralysis</li> <li><input type="checkbox"/>Neurological Impairment</li> <li><input type="checkbox"/>Amputation</li> <li><input type="checkbox"/>Oxygen Use</li> <li><input type="checkbox"/>Fine Motor Impairment</li> <li><input type="checkbox"/>Poor Dentition</li> <li><input type="checkbox"/>Tremors</li> <li><input type="checkbox"/>Swallowing Problems</li> <li><input type="checkbox"/>Choking</li> <li><input type="checkbox"/>Aspiration</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/>Tube Feeding</li> <li><input type="checkbox"/>IV Feeding</li> </ul> <p><b>Supervision Need:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Cognitive Impairment</li> <li><input type="checkbox"/>Memory Impairment</li> <li><input type="checkbox"/>Behavior Issues</li> <li><input type="checkbox"/>Lack of Awareness</li> <li><input type="checkbox"/>Difficulty Learning</li> <li><input type="checkbox"/>Seizures</li> </ul> <p><b>Mental Health:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Lack of Motivation/Apathy</li> <li><input type="checkbox"/>Delusional</li> <li><input type="checkbox"/>Hallucinations</li> <li><input type="checkbox"/>Paranoia</li> </ul>
--	--

**Comments:**

## LONG TERM CARE ELIGIBILITY ASSESSMENT: Supervision

### VII. SUPERVISION

#### Behaviors

**Definition:** The ability to engage in safe actions and interactions and refrain from unsafe actions and interactions (Note, consider the client's inability versus unwillingness to refrain from unsafe actions and interactions).

#### Scoring Criteria:

- 0=The client demonstrates appropriate behavior; there is no concern.
- 1=The client exhibits some inappropriate behaviors but not resulting in injury to self, others and/or property. The client may require redirection. Minimal intervention is needed.
- 2= The client exhibits inappropriate behaviors that put self, others or property at risk. The client frequently requires more than verbal redirection to interrupt inappropriate behaviors.
- 3=The client exhibits behaviors resulting in physical harm for self or others. The client requires extensive supervision to prevent physical harm to self or others.

**Due To: (Score must be justified through one or more of the following conditions)**

<p><b>Physical Impairments:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Chronic Medical Condition</li> <li><input type="checkbox"/>Acute Illness</li> <li><input type="checkbox"/>Pain</li> <li><input type="checkbox"/>Neurological Impairment</li> <li><input type="checkbox"/>Choking</li> <li><input type="checkbox"/>Sensory Impairment</li> <li><input type="checkbox"/>Communication Impairment (not inability to speak English)</li> </ul> <p><b>Mental Health:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Lack of Motivation/Apathy</li> <li><input type="checkbox"/>Delusional</li> <li><input type="checkbox"/>Hallucinations</li> <li><input type="checkbox"/>Paranoia</li> <li><input type="checkbox"/>Mood Instability</li> </ul> <p><b>Supervision needs:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Short Term Memory Loss</li> <li><input type="checkbox"/>Long Term Memory Loss</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/>Agitation</li> <li><input type="checkbox"/>Aggressive Behavior</li> <li><input type="checkbox"/>Cognitive Impairment</li> <li><input type="checkbox"/>Difficulty Learning</li> <li><input type="checkbox"/>Memory Impairment</li> <li><input type="checkbox"/>Verbal Abusiveness</li> <li><input type="checkbox"/>Constant Vocalization</li> <li><input type="checkbox"/>Sleep Deprivation</li> <li><input type="checkbox"/>Self-Injurious Behavior</li> <li><input type="checkbox"/>Impaired Judgment</li> <li><input type="checkbox"/>Disruptive to Others</li> <li><input type="checkbox"/>Disassociation</li> <li><input type="checkbox"/>Wandering</li> <li><input type="checkbox"/>Seizures</li> <li><input type="checkbox"/>Self Neglect</li> <li><input type="checkbox"/>Medication Management</li> </ul>
---	--

**Comments:**

### VIII. MEMORY/COGNITION DEFICIT

**Definition:** The age appropriate ability to acquire and use information, reason, problem solve, complete tasks or communicate needs in order to care for oneself safely.

#### Scoring Criteria:

- 0= Independent no concern
- 1= The client can make safe decisions in familiar/routine situations, but needs some help with decision making support when faced with new tasks, consistent with individual's values and goals.
- 2= The client requires consistent and ongoing reminding and assistance with planning, or requires regular assistance with adjusting to both new and familiar routines, including regular monitoring and/or supervision, or is unable to make safe decisions, or cannot make his/her basic needs known.
- 3= The client needs help most or all of time.

**Due To: (Score must be justified through one or more of the following conditions)**

<p><b>Physical Impairments:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Metabolic Disorder</li> <li><input type="checkbox"/>Medication Reaction</li> <li><input type="checkbox"/>Acute Illness</li> <li><input type="checkbox"/>Pain</li> <li><input type="checkbox"/>Neurological Impairment</li> <li><input type="checkbox"/>Alzheimer's/Dementia</li> <li><input type="checkbox"/>Sensory Impairment</li> <li><input type="checkbox"/>Chronic Medical Condition</li> <li><input type="checkbox"/>Communication Impairment (does not include ability to speak English)</li> <li><input type="checkbox"/>Abnormal Oxygen Saturation</li> <li><input type="checkbox"/>Fine Motor Impairment</li> </ul> <p><b>Supervision Needs:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Disorientation</li> <li><input type="checkbox"/>Cognitive Impairment</li> <li><input type="checkbox"/>Difficulty Learning</li> <li><input type="checkbox"/>Memory Impairment</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/>Self-Injurious Behavior</li> <li><input type="checkbox"/>Impaired Judgment</li> <li><input type="checkbox"/>Unable to Follow Directions</li> <li><input type="checkbox"/>Constant Vocalizations</li> <li><input type="checkbox"/>Perseveration</li> <li><input type="checkbox"/>Receptive Expressive Aphasia</li> <li><input type="checkbox"/>Agitation</li> <li><input type="checkbox"/>Disassociation</li> <li><input type="checkbox"/>Wandering</li> <li><input type="checkbox"/>Lack of Awareness</li> <li><input type="checkbox"/>Seizures</li> <li><input type="checkbox"/>Medication Management</li> </ul> <p><b>Mental Health:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>Lack of Motivation/Apathy</li> <li><input type="checkbox"/>Delusional</li> <li><input type="checkbox"/>Hallucinations</li> <li><input type="checkbox"/>Paranoia</li> <li><input type="checkbox"/>Mood Instability</li> </ul>
---	---

**Comments:**



**Assessment Demographics:**

Location of Assessment:	Present at Interview:
<input type="checkbox"/> Applicant's private residence/home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospital/other health care facility <input type="checkbox"/> Assisted Living <input type="checkbox"/> Agency Office <input type="checkbox"/> Relative's home <input type="checkbox"/> Other: _____	<input type="checkbox"/> Applicant Only <input type="checkbox"/> Caregiver(s) only <input type="checkbox"/> Applicant and caregiver(s) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Applicant and others

**Most of the interview information was provided by:**

<input type="checkbox"/> Applicant <input type="checkbox"/> Caregiver <input type="checkbox"/> Applicant and Caregiver equally	<input type="checkbox"/> Medical record <input type="checkbox"/> Facility Staff <input type="checkbox"/> Other: _____
--	---

**Living Environment:**

Safe	<input type="checkbox"/>	Services cannot be delivered here	<input type="checkbox"/>
Safe with feasible modifications	<input type="checkbox"/>	Client needs to move so services can be delivered	<input type="checkbox"/>
Services can be delivered here	<input type="checkbox"/>	Client needs to move to a safer environment	<input type="checkbox"/>
		Special home assessment needed	<input type="checkbox"/>

**Adult Protective Services Risk:**

Person is known to be a current client of Adult Protective Services (APS) Yes  No

**Risk Evident During Assessment: (Check any that apply.)**

- No risk factors or evidence of abuse or neglect apparent at this time.  
 The individual is currently failing or is at high risk of failing to obtain nutrition, self-care, or safety adequate to avoid Significant negative health outcomes.  
 Risk factors present; however, LTC services may resolve issues. No APS referral being made at this time.  
 There are statements of, or evidence of, possible abuse, neglect, self-neglect, or financial exploitation.

Referring to APS now? Yes  No

**Advance Directives and Legal Documents:**

<input type="checkbox"/>	Living Will: _____
<input type="checkbox"/>	Power of Attorney Financial Power of Attorney: _____ General Power of Attorney: _____ Medical Power of Attorney: _____
<input type="checkbox"/>	Conservator: _____
<input type="checkbox"/>	Guardian: _____

Comments/Narrative:

# Appendix C – Letter of Intent – Health Facility License

## STATE OF COLORADO

Bill Ritter, Jr., Governor  
James B. Martin, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.  
Denver, Colorado 80246-1530  
Phone (303) 692-2000  
TDD Line (303) 691-7700  
Located in Glendale, Colorado

Laboratory Services Division  
8100 Lowry Blvd.  
Denver, Colorado 80230-6928  
(303) 692-3090

<http://www.cdph.state.co.us>



Colorado Department  
of Public Health  
and Environment

### LETTER OF INTENT

#### REQUEST FOR A HEALTH FACILITY LICENSE APPLICATION AND/OR CERTIFICATION\* PACKET

**Notice to Requestor and/or Applicant:** Completion of this "Letter of Intent" in no way obligates the requestor or applicant to open a health facility or to modify a facility license. The form does allow the Division to track the number of proposed facilities, efficiently handle application requests and changes and to eliminate unnecessary mailings of information packets. Please complete the following form to the best of your knowledge. If a question is not applicable or is unknown at the time of request, please write "N/A" or "Unknown" where appropriate. When completed, fax form to 303-753-6214 attention LOI or mail to: LOI, CDPHE/Health Facilities #A-2, 4300 Cherry Creek Dr. So., Denver, CO 80246. Your packet will be mailed shortly. Thank you for your inquiry.

#### TYPE OF APPLICATION REQUESTED (Check All That Apply)

- Initial License  Initial Certification  Change of Ownership  Change of Stock  Change of Name   
Add or Change Secured Units/Assisted Living  Add or Change Secured Units/Long Term Care   
Change of Location/Address  Change of Licensure Type\*\*  Change of Certification Type\*\*   
Change of Beds (With Construction)  Change of Beds (No Construction)  Closure of Facility

\*Certification is the Federal process that verifies a health care facility is able to meet the standards of care required for Medicare/Medicaid reimbursement.

\*\* For a complete list of facility types, please refer to [www.healthfacilities.info](http://www.healthfacilities.info)

Applicant or Requestor's Name: \_\_\_\_\_ Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant or Requestor's Title/Agency: \_\_\_\_\_

Mailing Address for Application: (Street Address) \_\_\_\_\_

Attn: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Current Facility Name (if currently licensed): \_\_\_\_\_

Proposed Facility Name (as it is to be licensed): \_\_\_\_\_

Proposed Opening/Closing Date or Proposed Date of Change: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Owner of the Business (such as Corporation/LLC/Partnership/Sole Proprietorship):  
\_\_\_\_\_

Proposed Owner of the Business (such as Corporation/LLC/Partnership/Sole Proprietorship):  
\_\_\_\_\_

(Page 1 of 2)

**LETTER OF INTENT**

(Continued)

Current Facility Location: (Street Address) \_\_\_\_\_ (Suite) \_\_\_\_\_  
(City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) CO (Zip) \_\_\_\_\_

**Proposed** Facility Location: (Street Address) \_\_\_\_\_ (Suite) \_\_\_\_\_  
\_\_\_\_\_  
(City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) CO (Zip) \_\_\_\_\_

Current # of Private Pay Beds: \_\_\_ Current # of Medicare Beds: \_\_\_ Current # of Medicaid Beds: \_\_\_

Current # of Secured Units/Circle ALR or LTC: \_\_\_ **Proposed** # of Secured Units/Circle ALR or LTC: \_\_\_

**Proposed** # of Private Pay Beds: \_\_\_ **Proposed** # of Medicare Beds: \_\_\_ **Proposed** # of Medicaid Beds: \_\_\_

Current Facility Type (Based on Services Offered): \_\_\_\_\_

**Proposed** Facility Type (Based on Services Offered): \_\_\_\_\_  
(For a list of facilities and corresponding regulations, please refer to [www.healthfacilities.info](http://www.healthfacilities.info) )

**Proposed** List of Services To Be Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish to receive your application/certification packet via Email, if available?  Yes  No  
If yes, please provide the appropriate Email address: \_\_\_\_\_

Additional Comments/Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Facilities and Emergency Medical Services Division (303) 692-2800**

(Page 2 of 2)

The following items are to be completed by CDPHE/HF personnel. Do not write below this line.

Date Application/Info Mailed: \_\_\_/\_\_\_/\_\_\_ Attestation Mailed: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_ Entered: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

Packet Code(s): \_\_\_\_\_

# Appendix D – Initial Certification Application Checklist

## STATE OF COLORADO

Bill Ritter, Jr., Governor  
James B. Martin, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.      Laboratory Services Division  
Denver, Colorado 80246-1530      8100 Lowry Blvd.  
Phone (303) 692-2000      Denver, Colorado 80230-6928  
TDD Line (303) 691-7700      (303) 692-3090  
Located in Glendale, Colorado  
<http://www.cdphe.state.co.us>



Colorado Department  
of Public Health  
and Environment

### **INITIAL CERTIFICATION APPLICATION CHECKLIST** **HCBS-EBD IN-HOME SUPPORT SERVICES AGENCIES**

Dear In-Home Support Services Provider Applicant,

Thank you for your interest in becoming an In-Home Support Services (IHSS) provider agency under the Home and Community Based Services—Elderly, Blind and Disabled (HCBS-EBD) program. The following information is needed by the Colorado Department of Public Health and Environment in order to process your application for certification as an In-Home Support Services agency. This information will be reviewed offsite by survey staff to determine if your agency is ready to become a certified agency. Please review the checklist below carefully and refer to the program regulations in the Staff Manual Volume 8 Medical Assistance for more detailed information. The Department may request additional information to ensure that your agency meets the Medicaid requirements set forth in Volume 8, as a condition of becoming certified to provide In-Home Support Services to HCBS-EBD consumers. The Internet website for accessing Volume 8 regulations is: <http://www.chcpf.state.co.us/StateRules/index.html>.

1. Proof of registration of your trade name or agency name with the State of Colorado.
2. Copy of the lease for the space occupied by your agency or a copy of the mortgage, whichever is applicable.
3. Proof of liability insurance for the agency.
4. Policies regarding the following:
  - a) Anti-discrimination policy based on age, sex, religion, race, sexual orientation, political belief, physical diagnosis, handicap or disability, for persons applying for or receiving services
  - b) Hiring policies and procedures regarding recruiting, selecting, retaining and terminating attendants
  - c) Confidentiality policies and procedures regarding the protection of consumer information
  - d) Emergency policies and procedures to address individual, in-home consumer emergencies, as well as natural disasters, such as blizzards, tornadoes, floods, power outages, etc.
  - e) Policies and procedures for handling critical incidents and accidents, such as abuse, neglect, exploitation and criminal activity
  - f) A complaint log, including forms documenting the receipt, investigation and resolution of complaints
  - g) Policy and procedures concerning the provision of independent living core services
  - h) Policy regarding the rights and responsibilities of the consumer
  - i) Policy and procedures regarding basic IHSS training for attendants, as detailed in Volume 8
  - j) Policies concerning the discontinuation of services to consumers and the termination of consumers from the IHSS program
  - k) Twenty-four (24) hour back-up services policy and procedure

- 
5. Evidence of a contract, or employment, of a Health Professional (registered nurse or licensed physician) responsible for attendant training and a policy detailing his/her monitoring responsibilities
6. A sample consumer record including the following:
- a) Consumer face sheet with identifying information, including information regarding an Authorized Representative, as necessary
  - b) Service documentation forms (i.e. attendant time sheets)
  - c) Advance directive information
  - d) Evidence of physician's certification of consumer's program eligibility
  - e) Documentation of consumer program orientation
  - f) An IHSS plan of services to be provided to the consumer, in a contract form
  - g) Documentation of functional skills training for consumers
7. A sample personnel record including the following:
- a) Evidence of the attendant's qualifications
  - b) Documentation of the attendant's training (i.e., a professional license, a skills validation test, etc.)
  - c) A performance evaluation form
  - d) Documentation that an attendant has been oriented to the program policies and procedures
  - e) A copy of the attendant's job description

Please submit this information to the Health Facilities and Emergency Medical Services Division, of the Colorado Department of Public Health and Environment, within thirty (30) days of the receipt of this letter. Once the information is received and reviewed, you will be contacted for further details, if necessary, or to arrange an on-site visit to your agency.

Thank you for your interest in the In-Home Support Services program.

Sincerely,

Judy Hughes, R.N.  
Program Manager, Home and Community Based Services Programs  
Health Facilities and Emergency Medical Services Division  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530  
(303) 692-2908

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## ***Appendix E – Medicaid Certification Process***

### **Medicaid Program Certification Requirements Home and Community Based In-Home Support Services**

This certification packet includes the following (numbers C2 through C5 must be returned to the Health Facilities & Emergency Medical Services Division). For easier reference we have identified and coded the requirements with the instructions and enclosed documents.

- C1) You Are Ready For An Initial Survey When and Obtaining Volume 8 information
- C2) Title VI checklist
- C3) Provider Agency Type Request
- C4) Declaration of Ownership of Physical Premises
- C5) Declaration of Ownership of Business

#### **INSTRUCTIONS:**

- C1) Volume 8 contains the information that must be met for certification. Please use the enclosed regulations from Volume 8 as a guide in developing your policies, procedures and contracts as required. The remaining documents are for your information and future reference.
- C2) Title VI checklist is to be completed and returned.
- C3) Provider Agency Type Request is to be completed and returned.
- C4) Declaration of Ownership of Physical Premises is to be completed and returned.
- C5) Declaration of Ownership of Business is to be completed and returned.

After receipt of the above referenced licensure/certification documents, our office will review and check for completeness and will contact you to discuss the status of the application.

---

**You Are Ready For An Initial Survey When:**

- 1) All policies and procedures are developed and written for each program regulation and function, including staff evaluations.
- 2) Job descriptions are developed for all positions.
- 3) Personnel policies and personnel files are in place for all employees that contain the following: license and/or certification, proof and/or validation of skills/training, orientation, receipt of personnel policies.
- 4) Training program developed and projected in-services for the current/next year.

**Obtaining Colorado Department of Health Care Policy and Financing - Volume 8**

The Medicaid rules are found in Staff Manual Volume 8 - Medical Assistance - State Rules (10-CCR-2505-10)  
Section 8.552 is for Home and Community Based Services for the Elderly, Blind & Disabled; In-Home Support Services.

Individual Rules of Staff Manual Volume 8 (10-CCR-2505-10) may be obtained via the Internet at <http://www.chcpf.state.co.us/StateRules/index.html>

Copies of Staff Manual Volume 8 (10-CCR-2505-10) may be purchased from:

Colorado Dept. of Health Care Policy & Financing  
Administrator for Medical Services Board  
1575 Sherman, 4<sup>th</sup> Floor  
Denver, CO 80203  
Phone # 303.866.4416

Public Records Corporation  
1666 Lafayette Street  
Denver, CO 80218  
Phone # 303.832.8262

---

**Colorado Department of Public Health and Environment  
Health Facilities & Emergency Medical Services Division**

**Title VI Checklist**

Name of Facility/Agency: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

- |    |   |                          |     |                          |    |
|----|---|--------------------------|-----|--------------------------|----|
| 1. | Is there a written policy of nondiscrimination that provides for operation of the facility without regard to race, color, or national origin: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|    | a. In lobby and/or main waiting room?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|    | b. Employee bulletin boards?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|    | c. Patient admitting area?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|    | d. Emergency room area?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. | Do you have minority group patients in the facility?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. | Do you have biracial room occupancy?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. | Are minority group patients excluded from any area of the facility?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. | Is any part of the facility used on the basis of race, color, or national origin?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. | Are rules of courtesy uniformly applied without regard to race, color, or national origin?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. | Have employees been instructed about their obligation under Title VI?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

C2



- 
8. Do you send any staff to training programs outside of the facility/agency?  Yes  No

Explain: \_\_\_\_\_

9. Are there bridge positions for employees at the low employment level? (Bridge positions are those positions permitting an employee to move into a higher position such as housekeeping supervisor from janitor, head cook from helper, etc.)  Yes  No

10. Have any discrimination complaints been filed against your facility in the past?  Yes  No

a. When? \_\_\_\_\_

b. What grounds? \_\_\_\_\_

c. How resolved? \_\_\_\_\_

11. How is the community notified about your facility/agency and about its nondiscrimination policy?

\_\_\_\_\_  
\_\_\_\_\_

12. What are the leave/notification policies relating to pregnancy and maternity leave?

\_\_\_\_\_  
\_\_\_\_\_

Are the women required to quit working at some point?

\_\_\_\_\_  
\_\_\_\_\_

Administrator=s signature \_\_\_\_\_ Date \_\_\_\_\_

C2

---

**Colorado Department of Public Health and Environment  
Health Facilities & Emergency Medical Services Division**

**Home and Community Based Services for the Elderly, Blind and Disabled**

**Provider Agency Type Request**

In response to your request to be certified in the Medicaid Program (Title 19) under HCBS-EBD, please indicate the type of facility and/or agency for which you are applying for certification.

- Personal Care and/or Homemaker Agency
- County Agency providing Personal Care and/or Homemaker Services
- Home Health Agency providing Personal Care and/or Homemaker Services
- Adult Day Services
- In-Home Support Services

Please list the county (ies) in which you intend to make your services available.

---

---

**Colorado Department of Public Health and Environment  
Health Facilities & Emergency Medical Services Division**

**Declaration of Ownership of Physical Premises**

I. Name of Facility/Agency \_\_\_\_\_

II. a) Owner of land on which services are provided:

Name	Street	City	Zip Code
------	--------	------	----------

b) Owner of land is (check one):  
 Individual Proprietorship       Partnership  
 State or Local Subdivision       Profit Corporation  
 Non-Profit Corporation       Other (specify) \_\_\_\_\_

**If Individual Owns Land**

Name	Street	City	Zip Code
------	--------	------	----------

**If Partnership Owns Land**  
 (Note: Identify only those with five percent interest or more.)

Name	Street	City	Zip Code
Percentage owned: _____	%		

Name	Street	City	Zip Code
Percentage owned: _____	%		

If additional partners are involved, list on attached sheet. Attach a copy of partnership agreement if not previously submitted.

**If State or Local Subdivision Owns Land**

Name of County, or Hospital District: \_\_\_\_\_

Date of Formation: \_\_\_\_\_

Chairman of the Board: \_\_\_\_\_

Name	Address
------	---------

---

**Declaration of Ownership of Physical Premises**

**If Corporation Owns Land**

Name: \_\_\_\_\_

\_\_\_\_\_

Address	City	State & Zip	Phone Number
---------	------	-------------	--------------

Date of Original Articles of Incorporation \_\_\_\_\_

Date of Amendments to Articles of Incorporation \_\_\_\_\_

Date of Original Bylaws \_\_\_\_\_

Date of Amendments to Bylaws \_\_\_\_\_

A copy of Bylaws and Articles of Incorporation must accompany application unless they have been previously submitted and there have been no changes or amendments since last submission.

List the names and addresses of all Stockholders of the corporation who have five percent or more of interest in ownership, indicating actual percentage of ownership. If insufficient space below, attach an additional sheet, with name of corporation at the top of the sheet.

List corporate officers including addresses:

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

III. a) Owner of building in which services are provided:

\_\_\_\_\_

Name	Street	City	Zip Code
------	--------	------	----------

b) Is this the same party that owns land? [see II(a)]      Yes \_\_\_\_\_      No \_\_\_\_\_

If No describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Declaration of Ownership of Physical Premises**

IV. Both State Licensing Standards and Federal Regulations - 405.1121(a) and 249.33(a)(3)(i) for Medicare (Title XVIII) and Medicaid (Title XIX) certified providers require full and complete information be provided to the State Agency on anyone who is the owner (in whole or in part) of any mortgage, deed of trust, note, or other obligation secured (in whole or in part) by such facility or any of the property or assets of such facility.

- a) None \_\_\_\_\_
- b) List below all such encumbrances on the land premises:

V. Does any party not identified above (in II or III) have any interest, as lessor or leasee directly or indirectly, in any lease or sublease of the land or the building on/in, which the facility is located?

Yes \_\_\_\_\_  
No \_\_\_\_\_

- a) If "Yes", identify and describe such interest fully.

VI. Do any of the above-named individuals have any ownership interests (property or business) in any other health care facility in the State of Colorado?

Yes \_\_\_\_\_  
No \_\_\_\_\_

If Yes, list name of individual and health care facilities involved on a separate sheet and attach.

**Colorado Department of Public Health and Environment  
Health Facilities & Emergency Medical Services Division**

**Home and Community Based Services for the Elderly, Blind and Disabled**

**Declaration of Ownership of Business**  
(applicant)

1. Name of Facility or Agency \_\_\_\_\_

a) Is the operator of the business the same as the owner of the property/premises?  
Yes \_\_\_\_\_ No \_\_\_\_\_

b) If Yes, do **not** complete the following.

c) Date of Lease Agreement: \_\_\_\_\_

II. Ownership of Business which operates facility \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

a) Applicant's legal name: \_\_\_\_\_  
Any other names under which it does business: \_\_\_\_\_

b) Check one in relationship to operator of facility:

Individual proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_  
State or Local Subdivision \_\_\_\_\_ Profit Corporation \_\_\_\_\_  
Non-profit Corporation \_\_\_\_\_ Other (specify) \_\_\_\_\_

c) Complete the pertinent section below to correspond to type of ownership checked:

**If Individual operates business (facility)**

Name: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**If Partnership operates business (facility)**

Name: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Percentage owned: \_\_\_\_\_ % General \_\_\_\_\_ or limited \_\_\_\_\_

If additional partners are involved, list on separate sheet. Attach a copy of partnership agreement if not previously submitted.

If **State or Local Subdivision** operates business (facility)

Name of County, or Hospital District: \_\_\_\_\_

Date of Formation: \_\_\_\_\_

Chairman of the Board: \_\_\_\_\_

Name

Address

If **Corporation** operates business (facility)

Name: \_\_\_\_\_

Number and Street                      City                      Zip Code                      Phone

Date of Original Articles of Incorporation: \_\_\_\_\_

Date of Amendments to Articles of Incorporation: \_\_\_\_\_

Date of Original Bylaws: \_\_\_\_\_

Date of Amendments to Bylaws: \_\_\_\_\_

A copy of Bylaws and Articles of Incorporation **must** accompany applications unless they have been previously submitted and there have been no changes or amendments since last submission.

1. List the names and addresses of all stockholders of the corporation who have five percent or more interest in ownership, indicate actual percentage of ownership. If insufficient space below, attach an additional sheet, with name of corporation at top of sheet.

~~3-2.~~ List all Directors, including their addresses, and any office held within the corporation i.e., President.

III. Both State Licensing Standards and Federal Regulations - 405.1121(a) and 249.33(a)(3) (i) for Medicare (Title XVIII) and (Title XIX) certified providers--require full and complete information be provided to the State Agency on anyone who is the owner (in whole or in part) of any mortgage, deed of trust, note, or other obligation secured (in whole or part) by such facility or any of the property or assets of such facility.

1) **None** \_\_\_\_\_

2) List below such encumbrances on the operating business:

IV. Do any of the above named individuals have any ownership interests (property or business) in any other health care facility in the State of Colorado?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name of individual and health care facilities involved on a separate sheet and attach.