

# PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

## Colorado -- Increasing Persons' Control Over Personal Attendants

### Issue: Consumer Directed Attendant Support in Place of Home Health and Personal Care

#### Summary

The State of Colorado initiated a five-year research and demonstration program in 2002. Participants can use money to purchase in-home services from attendants they personally select, hire, and train, instead of receiving Medicaid state plan home health and personal care services. The model is intended to improve the quality of attendant support and decrease the state's costs of providing care. An independent evaluation of the program is planned.

#### Introduction

A group of people with disabilities and advocates in Colorado began meeting in 1995 to explore alternatives for providing Medicaid in-home services in order to address frustrations with restrictions in these services. The services were provided exclusively by provider agencies, and this group sought to increase opportunities for people to hire their own attendants and determine the nature and magnitude of their services.

**People often use a variety of services, and rules and restrictions can vary for each service.**

Colorado is implementing a research and demonstration program to examine ways of increasing people with disabilities' independence. The pilot program, Consumer Directed Attendant Support (CDAS), can serve a maximum of 150 people with disabilities, including older people.

This report provides an overview of CDAS and describes its implementation and how the state will monitor and evaluate its results. The document is based on interviews with state staff and written materials from the Center for Medicaid & Medicare Services and the State of Colorado.

#### Background

Other than CDAS, Medicaid-eligible people with disabilities in Colorado receive in-home attendant support through two sources: home health agency services provided under the standard Medicaid benefit, and personal care paid under Medicaid home and community based services waivers. Colorado does not offer the option for personal care under the standard Medicaid benefit. People with disabilities often use a variety of services from both sources and from a variety of people, including nurses, home health aides, personal care attendants, and homemakers. The rules and restrictions applicable to each service vary, which can be a source of frustration for people using a combination of services.

#### Intervention

Colorado designed CDAS to enable participants to improve the coordination of their services by combining home health aide and personal care funding into one funding stream. Participation is voluntary. CDAS may serve up to 150 people. If more than 150 qualified people request this option, additional

**People can combine home health aide and personal care funding into one funding stream.**

qualified applicants will be placed on a waiting list.

CDAS provides the funds normally paid to home health and personal care agencies to people in monthly allotments. The monthly allotments are based on the person's history of home health aide and personal care utilization. The allotments do not affect any other benefits currently available to participants (e.g., food stamps; Supplemental Security Income), except that it substitutes for Medicaid home health agency and personal care services.

To apply, people may contact any of the state's Long Term Care Single Entry Point agencies. These agencies educate people with disabilities, including older people, about Colorado's home and community-based services programs and help people enroll for those programs. People may also obtain applications and assistance in completing forms from the state's Department of Health Care Policy and Financing (HCPF), advocacy organizations, Independent Living Centers, and other non-profit and for-profit organizations that support people with disabilities.

People submit applications to HCPF, which determines whether applicants meet eligibility criteria. People who use CDAS must be eligible for Medicaid and have received Medicaid-funded in-home services for the 12 prior months. Participants also must be able to direct their own services and must have a statement from a primary care or treating physician confirming that the person has sound judgment and is in stable condition. Eligible individuals must then complete attendant support management training. An Eligibility Review Committee that includes advocates may assist HCPF in eligibility determination for people if 1) a person has difficulty completing the required training or 2) the person's functional capacity is close to the functional eligibility standard for CDAS.

People receive assistance in managing their cash allowance from a case manager and from an intermediary services organization. The case manager is assigned by either a county agency or a private organization to each participant to

help develop an attendant support management plan. The single intermediary service organization (ISO) handles taxes, withholding, benefits, payroll, and other personnel and accounting activities for all attendants. The ISO also performs background checks on the attendants. HCPF sends authorizations for monthly allocations to the ISO, which in turn distributes money under the participant's direction. CDAS does not make cash payments to the participant.

The person and attendant negotiate the payment rate. If there are any unspent funds from the monthly allocations, the state receives half of the cost savings. The other half of the cost savings goes into a fund for additional services. Participants may apply to use this fund to pay for other services and/or equipment that promote their independence. A participant cannot receive services and equipment from this fund that cost more than his or her contributions to the fund.

**Half of the cost savings will go into a fund for additional services.**

### Implementation

CDAS began more than six years after the authorizing legislation first passed in 1996. Colorado passed additional legislation in 1999 to exempt CDAS participants and providers from the state's Nurse Practice Act. Without this legislation, CDAS participants would have been required to hire Certified Nurse Aids in many situations.

A Medicaid research and demonstration waiver authorizes Medicaid payment for CDAS. The waiver is authorized by Section 1115 of the Social Security Act and granted by the Centers for Medicare and Medicaid Services. The waiver allows the state to waive certain federal Medicaid regulations.

A Program Advisory Committee is collaborating with HCPF to promote the project by producing public awareness materials to be distributed to human service agencies, disability organizations, and other entities throughout Colorado. This

committee consists largely of people with disabilities and advocates from the group that designed the CDAS legislation.

### **Impact**

Colorado enrolled the first people in CDAS in December 2002. As of January 2003, five people have enrolled in CDAS. Four additional people are scheduled to enroll during February. Approximately 50 people are waiting for the required training in order to enroll.

The demonstration project is designed to be cost neutral. State staff anticipate a reduction in service costs because the overhead costs for home health and personal care services will be removed. Participants may also be able to negotiate lower direct caregiver wages. The target population for the program has a high rate of service use (an average of 13 visits per week), though people who use less services are eligible. An evaluation with a quasi-experimental design – comparing project participants to people who receive traditional home health aide and/or personal care services – will measure

participant satisfaction, the effect of CDAS on in-home services costs, and other indicators of the program's impact.

Colorado ensures the quality of CDAS through several means. Case managers contact participants twice a month during the first three months of enrollment, and once every three months thereafter to ensure their needs are being met. Case managers also reassess peoples' needs at least every six months. The state will also use written participant satisfaction surveys and telephone calls to a sample of participants to measure the effectiveness of CDAS and find opportunities for improvement.

### **Contact Information**

For more information about the CDAS program, contact Bill West, Colorado Department of Health Care Policy and Financing at (303) 866-3358 or [william.west@state.co.us](mailto:william.west@state.co.us). Information is available on the Internet at <http://www.chcpf.state.co.us/cdas/cdasindex.html>.

### **Discussion Questions:**

**How can combining payments for home health and person care services improve coordination of those services?**

**What are the advantages and risks of offering part of the cost savings to participants who negotiate lower attendant wages?**

One of a series of reports by Medstat for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series is available online at CMS' web site, <http://www.cms.gov>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.