Department of Regulatory Agencies

Office of Policy, Research and Regulatory Reform

2013 Sunset Review: In-Home Support Services

October 15, 2013

Consumer Protection

Department of Regulatory Agencies

Executive Director's Office
Barbara J. Kelley
Executive Director

John W. Hickenlooper
Governor

October 15, 2013

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 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 2014 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 there is a need for the regulation provided under Part 12 of Article 6 of Title 25.5, C.R.S. The report also discusses the effectiveness of the Department of Health Care Policy and Financing staff in carrying out the intent of the statutes and makes recommendations for statutory changes in the event this regulatory program is continued by the General Assembly.

Sincerely,

Barbara J. Kelley
Executive Director

1560 Broadway, Suite 1550 Denver, Colorado 80202 Phone 303.894.7855
Fax 303.894.7885 Toll Free 800.866.7675 www.dora.state.co.us V/TDD 711

Consumer Protection

John W. Hickenlooper
Governor

Barbara J. Kelley
Executive Director

2013 Sunset Review:
In-Home Support Services

Summary

What Is Regulated?
In-Home Support Services (IHSS) is a service delivery option in the Home and Community-Based Services (HCBS) Medicaid waiver program, which allows individuals who require healthcare traditionally provided in a nursing home an opportunity to receive services at home and to select their own attendants and direct their own care.

Why Is It Regulated?
IHSS agencies are regulated by the Colorado Department of Health Care Policy and Financing (HCPF) to protect the use of public dollars.

Who Is Regulated?
IHSS agencies are required to be certified in order to be reimbursed by Medicaid. In fiscal year 11-12, 20 home care agencies were certified as IHSS agencies in Colorado.

How Is It Regulated?
IHSS agencies are surveyed (or inspected) to ensure they are in compliance with the standards set by the Medical Services Board and the Colorado Board of Health.

What Does It Cost?
In fiscal year 11-12, the total expenditures to oversee the IHSS program were $36,457, and there were 0.5 full-time equivalent employees associated with the program.

Key Recommendations

Continue IHSS for five years, until 2019.
IHSS is a service delivery option in the HCBS Medicaid waiver program. IHSS is an option that allows individuals to stay in the least restrictive setting possible and provides them with the dignity to manage their own affairs. For this reason, IHSS should be continued.

Authorize persons on the Spinal Cord Injury waiver to be eligible for IHSS.
The Spinal Cord Injury waiver was developed as a pilot program modeled after the Elderly, Blind, and Disabled (EBD) waiver to include similar services, and IHSS is included as a service delivery option on the EBD waiver. While HCPF also included IHSS in the federally approved waiver document for the Spinal Cord Injury waiver, it requires specific statutory authority by the state. Since the IHSS statute is silent on the Spinal Cord Injury waiver, HCPF lacks express statutory authority. In order to allow HCPF to fully implement the pilot program, the General Assembly should clarify that individuals participating in the pilot program are also eligible for IHSS.

Major Contacts Made During This Review

ADAPT in Denver
Colorado Department of Health Care Policy and Financing
Colorado Department of Human Services
Colorado Department of Law, Medicaid Fraud Control Unit
Colorado Department of Public Health and Environment
Colorado Long-Term Assistance Providers
Colorado Cross-Disability Coalition
Home Care Association 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:
Colorado Department of Regulatory Agencies
Office of Policy, Research and Regulatory Reform
1560 Broadway, Suite 1550, Denver, CO 80202
www.dora.colorado.gov/opr

Table of Contents

Background

Introduction

Enacted in 1976, Colorado's sunset law was the first of its kind in the United States. A sunset provision repeals all or part of a law after a specific date, unless the legislature affirmatively acts to extend it. During the sunset review process, the Department of Regulatory Agencies (DORA) conducts a thorough evaluation of such programs based upon specific statutory criteria[1] and solicits diverse input from a broad spectrum of stakeholders including consumers, government agencies, public advocacy groups, and professional associations.

Sunset reviews are based on the following statutory criteria:

- 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;
- 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;
- 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;
- Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively;
- 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;
- The economic impact of regulation and, if national economic information is not available, whether the agency stimulates or restricts competition;
- 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;
- Whether the scope of practice of the regulated occupation contributes to the optimum utilization of personnel and whether entry requirements encourage affirmative action;

[1] Criteria may be found at § 24-34-104, C.R.S.

- Whether the agency through its licensing or certification process imposes any disqualifications on applicants based on past criminal history and, if so, whether the disqualifications serve public safety or commercial or consumer protection interests. To assist in considering this factor, the analysis prepared pursuant to subparagraph (i) of paragraph (a) of subsection (8) of this section shall include data on the number of licenses or certifications that were denied, revoked, or suspended based on a disqualification and the basis for the disqualification; and
- Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.

Types of Regulation

Consistent, flexible, and fair regulatory oversight assures consumers, professionals and businesses an equitable playing field. All Coloradans share a long-term, common interest in a fair marketplace where consumers are protected. Regulation, if done appropriately, should protect consumers. If consumers are not better protected and competition is hindered, then regulation may not be the answer.

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

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

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.

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

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.

Title Protection

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.

Regulation of Businesses

Regulatory programs involving businesses are typically in place to enhance public safety, as with a salon or pharmacy. These programs also help to ensure financial solvency and reliability of continued service for consumers, such as with a public utility, a bank or an insurance company.

Activities can involve auditing of certain capital, bookkeeping and other recordkeeping requirements, such as filing quarterly financial statements with the regulator. Other programs may require onsite examinations of financial records, safety features or service records.

Although these programs are intended to enhance public protection and reliability of service for consumers, costs of compliance are a factor. These administrative costs, if too burdensome, may be passed on to consumers.

Sunset Process

Regulatory programs scheduled for sunset review receive a comprehensive analysis. The review includes a thorough dialogue with agency officials, representatives of the regulated profession and other stakeholders. Anyone can submit input on any upcoming sunrise or sunset review via DORA's website at: www.dora.colorado.gov/opr.

The In-Home Support Services (IHSS) service delivery option available through the Home and Community-Based Services Medicaid waiver program administered by the Department of Health Care Policy and Financing (HCPF) pursuant to Part 12 of Article 6 of Title 25.5, Colorado Revised Statutes (C.R.S.), shall terminate on September 1, 2014, unless continued by the General Assembly. During the year prior to this date, it is the duty of DORA to conduct an analysis and evaluation of the administration of IHSS by HCPF pursuant to section 24-34-104, C.R.S.

The purpose of this review is to determine whether IHSS should be continued and to evaluate the performance of HCPF. During this review, HCPF must demonstrate that the regulation serves to protect the public health, safety or welfare, and that the regulation is the least restrictive regulation consistent with protecting the public. DORA's findings and recommendations are submitted via this report to the Office of Legislative Legal Services.

Methodology

As part of this review, DORA staff attended stakeholder meetings, interviewed HCPF staff, interviewed officials with state professional associations, interviewed healthcare providers, reviewed Colorado statutes and HCPF rules, and reviewed the laws of other states.

Profile of In-Home Support Services

IHSS is a service delivery option in the HCBS Medicaid waiver program. HCBS waivers were created to allow people with disabilities to continue to live in the community without institutionalization.[2] IHSS provides individuals who require long-term care traditionally provided in a nursing home an opportunity to receive services at home and to select their own attendants.

In order to participate in IHSS, individuals must be Medicaid eligible and at risk for placement in a nursing home or hospital because they require ongoing healthcare maintenance and assistance with the activities of daily living,[3] such as eating, bathing, dressing, and using the toilet. Medicaid is health insurance provided by the State and federal government for individuals with lower incomes, older people, people with disabilities, and some families and children.[4]

Single Entry Point (SEP) case managers refer individuals to IHSS and determine eligibility. Once a case manager determines that someone is eligible for IHSS, the participant then chooses a home care agency certified to provide IHSS (IHSS agency) and an individual to work as his or her attendant. The attendant then submits an application for employment to an IHSS agency of the participant's choice.[5]

The IHSS agency must assure that the selected attendant has the necessary skills to provide health maintenance services, such as catheter irrigation, administration of medication, enemas, suppositories, and wound care. If an attendant has not been selected by a participant, then the IHSS agency may also assist a participant in selecting an attendant. The IHSS agency must ensure that the attendant has the skills and training necessary to provide health maintenance activities, personal care, and homemaker services.[6]

[2] National Association for States United for Aging and Disabilities. *Glossary/Acronyms.* Retrieved on November 27, 2012, from http://www.hcbs.org/glossary.php
[3] The Department of Health Care Policy and Financing. *In-Home Support Services.* Retrieved on November 14, 2012, from http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1212398222653
[4] U.S. Department of Health and Human Services. *Medicaid.* Retrieved on November 27, 2012, from http://www.healthcare.gov/using-insurance/low-cost-care/medicaid/
[5] The Department of Health Care Policy and Financing. *In-Home Support Services.* Retrieved on November 14, 2012, from http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1212398222653
[6] The Department of Health Care Policy and Financing. *Agency Responsibilities.* Retrieved on November 14, 2012, from http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1212398229310

Specifically, attendant training must include:[7]

- Interpersonal skills;
- Needs of persons with disabilities;
- Overview of the tasks to be performed by the attendant;
- First aid;
- Safety and emergency procedures; and
- Infection control techniques.

The participant also provides training that is specific to the participant's needs and preferences.[8]

The IHSS agency and the participant develop a written IHSS plan based on the participant's needs that includes a statement of allowable attendant care hours and a dispute resolution process.[9]

HCPF is responsible for the oversight of IHSS as a Medicaid delivery option to protect the use of public dollars. Home care agencies, of which IHSS agencies are a subset, are regulated as health facilities by the Colorado Department of Public Health and Environment in order to protect the health, safety, and welfare of the public. A sunset review of the licensure of home care agencies is being conducted concurrently with this report.

According to HCPF staff, there are currently 23 IHSS agencies in Colorado:

- One in Aurora;
- One in Boulder;
- One in Colorado Springs;
- Three in Cortez;
- Two in Delta;
- Three in Denver;
- Three in Grand Junction;
- One in Greeley;
- Five in Lakewood;
- One in Montrose;
- One in Pueblo; and
- One in Wheat Ridge.

[7] The Department of Health Care Policy and Financing. *Attendant Training.* Retrieved on November 14, 2012, from http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1212398229340
[8] The Department of Health Care Policy and Financing. *Attendant Training.* Retrieved on November 14, 2012, from http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1212398229340
[9] The Department of Health Care Policy and Financing. *Agency Responsibilities.* Retrieved on November 14, 2012, from http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1212398229310

Legal Framework

History of Regulation

In 2001, the General Assembly appointed a Health Care Task Force to develop expertise in a variety of healthcare areas, including long-term care. The Task Force ultimately submitted seven bills and one resolution for consideration during the 2002 legislative session, including Senate Bill 02-027, which created In-Home Support Services (IHSS), a service delivery option in the Home and Community-Based Services (HCBS) Medicaid waiver program.[10]

In creating IHSS, the General Assembly established an alternative to traditional long-term care for elderly, blind, and disabled people, including disabled children. IHSS was intended to empower participants to select their own attendants and direct their own care.

In a 2007 sunset report, the Department of Regulatory Agencies (DORA) identified numerous problems in the way the Department of Health Care Policy and Financing (HCPF) administered IHSS. Specifically, DORA found that HCPF:

- Did not give clear guidance on how to become a certified IHSS agency, and the application process was fraught with unexplained delays;
- Had no system for tracking the number of people enrolled in IHSS, and was unable to provide any historical census data for the program; and
- Could not provide information on the cost-effectiveness of IHSS even though it was statutorily required to do so.

In the report, DORA recommended four administrative changes HCPF should make to improve IHSS. However, because the recommendations were administrative, they were not enshrined in statute. With the passage of House Bill 08-1210, the General Assembly extended IHSS for three years.

In 2008, the General Assembly passed Senate Bill 08-153, which required home care agencies, of which IHSS agencies are a subset, to be licensed by the Colorado Department of Public Health and Environment (CDPHE). While HCPF is responsible for the oversight of IHSS as a Medicaid delivery option to safeguard the use of public dollars, CDPHE regulates home care agencies to protect the public health.

[10] *Sunset Review of In-Home Support Services*, Colorado Department of Regulatory Agencies (2007), p. 6.

In 2010, DORA performed another sunset review of IHSS and found that little had changed since the previous sunset review.[11] As a result, in Senate Bill 11-105, the General Assembly continued the program until 2014, and required HCPF to:

- Track the number of IHSS participants;
- Provide comprehensive, periodic training to Single Entry Point (SEP) agencies;
- Collect data on the cost of the program; and
- Report annually on the cost-effectiveness of IHSS, the number of people receiving services through IHSS, and strategies and resources available or necessary to assist more people to receive services through IHSS.

Summary of Current Laws

The laws that create IHSS are located in Part 12 of Article 6 of Title 25.5, Colorado Revised Statutes, which confers on HCPF the responsibility of developing and administering IHSS as a Medicaid service delivery option.

The Colorado Medical Services Board (Medical Services Board), located within HCPF, is responsible for adopting rules for the implementation and administration of IHSS.[12]

The Medical Services Board is appointed by the Governor with the consent of the Senate and consists of 11 members who have knowledge of medical assistance programs administered by HCPF and may include a person (or persons) who has received medical assistance within the two years previous to appointment. The eleven members must be appointed from each congressional district, and no more than six members may represent the same political party. At least one member must be a person with a disability, a family member of a person with a disability, or a member of an advocacy group for persons with disabilities.[13]

Members serve at the pleasure of the Governor for four-year terms.[14]

In-home support services means services that are provided by an attendant and include:[15]

- Health maintenance activities (such as catheter irrigation, administration of medication, enemas, suppositories, and wound care[16]);
- Support for activities of daily living or instrumental activities of daily living;
- Personal care services (services that meet a person's physical requirements and functional needs[17]); and
- Homemaker services (general household activities necessary to maintain a healthy and safe home environment[18]).

[11] *Sunset Review: In-Home Support Services,* Colorado Department of Regulatory Agencies (2010), p. 19.
[12] § 25.5-6-1205(3), C.R.S.
[13] § 25.5-1-301(1), C.R.S.
[14] § 25.5-1-301(2), C.R.S.
[15] § 25.5-6-1202(6), C.R.S.
[16] § 25.5-6-1202(4), C.R.S.
[17] §§ 25.5-6-1202(6) and 25.5-6-303(18), C.R.S.
[18] § 25.5-6-303(11), C.R.S.

An "eligible person" is someone who:[19]

- Is elderly, blind, or physically disabled;
- Is in need of the level of care received in a nursing home;
- Is categorically eligible for medical assistance or whose income and resources do not exceed certain levels;
- Is willing to participate;
- Obtains a statement from a physician indicating that the person has sound judgment and the ability to direct his or her care, 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; and
- Meets any other qualifications established by rule.

By rule, a person is no longer eligible for IHSS when a physician documents that the person's medical condition has deteriorated such that it causes an unsafe situation.[20]

An "eligible person" may also be someone who:[21]

- Is 18 years old or under;
- Has medical needs that would either qualify him or her, or put him or her at risk for placement at an acute care hospital or a nursing home;
- Has a gross income which does not exceed 300 percent of the current federal Supplemental Security Income benefit level; and
- Is not receiving services from any of the alternatives to long-term care waiver programs.

As required by statute, the Medical Services Board in HCPF requires case managers to discuss the option and potential benefits of IHSS with all eligible long-term care clients.[22]

An IHSS agency is defined as an agency that is certified by HCPF to provide: [23]

- Independent living core services;[24]
- Health maintenance activities;
- Support for activities of daily living or instrumental activities of daily living;
- Personal care services; and
- Homemaker services.

[19] §§ 25.5-6-1202(3) and 25.5-6-306, C.R.S.
[20] 10 CCR 2505-10 In-Home Support Services Rule § 8.552.2.B.
[21] §§ 25.5-6-1202(3) and 25.5-6-901(3), C.R.S.
[22] 10 CCR 2505-10 Elderly, Blind, and Disabled Rule § 8.485.301. and Children's HCBS Rule § 8.506.51.B.
[23] §§ 25.5-6-1202(5) and 25.5-6-1202(6), C.R.S.
[24] According to section 26-8.1-102(3), C.R.S., independent living core services include information and referrals, independent living skills training, peer counseling, and advocacy.

A person participating in IHSS must be allowed to select the IHSS agency and the attendant.[25] An attendant providing services through an IHSS agency is not required to be licensed as a nurse or certified as a nurse aide.[26]

An IHSS agency must follow a written plan between the client (or the client's guardian or authorized representative) and the IHSS agency. An IHSS plan must include:[27]

- A statement of allowable attendant and personal care service hours;
- A detailed listing of amount, scope, and duration of services to be provided;
- A dispute resolution process; and
- Information about who will be providing each service.

The IHSS plan must also be signed by the client (or the client's guardian or the client's authorized representative) and the IHSS agency.[28]

An IHSS agency must provide 24-hour backup services to its clients, and it must contract with or employ a licensed healthcare professional.[29] The Medical Services Board requires the licensed healthcare professional to be a registered nurse, at a minimum, and to provide the following oversight and monitoring of attendants:[30]

- Verify and document attendant skills and competency and basic consumer safety procedures;
- Counsel attendants 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 the IHSS plan.

As required by statute, the Medical Services Board has established rules regarding training requirements for attendants.[31] By rule, attendant training must at least address the following areas:[32]

- Overview of IHSS;
- Interpersonal skills focused on addressing the needs of a person with a disability;
- Basic first aid;
- Safety and emergency procedures; and
- Infection control techniques, including universal precautions.

[25] § 25.5-6-1203(2), C.R.S.
[26] § 25.5-6-1203(3), C.R.S.
[27] 10 CCR 2505-10 In-Home Support Services Rule § 8.552.1.
[28] 10 CCR 2505-10 In-Home Support Services Rule § 8.552.1.
[29] § 25.5-6-1203(4)(a), C.R.S.
[30] 10 CCR 2505-10 In-Home Support Services Rule § 8.552.5.F.
[31] § 25.5-6-1203(4)(a), C.R.S.
[32] 10 CCR 2505-10 In-Home Support Services Rule § 8.552.5.H.

An IHSS agency must document and assure attendant skills. An IHSS agency may administer a skills validation test in lieu of training, and training may be modified if an attendant demonstrates skills in a given area.[33]

A client or authorized representative may additionally provide training specific to the client's needs and preferences.[34]

Family members who are attendants may only be reimbursed for 444 hours a year for personal care services.[35] However, parents of disabled children are not restricted to the 444 hour limitation for personal care.[36]

As required by statute, HCPF has a system to track the number of IHSS participants and the cost of the program. It has also developed training for SEP agencies and initiated training in two SEP agencies.[37]

HCPF has developed accountability requirements necessary to safeguard the use of public funds and promote effective and efficient service delivery as required by statute.[38]

The Medical Services Board, located in HCPF, is charged with adopting rules for the implementation and administration of IHSS for Medicaid reimbursement, which it has done. The statute requires these rules to address the standards of care.[39] HCPF has delegated the monitoring of the standards of care to CDPHE.

IHSS agencies are required to be licensed as home care agencies by CDPHE, and as licensed home care agencies, they must adhere to the standards of care established by the Colorado State Board of Health, which is located in CDPHE.[40]

The Medical Services Board has also developed a separate Medicaid reimbursement rate structure for IHSS as required by statute.[41]

Additionally, HCPF is required to annually report on the implementation of IHSS to the Joint Budget Committee, the Health and Human Services Committee of the Senate, and the Health and Environment Committee of the House of Representatives. The report must address the cost-effectiveness of IHSS, the number of participants, and strategies and resources necessary to allow more individuals to remain at home by participating in IHSS.[42] According to HCPF staff, at this time, HCPF has not yet reported.

[33] 10 CCR 2505-10 In-Home Support Services Rule §§ 8.552.5.G. and 8.552.5.I.
[34] 10 CCR 2505-10 In-Home Support Services Rule § 8.552.5.K.
[35] § 25.5-6-310(2), C.R.S.
[36] § 25.5-6-1203(6), C.R.S.
[37] § 25.5-6-1203(7), C.R.S.
[38] § 25.5-6-1205(1), C.R.S.
[39] § 25.5-6-1205(3), C.R.S.
[40] § 25-27.5-103(1), C.R.S.
[41] § 25.5-6-1205(2), C.R.S.
[42] § 25.5-6-1206, C.R.S.

Program Description and Administration

The Department of Health Care Policy and Financing (HCPF) is responsible for developing In-Home Support Services (IHSS), a service delivery option in the Home and Community-Based Services (HCBS) Medicaid waiver program. IHSS is available in the following HCBS waivers:

- Elderly, Blind, and Disabled (EBD) waiver; and
- The Children's HCBS waiver.

The funding for IHSS is split evenly between state and federal Medicaid dollars.

Table 1 shows the administrative costs allocated to HCPF for IHSS, and the full-time equivalent (FTE) employees at HCPF associated with the program.

Table 1
IHSS Fiscal Information

Fiscal Year	Administrative Costs*	FTE
07-08	$34,607	0.5
08-09	$34,870	0.5
09-10	$34,416	0.5
10-11	$34,677	0.5
11-12	$36,457	0.5

*The administrative costs including salary and benefits dedicated at HCPF to oversee IHSS.

HCPF annually dedicates 0.5 FTE to IHSS, and the cost allocated to HCPF to oversee the program has remained about the same over the five years under review. Although the FTE dedicated to IHSS has not increased, according to staff, HCPF has made a commitment to consumer-directed programs and has initiated work to accomplish statutory directives.

Certification of IHSS Agencies

An IHSS agency is a home care agency that provides independent living core services and in-home support services.

Independent living core services include:

- Information and referrals;
- Independent living skills training;
- Peer counseling, including cross-disability peer counseling; and
- Advocacy.

In-home support services are services that are provided by an attendant and include:

- Health maintenance;[43]
- Personal care; and
- Homemaker services.

A home care agency must be certified as a Medicaid provider and an IHSS agency in order to be reimbursed by Medicaid and to provide in-home support services.

Table 2 shows the number of home care agencies with IHSS certification over the last five fiscal years.

Table 2
IHSS Agencies

Fiscal Year	Number of Agencies
07-08	11
08-09	12
09-10	13
10-11	14
11-12	20

While the number of IHSS agencies grew slowly for four years, it increased sharply in fiscal year 11-12 and nearly doubled over a five-year period.

According to staff, HCPF has put an emphasis on consumer-directed programs. In January 2012, HCPF started a stakeholder task force for consumer-directed programs, the Participant Directed Programs Policy Collaborative. Since then, HCPF has seen a strong interest from home care agencies to start providing IHSS. This has led to an increase in certified IHSS agencies and an increase in individuals receiving services.

Both HCPF and the Colorado Department of Public Health and Environment (CDPHE) are involved in the certification process for a number of reasons. For one, all home care agencies are required to be licensed by CDPHE. In order to be reimbursed by Medicaid, a CDPHE-licensed home care agency must also obtain certification as a Medicaid provider through HCPF. However, HCPF does not survey health facilities, which include home care agencies, but CDPHE does. As a result, HCPF has an interagency agreement with CDPHE to perform these surveys.

The process to obtain IHSS certification involves three steps.

[43] Health maintenance services include, but are not limited to, catheter irrigation, administration of medication, enemas, suppositories, and wound care.

Step 1: Obtain a home care license.

In 2008, the General Assembly passed legislation to require home care agencies to be licensed by CDPHE. Since an IHSS agency is a type of home care agency, an IHSS agency must obtain a home care agency license.

There are two types of home care agency licenses:

- Class A agencies provide skilled nursing care, personal care, and homemaker services; and
- Class B agencies only provide personal care and homemaker services.

For a home care agency to provide IHSS, it must have at least a Class B license. Although IHSS attendants may provide health-related services, they only provide assistance with specific health maintenance tasks that they are trained to do by the clients and verified by the IHSS agencies. IHSS attendants do not provide skilled nursing care to a general population as a nurse in a Class A agency does.

An IHSS agency is different from other Class B agencies since it must contract with or employ a licensed healthcare provider, such as a registered nurse, to verify the skills and competencies of attendants. This is not necessary for other Class B agencies since they do not provide healthcare services.

In order to obtain a license, an agency must first send a letter of intent to CDPHE, which will then mail an application packet to the agency. Then the agency must send an application to CDPHE. Once the application is complete, CDPHE inspects the agency to determine the fitness of the agency to provide home care services. If CDPHE determines the agency meets licensing standards, it issues a license.

Step 2: Obtain certification as a Medicaid provider.

A home care agency must then apply to HCPF for Medicaid certification in order to ensure it meets the standards necessary to be reimbursed by Medicaid. By interagency agreement with HCPF, CDPHE performs an inspection of the agency to determine that it meets the requirements set by HCPF to operate as a Medicaid provider. If the agency meets the certification standards and passes an inspection by CDPHE, then HCPF authorizes the home care agency as a Medicaid provider.

Step 3: Obtain certification as an IHSS agency.

The final step for home care agencies is to apply to HCPF to be an IHSS provider. This may be done at the same time Medicaid certification is sought or at a later date.

This step is necessary because IHSS agencies are different from other Medicaid-certified home care agencies.

For one, an IHSS agency is defined by statute as providing independent living core services, which include:[44]

- Information and referral services;
- Independent living skills training;
- Peer counseling, including cross-disability peer counseling; and
- Individual and systems advocacy.

These responsibilities are not required of other home care agencies.

Another reason IHSS agencies are different from other home care agencies is because IHSS participants may select and train their own attendants, and certain provisions contained in the Nurse Practice Act and the Nurse Aide Practice Act are waived. This enables attendants, who may be lay persons, to provide some services (such as wound care, catheter irrigation, and medication administration) that might otherwise be considered the practice of nursing. For example, an attendant for someone with cerebral palsy may not be a licensed nurse, but he or she may be trained to provide gastronomy tube feedings in order to prevent malnourishment.

By participating in IHSS, individuals with significant healthcare needs are able to keep the cost of care down by employing a lay person rather than a skilled nurse. Otherwise, the cost of care at home or in the community may exceed the limits set by Medicaid, and the individual would be required to move into a nursing home.

Unlike other Class B agencies, an IHSS agency is required to contract with or hire a licensed healthcare professional, who is in charge of, among other things, verifying the skills and competency of attendants, consulting with clients in case medical issues arise, and assuring attendants are following care plans.

IHSS agencies must renew their home care agency licenses every year, and CDPHE conducts periodic surveys to ensure that IHSS agencies are in compliance with the home care standards and, per interagency agreement with HCPF, current HCBS and IHSS regulations.

Individual Participation in IHSS

In order to receive long-term care through Medicaid, individuals must go through a regional case management agency. Colorado has 23 case management agencies, called Single Entry Point (SEP) agencies, which determine eligibility for long-term care clients who may be eligible for IHSS. A case manager works with an applicant to determine the need for long-term care services and select a long-term care provider.

The cost of IHSS cannot be more than the cost of placement in a long-term care facility.

[44] § 25.5-6-1202(5), C.R.S.

Table 3 shows the child and adult participation and the state and federal Medicaid dollars paid to IHSS agencies and attendants to provide services over the five fiscal years under review.

Table 3
Number of Adult and Child Participants and IHSS Expenditures

Fiscal Year	Children	Adults	Total	State and Federal Medicaid Dollars
07-08	22	201	223	$3,451,127
08-09	26	213	238*	$5,290,434
09-10	34	240	274	$6,924,894
10-11	36	271	306*	$8,858,873
11-12	70	338	408	$11,992,067

* The "Children" and "Adults" columns do not add up to the total in fiscal years 08-09 and 10-11 because in both years an individual was counted once in both the "Children" and "Adults" columns.

The increases in State and Federal Medicaid dollars may be a result of increasing IHSS participation. The increase in participation over the first four fiscal years shown was nominal, but in fiscal year 11-12 when six new home care agencies were approved as IHSS agencies, the number of participants increased 33 percent.

Similar to the total participation, the increase in child and adult participants was slight over the first four fiscal years indicated. In fiscal year 11-12, the adult participation rate increased by nearly 25 percent and the child participation rate doubled. The increase in child participation was related, in part, to the increase in providers, according to HCPF staff.

Table 4 illustrates the number of participants by type of service provided over the fiscal years indicated.

Table 4
IHSS Participants by Type of Service Provided

Fiscal Year	Health	Personal Care	Homemaker	Total
07-08	122	127	31	223
08-09	162	125	54	238
09-10	215	138	61	274
10-11	276	172	49	306
11-12	378	233	42	408

Since some participants may receive two or three types of service, the number of participants receiving each individual type of service will not add up to the total number of participants.

The process for an individual to enroll in IHSS involves five steps.

Step 1: Qualify for Medicaid long-term care services.

In order to begin the process for enrolling in IHSS, individuals must apply for Medicaid through a county department of human or social services (county social services). If it appears the individual may require long-term care, county social services will make a referral to a SEP agency.

Once the SEP agency receives a referral for long-term care services from county social services, a case manager assesses the functional needs of the long-term care applicant by completing the Uniform Long-Term Care (ULTC) form and visiting the applicant in his or her home.

By using the ULTC form, case managers assess an applicant's memory, cognition, behavior, and ability to perform six activities of daily living including:

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

Applicants with deficits in two or more activities of daily living, or in either cognitive impairments or behavioral issues exceeding certain specified levels, qualify for Medicaid long-term care services.

When the assessment is completed, a form with the client information is shared with county social services. Once the SEP agency receives approval from county social services, a case may be opened and services put into place.

Step 2: Enroll in the EBD or the Children's HCBS waiver.

Once applicants qualify for Medicaid long-term care services, the next step is to enroll in one of two HCBS waivers in which IHSS is offered. In order to qualify for either waiver, applicants must have an income less than $2,094 (300 percent, or three times, the Supplemental Security Income allowance) per month and countable resources less than $2,000 for a single person or $3,000 for a couple.[45]

To qualify for the EBD waiver, applicants must be either over the age of 65 and have a functional impairment; or between the ages of 18 and 64, and be either blind or physically disabled.[46]

[45] Colorado Department of Health Care Policy and Financing. *Home and Community-Based Services (HCBS) Waivers.* Retrieved on April 26, 2013, from http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1223894303509#CHILDREN'S_HCBS_WAIVER

[46] Colorado Department of Health Care Policy and Financing. *LTC-HCBS Waivers.* Retrieved on March 20, 2013, from http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1223894303509#HCBS_WAIVER_for_PERSONS_who_are_ELDERLY,_BLIND,_AND_DISABLED

To qualify for the Children's waiver, applicants must be under 18 years of age, live at home with parent(s) or guardian(s), and have a disability that places them at risk of nursing home or hospital placement.[47]

The case manager then helps the client determine the services that will be provided. A client who qualifies for the EBD waiver may receive traditional long-term home health, IHSS, or Consumer Directed Attendant Support Services (CDASS). CDASS is similar to IHSS, except no agency is involved and the participants must, therefore, themselves handle the hiring and firing, determine the salary of their attendants, and manage an annual allocation for services.

A client (or the client's parent, guardian, or authorized representative) must obtain a statement from a physician stating that the client (or the client's parent, guardian, or authorized representative) has sound judgment and the ability to direct care. If a client has an unstable medical condition, the physician statement should include whether in-home monitoring is necessary and the extent and scope of in-home monitoring.[48]

Step 3: Select an attendant.

Once a client is enrolled in an HCBS waiver program and referred to IHSS, the client (or parent, guardian, or authorized representative) finds a home care attendant. This person may be a friend, a family member, or someone from the community. If a client does not have an attendant in mind, an IHSS agency may also help an applicant find an attendant.

Step 4: Select an IHSS agency.

Once a case manager authorizes a client to participate in IHSS, a client selects an IHSS agency. The case manager contacts the IHSS agency with a referral and provides it with the functional assessment used to qualify the client for Medicaid long-term care services. The IHSS agency hires, trains, and pays the selected attendant to provide services. It is the responsibility of an IHSS agency to ensure backup care is available 24 hours a day.

Step 5: Develop a care plan.

Before any care may be provided, an IHSS agency must develop a care plan. To do this, the IHSS agency staff visits the client in his or her home to assess the client's needs. Then a case manager reviews the proposed care plan to determine if it is appropriate based on the functional assessment. For example, the care plan may request 14 hours of health maintenance services a week, but the case manager may determine that, based on the client's needs, seven hours of health maintenance services and seven hours of personal care services would be appropriate. Once the case manager approves a care plan, the IHSS agency will be notified of a date that services may begin.

[47] Colorado Department of Health Care Policy and Financing. *LTC-HCBS Waivers.* Retrieved on March 20, 2013, from http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1223894303509#CHILDREN'S_HCBS_WAIVER
[48] 10 CCR 2505-10 In-Home Support Services Rule § 8.552.2.A.

Analysis and Recommendations

Recommendation 1 – Continue In-Home Support Services for five years, until 2019.

In-Home Support Services (IHSS) is a service delivery option in the Home and Community-Based Services (HCBS) Medicaid waiver program. IHSS is available on the following waivers:

- Elderly, Blind, and Disabled (EBD) waiver; and
- The Children's Home and Community-Based Services (Children's HCBS) waiver.

IHSS is authorized by Article 6 of Title 25.5, Colorado Revised Statutes (C.R.S.) (the Act). The Colorado Department of Health Care Policy and Financing (HCPF) is responsible for the oversight of IHSS, and the Colorado Medical Services Board (Medical Services Board) promulgates the rules.

The General Assembly created IHSS in order to provide an alternative to facility-based care for individuals with significant health problems. In IHSS, participants may continue to live in their homes and receive health maintenance,[49] personal care, and homemaker services from attendants they select, direct, and train. The attendants, often friends and family, work through a licensed home care agency that is certified as a Medicaid provider and an IHSS agency, and a licensed healthcare provider verifies the skills and competency of attendants. The IHSS agency pays the wages based on reimbursement rates established for IHSS and provides additional services, such as 24-hour backup care and independent living counseling.

The primary purpose of a sunset review is to determine whether a program authorized by statute should be continued.

In order to evaluate IHSS, it is necessary to understand the range of options available to individuals who require skilled nursing care. Historically, people who needed skilled nursing care through Medicaid were moved into nursing homes. Today, nursing homes are an option, but elderly, blind, and disabled persons who qualify under Medicaid also have the following options:

- Traditional long-term home health;
- IHSS; or
- Consumer Directed Attendant Support Services (CDASS).

[49] Health maintenance services include, but are not limited to, catheter irrigation, administration of medication, enemas, suppositories, and wound care.

In traditional long-term home health, an individual hires a home care agency to provide long-term care services. IHSS and CDASS are consumer-directed options that allow individuals to receive long-term care at home, but they additionally have the opportunity to select, direct, and train their own attendants.

In CDASS, unlike IHSS, no home care agency is involved and the participants must handle the hiring and firing, and determine the salary of their attendants. For some individuals, the cost of receiving traditional long-term home health exceeds the limits set by Medicaid, which would force them into a nursing home. IHSS helps to keep the cost of care down by waiving certain provisions in the Nurse Practice Act and the Nurse Aide Practice Act so that attendants may perform some health-related tasks at a lower reimbursement rate. Without IHSS, the only option available to some individuals would be a nursing home.

Table 5 compares the Medicaid expenditures and average cost of care in nursing homes and in IHSS for fiscal year 11-12.

Table 5
Medicaid Funding of Nursing Home Care and IHSS
Fiscal Year 11-12

Facility Type	Participants	Expenditures	Average Cost Per Participant
Nursing home	15,432	$523,899,359	$33,949
IHSS	408	$11,992,067	$29,392

When compared to the average cost of long-term care in a nursing home, Table 5 indicates that IHSS saved Medicaid $4,557 per person (approximately 13 percent) in fiscal year 11-12 or nearly $2 million for all participants. Since the cost of Medicaid is evenly split between the state and federal government, IHSS saved the state $2,279 per participant or $1 million for all participants.

Clearly, this is not the detailed cost analysis that factors in the acuity of clients receiving services, such as one that could be produced by HCPF as directed by the General Assembly. However, this very general analysis indicates that IHSS saves the state money.

Moreover, consumer-directed care allows a client more choices about who provides care, how the care is provided, and where and when the care is provided. Because IHSS participants select and train their own attendants, they may be more satisfied with the care they receive.

Further, no evidence of problems could be found with waiving specific provisions of the Nurse Practice Act and the Nurse Aide Practice Act for attendants, which may be due to the requirement for IHSS agencies to hire or contract with a licensed healthcare professional to verify the skills and competency of attendants.

IHSS is an option that allows individuals to stay in the least restrictive setting possible, providing them with the dignity to manage their own affairs. For this reason, IHSS should be continued.

Sunset criteria question whether existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms.

Considering IHSS agencies are now regulated as home care agencies by the Colorado Department of Public Health and Environment (CDPHE), it is reasonable to question whether the regulation of IHSS is appropriate or whether there is some unnecessary duplication between the oversight provided by HCPF and CDPHE.

Licensure by CDPHE and certification by Medicaid serve different purposes. A home care agency must be licensed in order to provide home care services, and a home care agency must be certified as a Medicaid provider in order to be reimbursed by Medicaid. The primary role of CDPHE is to protect the health, safety, and welfare of home care consumers. The primary role of HCPF is to safeguard the use of public dollars.

First of all, the rules for IHSS adopted by the Medical Services Board in HCPF are minimal and they do not address standards of care. HCPF has delegated this authority to CDPHE. Second, IHSS agencies are exempted from the requirement of other Medicaid-certified home care agencies to maintain a Class A license and are only required to maintain a Class B license. Since Class B licenses do not provide skilled healthcare services, there are fewer regulations imposed on them. It should also be noted that licensing rules allow a home care agency, including an IHSS agency, to work with CDPHE to adopt an alternative plan in case licensing rules significantly impede the delivery of services. Finally, an advisory committee for home care agency licensing meets monthly at CDPHE to discuss the implementation of the licensing program and recommends changes to licensing rules. These meetings are open to the public, and industry representatives may lobby the advisory committee and the Board of Health to change the rules.

While IHSS seems to be underutilized, the reasons for this are multiple and they do not appear to include any regulatory burdens imposed by licensure. In fact, IHSS predates the regulation of home care agencies in Colorado, and since licensure of home care agencies began, the utilization of IHSS has increased 33 percent.

In a sunset review, a program may be continued anywhere between one and 15 years.

Previous sunset reviews reported that HCPF failed to fulfill its statutory duties for the implementation and administration of IHSS. Although HCPF has improved in some respects, further improvements could be made.

The Act directs HCPF to provide comprehensive, periodic training in IHSS for all 23 Single Entry Point (SEP) agencies throughout Colorado.[50] SEP agencies advise potential long-term care clients on programs and services available through Medicaid and enable individuals to receive these services. Without training, the delivery of services is inconsistent throughout the state. If case managers at SEP agencies do not understand IHSS, or consumer-directed care in general, they are unlikely to encourage eligible persons to participate.

During this sunset review, nearly all of the SEP administrators that participated reported that training was not only desirable, it was necessary and appropriate, and one SEP agency did not know about the program at all. This is consistent with the findings in previous sunset reviews.

As of the writing of this sunset report, HCPF has provided three training seminars on IHSS and has scheduled at least one more. While it has not provided training to all 23 SEP agencies as statute requires, it has developed a training program and training is underway. In this respect, HCPF is demonstrating improvement.

The Act previously required HCPF to report on the cost-effectiveness of this program on or before January 1, 2008. It did not.

Since June 2, 2011, the Act requires HCPF to annually report on the implementation of IHSS. At a minimum, the General Assembly requires the report to cover the cost-effectiveness of providing in-home support services to the elderly, blind, and disabled and to eligible disabled children, the number of persons receiving such services, and any strategies and resources that are available or that are necessary to assist more persons to stay in their homes through the use of in-home support services. According to HCPF staff, it did not report in 2011, 2012, and as of the writing of this sunset report, it has not yet reported in 2013.

The General Assembly created this program because it saw a need for it. In creating it, the General Assembly put in a requirement to report on the cost-effectiveness of IHSS. Clearly, the General Assembly sought this information to help guide it in developing and shaping future public policy.

Without this report, it is difficult to determine whether this program should be continued. While this recommendation proposes that IHSS is cost-effective, this analysis is based on very general facts and the level of confidence in this analysis could be improved with more program-specific data. HCPF has the ability to perform a much more in-depth analysis of its program by comparing the services being provided in IHSS with similar services provided in other long-term care options.

Further, HCPF is a state agency, and it has a statutory duty to report. Therefore, HCPF should report on the implementation and the cost-effectiveness of IHSS as required by statute.

[50] § 25.5-6-1203(7)(b), C.R.S.

In conclusion, a sunset review is necessary to provide the General Assembly with an opportunity to monitor HCPF's performance in overseeing IHSS and to determine whether IHSS should be continued and, if it is, any necessary changes that should be made to improve it. As HCPF has improved in some areas but not others, a five-year continuation seems reasonable.

Further, HCPF is working with stakeholder groups to redesign its Long-Term Services and Supports, which includes HCBS waivers and consumer-directed services. As IHSS may be significantly changed through this process, a five-year continuation is appropriate.

Therefore, the General Assembly should continue IHSS for five years, until 2019.

Recommendation 2 – Authorize persons on the Spinal Cord Injury waiver to be eligible for IHSS.

By statute, IHSS is available in two HCBS waivers:

- Elderly, blind, and disabled waiver; and
- Children's waiver.

HCPF has received approval through the federal Centers for Medicare and Medicaid Services for a pilot HCBS waiver program for individuals with spinal cord injuries. In order to be eligible for the pilot program, a person must:[51]

- Be diagnosed with a spinal cord injury;
- Be willing to participate in the pilot program;
- Demonstrate a current need for complementary or alternative therapies, as defined by the Medical Services Board; and
- Be eligible for Medicaid, including but not limited to persons whose gross income does not exceed 300 percent of the current federal Supplemental Security Income benefit level and who are eligible for a HCBS program or CDASS.

According to HCPF staff, the Spinal Cord Injury waiver was developed as a pilot program modeled after the EBD waiver to include similar services, and IHSS is included as a service delivery option on the EBD waiver. While HCPF also included IHSS in the federally approved waiver document for the Spinal Cord Injury waiver, it requires specific statutory authority by the state.

Since the IHSS statute is silent on the Spinal Cord Injury waiver, HCPF lacks express statutory authority. In order to allow HCPF to fully implement the pilot program, the General Assembly should clarify that individuals participating in the pilot program are also eligible for IHSS.

[51] § 25.5-6-1303(2)(b), C.R.S.

The Spinal Cord Injury waiver is a pilot program that statutorily repeals on September 1, 2015, unless continued by the General Assembly.

In order for the Spinal Cord Injury waiver to be continued, HCPF must provide for an independent evaluation of the pilot program to be conducted, and it must report to the Health and Human Services Committee of the Senate, and the Health and Environment Committee of the House of Representatives by August 1, 2015. The report must include:[52]

- The number of individuals participating in the pilot program;
- The cost-effectiveness of the pilot program;
- Any opinions from HCPF and consumers on the progress and success of the pilot program;
- Any changes to health status or health outcomes of participants;
- Any other information relevant to the success of the pilot program; and
- Any recommendations concerning the feasibility of continuing the pilot program and any necessary changes.

Therefore, the General Assembly should amend section 25.5-6-1202(3)(a), C.R.S., to authorize persons participating in the Spinal Cord Injury pilot program to be eligible for IHSS until September 1, 2015, when the pilot program repeals.

[52] § 25.5-6-1303(5), C.R.S.