

## Colorado §1115 Demonstration

### FACT SHEET

<b>Name of Section 1115 Demonstration:</b>	Colorado Consumer Directed Attendant Support
<b>Date Proposal Submitted:</b>	July 14, 1999
<b>Date Proposal Approved:</b>	August 10, 2001
<b>Implementation:</b>	December 16, 2002

### **SUMMARY**

On July 14, 1999, the state of Colorado submitted a Section 1115 research and demonstration proposal designed to give consumers greater flexibility and control in the management of their attendant support. The design assumes a high level of consumer direction, and intends to place consumers in the role of decision-makers for personal care and financial issues. Consumers are able to purchase home health services such as skilled nursing services, personal care, home aide services, and homemaker services from attendants they choose, including family members.

This demonstration design is similar to the “Cash and Counseling” demonstrations, but is more reaching in the sense that it allows for skilled nursing services to be provided by non-skilled persons with sole supervision by the consumer. To allow this skilled staff exception in the demonstration, the State requested an exemption to the Nurse Practice Act to allow non-skilled providers to deliver skilled nursing services.

### **TARGET POPULATION/ELIGIBILITY**

Adult Medicaid eligibles that received Medicaid home health care for 12 consecutive months and had a minimum of 230 home health aide visits prior to enrollment.

### **BENEFIT PACKAGE**

Individuals enrolled in the program are able to use greater flexibility by hiring attendants of their choice, including family members, to provide personal and skilled care needs. Consumers have direct involvement in the planning and delivery of their care. The demonstration permits modification in the role of skilled nurses and home health aides in the delivery of services by allowing these services to be delegated and administered by attendants hired by the consumers who may not possess the certification required in traditional healthcare delivery. The benefit package, as a result of individual savings, may include the purchase of additional goods and services to support additional healthcare needs.

### **ENROLLMENT LIMIT/CAP**

Colorado has an enrollment limit of 500 individuals.

### **NUMBER OF INDIVIDUALS SERVED**

Enrollment as of January 2005 is 120 individuals.

### **COST SHARING**

There is no cost sharing under this demonstration.

### **DELIVERY SYSTEM**

Services for the demonstration are provided under a fee-for-service delivery model. All services require prior authorization and must be ordered and prescribed by a physician. Participants hire their own attendants.

### **QUALITY ASSURANCE**

Consumers are responsible for the management of services, which include quality assurance and financial reconciliation. The monitoring and reconciliation activities are designed to support consumer management, rather than be a separate structure as in traditional home care agencies. Emphasis is on the consumers' handling of choices to ensure their health and safety with prudent management of Medicaid funds. Quality assurance activities by other stakeholders are designed to support and augment those of consumers.

The State assures quality of service in the demonstration through a variety of means. The Options for Long-term Care (Single Entry Point agencies) consumer satisfaction surveys and the Department's consumer complaint and appeals mechanisms have been extended to demonstration participants, which include a complaint hotline. Department nurses and/or case managers assess participants at least every 6 months to evaluate quality of care and to ensure that participants are receiving appropriate levels of service. Department nurses and/or case managers alert the program administrator if problems are discovered.

### **MODIFICATIONS/AMENDMENTS**

The week of December 27, 2004, CMS received the State's request to increase its enrollment cap to 500 in light of a change in the enabling legislation that removed the original enrollment cap of 150 and to accommodate consumer interest. CMS approved the new enrollment cap on January 19, 2005.

On January 13, 2006, CMS approved an operational protocol change to remove the requirement for the 12 month utilization history of Medicaid funded Attendant Support and add an option for an authorized representative to direct and manage the care as directed by legislation effective December 1, 2005.

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