PURPOSE | POLICY | BACKGROUND | REFERENCES

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ORANGE COUNTY SOCIAL SERVICES AGENCY ADULT SERVICES **POLICY AND PROCEDURE MANUAL**

Program: **In-Home Supportive Services**

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I.PURPOSE

To provide an overview of the organizational structure, purpose, and history of the In-Home Supportive Services (IHSS) program.

II.POLICY

The IHSS Program is operated in accordance with the requirements of the Welfare and Institutions Code (WIC), as well as regulations and directives issued by the California Department of Social Services (CDSS), the California Department of Health Services (CDHS), and the federal Centers for Medicaid and Medicare Services (CMS).

III.BACKGROUND

IN. BACKGROUND

A. Program Description

The IHSS Program provides domestic services, personal care, protective supervision, and paramedical services to individuals age 65 or older and to blind or disabled individuals of any age in their own homes. The purpose of the program is to allow eligible individuals to live safely at home rather than in costly and less desirable out-of-home placement facilities. IHSS is the largest in-home care program in collifornia. inCalifornia.

B. Service Delivery
The IHSS program provides the in-home care services described above by making payment to individual caregivers (providers) who work in the homes of eligible clients. CDSS and the Counties share administrative responsibilities for the IHSS

program.
CDSS oversees the data and payroll system, Case Management Information and Payrolling System (CMIPS), serves as the payroll agent for IHSS providers, and writes IHSS regulations. CDSS is also responsible for providing workers' compensation insurance and unemployment insurance for providers.
The County is responsible for determining program eligibility, assessing the type of

need and the number of hours of authorized service, and inputting payroll documents for the providers. Counties have the option of using individual providers, contracting with caregiver agencies, or using county-hired caregivers to provide services to IHSS clients. Orange County, like most California Counties, has decided to provide services through caregivers hired by IHSS clients. This is called the Individual Provider (IP) mode. Each client is, legally, the employer of the individual(s) who work in their homes. This means they are responsible for hiring, training, and supervising that individual.

C. Eligibility Criteria To qualify for IHSS, clients must meet the following criteria, which is described in detail in the procedures in this manual.

- Live in their "own" home Need in-home care services due to age or disability
- Meet financial requirements
- Provision of services will keep them safe
- History of IHSS Attendant Care and Homemaker Programs (1950's 1979)

The State of California established in-home care programs beginning in the early 1950's with the Attendant Care Program. In the early 1970's, the Homemaker Program was added and the programs co-existed until 1979. In April 1979, the California legislature acted to eliminate the distinction between the county

theCalifornia legislature acted to eliminate the distinction between the county homemaker and attendant care service provision modes and created the program that would evolve into today's IHSS program.

2 Significant Developments in the IHSS Program (1979 to present)

3. 1993: Personal Care Services Program (PCSP)

Prior to the implementation of the federal PCSP program in April 1993, IHSS was funded exclusively by the State and Counties. PCSP brought federal funds to IHSS through the Medi-Cal program, significantly lowering state and county costs for the program. The implementation of PCSP secured significant federal financial participation (FFP) for approximately 80% of the IHSS caseload.

PCSP also has had significant programmatic impacts, requiring additional forms and steps to be taken for establishing eligibility for those clients who qualify under PCSP program rules. It also made a major change for affected providers, requiring them to

program rules. It also made a major change for affected providers, requiring them to enroll as Medi-Cal providers.

b. 1999: Employer of Record

In 1999. AB 1682 and SB 710 added Section 12302.5 to the Welfare and Institutions Code (WIC). These laws required each County to establish, on or before January 1, 2003, an employer of record for IHSS care providers for the sole purpose of collective

2003, an employer of rector to rhiss care providers for the sole purpose of collective bargaining. Although the counties are able to retain the same service mode options, individual IHSS caregivers have the opportunity to negotiate for wages and benefits through representation by labor unions.

Five options for establishing an employer of record were authorized by WIC Section 12302.25. The Orange County Board of Supervisors decided to create a Public Authority. In addition to fulfilling the requirement of collective bargaining, the Orange County IHSS Public Authority also operates a Provider Registry and provides training to IHSS clients and provides. IHSS clients and providers.

IHSS Clients and providers.

c. 2001 - 2006: Caseload Growth
Following a decade of stability, the Orange County IHSS caseload more than doubled between 2001 and 2006, reflecting a statewide trend. This unprecedented period of growth was fueled by the addition of complex program elements, the implementation of several Medi-Cal waivers, the liberalization of program eligibility requirements, the demographics of aging, expansion of services to minors, and medical advances resulting in increased life expectancy for disabled individuals of all ages.

The resulting extreme pressure to control State and County costs by securing maximum federal funding, led directly to the IHSS Quality Assurance/Quality Improvement Initiative and the Medi-Cal Independence Plus Waiver, both initiated in 2004, which are described below.

- Improvement Initiative and the Medi-Cal Independence Plus Waiver, both initiated in 2004, which are described below.

 d. 2004: Quality Assurance/Quality Improvement (IHSS QA/QI) Initiative SB 1104 enacted the IHSS QA/QI Initiative in 2004. The purpose of the legislation was to control costs by increasing the accuracy, efficiency, and uniformity of needs assessments, and detecting and preventing fraud. Some of the most significant provisions that impacted county operations include the following:

 1. Authorized counties to conduct variable reassessments at 12-18 month intervals under certain conditions.
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 2. Established Statewide Hourly Task Guidelines.

 3. Created and funded program integrity functions, including county level quality assurance case reviews and quality improvement activities.
- Mandated Counties, CDSS, and CDHS to work together to create and implement fraud discovery, investigation, and prevention activities.
 2004: Independence Plus Waiver (IPW)

e. 2004: Independence rus waiver (rw)
In 2004 CDS and CDHS jointly submitted an application to the federal CMS requesting that certain Medicaid rules be waived so that IHSS services provided to non-PCSP clients could also be covered as Medi-Cal services. Approval of this application created the IPW program, thereby assuring maximum federal funding for all but approximately 20% of the IHSS careland. 2% of the IHSS caseload

In approving the application for IPW, however, CMS required certain program changes. The most significant of those changes were to require that financial eligibility be established by Medi-Cal eligibility technicians, rather than IHSS social workers, and to the way client Share of Cost (SOC) is calculated, processed, and

At present, more than 98% of all IHSS clients qualify for federal funding through either the PCSP program or the IPW program. The State and Counties pay for all services to the remaining 2% of IHSS clients through the IHSS Residual Program.

Today's IHSS: Three Programs Under One Name

The evolution of IHSS, as described above, has resulted in three separate programs under one administrative umbrella. For specific eligibility requirements of each see SH 40.5.1 (Enrollment Process: IHSS/PCSP, IHSS/IPW, & IHSS/Residual)

- IHSS/PCSP
- Approximately 90% of IHSS clients are enrolled in the PCSP program. PCSP funding is: 50% Federal, 32.5% State, 17.5% County.
- IHSS/IPW
- Approximately 8% of IHSS clients are enrolled in the IPW program IPW funding is: 50% Federal, 32.5% State, 17.5% County
- IHSS/Residual
- No more than 2% of IHSS clients are enrolled in the Residual program.

b. Residual funding is: 65% State, 35% County

When discussing IHSS, it is important to specify what combination of the three programs described is being discussed. That is because when CDSS staff use the term IHSS, by itself, they are referring to the IHSS/Residual program only

IV.REFERENCES

WIC 12300 ff MPP 30-700 ff

