

# **In-Home Supportive Services Program**

## **Background**

The In-Home Supportive Services (IHSS) Program provides services to approximately 448,000 low-income aged, blind, and disabled consumers. Over 372,000 providers allow them to remain safely in their homes as an alternative to out-of-home institutional care. Services include:

- Personal Care,
- Domestic and Related,
- Protective Supervision, and
- Paramedical

## **History**

In the 1950s, California established the Attendant Care Program to enable elderly and disabled consumers who needed assistance to remain safely in their own homes. This program provided grants to consumers so they could contract with providers to provide various domestic services and was funded jointly by the county and state governments. This program has evolved over the years to assist the most vulnerable population in California. For example, in the 1970s, the Homemaker Chore Program (also known as the Chore Program) was added to the Attendant Care Program to provide personal care services. This addition also enabled those consumers who could not hire or supervise their own providers the opportunity to receive services through county employees or contract with an outside agency. California established the Homemaker Chore Program (now the IHSS Program) which was funded by State General Funds, limited federal funds, and county share-of-cost.

In the 1980s, the IHSS Program went through a tremendous amount of caseload growth which led to statutory monthly caps placed on service hours (283 severely impaired and 195 non-severely impaired). In addition, the California Department of Social Services (CDSS) enhanced a payrolling system for individual providers to incorporate a management information feature which became known as the Case Management, Information, and Payrolling System (CMIPS). Counties were then able to access real-time consumer information, produce turn-around eligibility documents, and utilize the system to calculate a consumer's share-of-cost for services. Subsequently, legislation (Welfare and Institutions Code 12309) was enacted which required CDSS to develop and implement a standardized process to make authorization of supportive services equitable while at the

same time continue to provide assessments that are individualized based on the needs of the consumer. Henceforth, the Uniformity System was implemented.

The 1990s also brought about changes to the IHSS Program. These changes included a state/local realignment which increased the county-share of funding; authorized CDSS to define the role of Public Authorities as the employer of record for collective bargaining; and established the Personal Care Services Program with 50 percent Medi-Cal funding while California maintained the IHSS Residual Program to fund services received by consumers ineligible for federal funding.

Many other changes came in the early 2000s. One significant change came about in 2004 when the CDSS enacted the IHSS/Quality Assurance (QA) Initiative as part of the Budget Trailer Bill Senate Bill 1104. The key features are ongoing social worker training, state/county QA monitoring, development of Hourly Task Guidelines with exceptions criteria, interagency collaboration to prevent/detect fraud and maximize overpayments recovery, and annual error-rate studies. In addition, the IHSS Plus Waiver (IPW) Program became effective in August 2004 utilizing Medi-Cal funding primarily for services provided by parents and spouses. In August 2009, the IPW Program was replaced by the IHSS Plus Option (IPO) Program with no change in program eligibility requirements.

In March 2010, the Affordable Care Act (ACA) was enacted allowing for the establishment of a new Medi-Cal state plan option, Community First Choice Option (CFCO). This option enhanced the ability of IHSS to provide community-based personal attendant care services to certain enrollees who would otherwise require institutional care. It also provided a six percent increase in federal funding for CFCO services and supports effective December 1, 2012. Approximately 41 percent of IHSS consumers were transitioned into this program. All PCSP and IPO consumers with an assessed need of 195 hours per month or more were automatically transitioned to CFCO and additional PCSP and IPO consumers who met specific criteria based on Functional Index rankings in designated task categories became eligible. A new Medi-Cal secondary aid code, 2K, was established for CFCO cases.

CMIPS II, a significantly enhanced payroll and case management system, was rolled out to counties during calendar years 2012 and 2013. The updated system allows for more user-friendly methods of input and access of system data, a more efficient and centralized payroll system, as well as new tools for managing cases and tracking case activities.