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GOVERNOR

September 4, 2015

ALL-COUNTY INFORMATION NO. I-70-15

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM MANAGERS

SUBJECT: RELEASE OF IHSS CONSUMER CHARACTERISTICS REPORT

The purpose of this All-County Information Notice (ACIN) is to provide counties with the results of a study of IHSS Consumer Characteristics for Fiscal Years 2000/01 through 2011/12, as compiled from the Legacy Case Management, Information and Payrolling System.

This *IHSS Consumer Characteristics Report* facilitates an understanding of the shifting demographics and dynamics of the IHSS population during the first decade of the 21st century, including county-specific changes in services authorized to these consumers.

This report also establishes a baseline before analyzing the impact of the following programs that were implemented after FY 2011/12: Community First Choice Option, Health Care Certification, the Coordinated Care Initiative in seven counties and the establishment of the Maintenance of Effort statewide, and the expansion of Medi-Cal to the Modified Adjusted Gross Income (MAGI)-eligible individuals through the Affordable Care Act.

If you have any questions regarding the attached report, please contact the Adult Programs Policy & Quality Assurance Branch's Research & Training Development Unit, at (916) 651-3494 or IHSS-Training@dss.ca.gov.

Sincerely,

Original Document Signed By:

HAFIDA HABEK, Chief
Adult Programs Policy and Quality Assurance Branch
Adult Programs Division

Attachment

In-Home Supportive Services Consumer Characteristics Report

Fiscal Years 2000/01 through 2011/12

As compiled from the Legacy
Case Management, Information
and Payrolling System



California Department of Social Services

September 2015

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EXECUTIVE SUMMARY

In the first decade of the 21st century, the In-Home Supportive Services (IHSS) program adapted to emerging federal and state case law and shifting statutory requirements that significantly altered the composition of the program and the needs of its consumers.

In 1999, a U.S. Supreme Court decision in *Olmstead v L.C.*, 527 U.S. 581, held that unjustified segregation of persons with disabilities constitutes discrimination in violation of Title II of the Americans with Disabilities Act. IHSS expanded authorizations for people with disabilities who qualified for Department of Developmental Services Waivers, the Aged & Disabled Federal Poverty Level Program, Waiver Personal Care Services, and IHSS in the Workplace.

In Fiscal Year (FY) 2004/05, the California Department of Social Services (CDSS) incorporated quality-assurance measures into IHSS in compliance with the requirements of Senate Bill (SB) 1104 (Calif. Welfare & Institutions Code §12301.2). Also in FY 2004/05, the IHSS Plus Waiver first permitted IHSS consumers to hire spouses and parents as caregivers under this new federal program.

The CDSS, counties, and the Department of Health Care Services (DHCS) were required to improve detection, referral, investigation, and prosecution of fraud in the IHSS program in FY 2009/10. Key provisions included provider orientation, provider enrollment, provider appeals, fraud-prevention protocols, and creation of a Notice of Action to inform providers of consumers' authorized hours and services.

IHSS implemented these program integrity activities, as well as a 3.6 percent service reduction in FY 2010/11. Health care certification began the following fiscal year, and the Community First Choice Option was implemented.

Between FYs 2000/01 and 2011/12:

- The number of IHSS consumers increased by 81 percent, from 243,000 to nearly 440,000.
- The average number of hours authorized per consumer per month increased by 4 percent from 82.7 to 85.8.
- Total authorized hours increased by 88 percent, from 20.1 million to 37.7 million.
- The number of IHSS consumers identifying English as their primary language decreased from 58 percent to 49 percent of the caseload.
- A significant increase was noted in consumers identifying Asian languages, particularly Mandarin and Cantonese, as their primary spoken language.
- The number of IHSS consumers with a "Disabled" aid code more than doubled, increasing from 118,088 consumers in FY 2000/01 to 240,712 consumers in FY 2011/12.
- IHSS experienced a significant increase in consumers at either end of the age spectrum. The number of IHSS consumers younger than age 18 increased by 148 percent, while the number of consumers aged 85 and over increased by 109 percent.

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- The average length of time an IHSS consumer remained in the program was 13.63 years.
 - Increases in services provided were greatest in the following areas: Prosthesis Care/Medication Management, Respiration, and Paramedical Services.
 - Notable decreases in services provided included Domestic Services, Related Services (Meal Preparation, Meal Cleanup, Laundry Services, Shopping), and Rubbing Skin & Repositioning.
 - Protective Supervision services expanded slightly from 4 percent to 5 percent of the caseload yet grew from 8 percent to 10 percent of the total hours authorized to consumers.
 - This report includes final data from the Legacy Case Management, Information, and Payrolling System (CMIPS) for Fiscal Years 2000/01 through 2011/12. Future reports will utilize data from CMIPS II.

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IN-HOME SUPPORTIVE SERVICES (IHSS) CONSUMER CHARACTERISTICS REPORT

BACKGROUND

IHSS makes it possible for income-eligible aged, blind, and disabled Californians to remain safely and independently in their own homes and communities rather than costly, out-of-home placements.

Individuals eligible for IHSS are unable to live safely in their own homes without assistance, are financially unable to purchase the services they need, and either have a disability, are blind, or are aged 65 or older. Based on a series of evaluations performed by county social workers, IHSS consumers may be authorized up to 283 hours of services per month.

The IHSS program provides assistance with Instrumental Activities of Daily Living (IADLs), Activities of Daily Living (ADLs), Paramedical Services, and Protective Supervision. IHSS includes:

- Personal care services like dressing, bathing, feeding, and toileting;
- House cleaning;
- Cooking;
- Laundry;
- Shopping;
- Medical Appointment Accompaniment;
- Protective Supervision, which consists of observing consumer behavior and intervening as appropriate in order to safeguard the consumer against injury, hazard, or accident; and
- Paramedical services, which require pre-authorization and training by a licensed healthcare professional.

Throughout the 1990s, the majority of the IHSS population used the IHSS Residual (IHSS-R) option for receiving services. In FY 1992/93, the Personal Care Services Program (PCSP) was added. These two programs expanded in FY 2004/05 to include the IHSS Plus Waiver (IPW), which became the IHSS Plus Option (IPO) in FY 2009/10. All programs other than IHSS-R are partially funded by the federal government through California's Medicaid program (Medi-Cal).

PURPOSE

The purpose of this report is to provide information about the shifting demographics of the IHSS population from FY 2000/01 through FY 2011/12, including county-specific changes in services authorized to these consumers.

This report establishes a baseline before analyzing the impact of the following programs that were implemented after FY 2011/12: Community First Choice Option, Health Care Certification, the Coordinated Care Initiative in seven counties and the establishment of the Maintenance of Effort statewide, and the expansion of Medi-Cal to the Modified Adjusted Gross Income (MAGI)-eligible individuals through the Affordable Care Act.

METHODOLOGY

CDSS' Case Management, Information, and Payrolling System (CMIPS) was the sole data source for the information provided in this report. While State fiscal years run from July to June, in all areas other than the external studies described below, data from the months of July and January were averaged to compose the information for FYs 2000/01 through 2011/12. Authorized cases and hours included those consumers whose status was "eligible," "interim eligible," or "leave" as of the last day of each month.

Average Hours Authorized to IHSS Consumers

Average authorized hours are the number of monthly service hours authorized to consumers, based on specific needs established by county social worker assessments, minus proration and alternative resources, then divided by the total number of authorized IHSS cases.

IHSS Consumer Demographics

The languages, ethnicities, genders, and ages are those reported by consumers to their social workers and entered into CMIPS using the Application for Social Services (SOC 295). The aged, blind, and disabled population caseloads are based on aid codes established by DHCS.

Length of Time in the Program

The information in this section is based on the application date for determining how long each consumer has been receiving IHSS. This application date was then applied to determine length of time in the IHSS program by gender, aid code, and ethnicity/race.

Reasons for Exiting the Program

Notice of Action reason codes were compared to cases that were terminated within each of the months used for the FY averages. The codes used were "407-Consumer Request"; "440, 442, and 445 – Insufficient Eligibility"; "443 – No Assessed Need for IHSS"; "424, 425, 588, and 589 – Non-Residency (U.S. or State)"; "427 – Not in Own Home"; "428 – Whereabouts Unknown"; "421 and 422 – Community Care or Board & Care"; "429 and 430 – Hospital or Immediate Care"; "431 – Nursing Home"; and "444 – Deceased."

Average Hours Authorized per Consumer by County

Data was run for each county, showing the average authorized hours per month per consumer in FY 2000/01 and in FY 2011/12. The percentage of change in authorized hours per consumer between these fiscal years was calculated.

Consumer Usage of IHSS

For this section, data was run to show the number of cases and hours, by county, for each IHSS service type. Counties were then grouped by size in order to report changes in detailed service information in a manageable format. Very Large Counties averaged 50,000 or more authorized cases. There was only one Very Large County, Los Angeles, which had an average of 103,000 cases in FY 2000/01 and 183,000 cases in FY 2011/12. The remainder of the county groupings consisted of Large Counties, with an average of 10,000 to 49,999 authorized cases (Alameda, Fresno, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara); Medium Counties, with an average of 1,000 to 9,999 authorized cases (Butte, Contra Costa, Humboldt, Imperial, Kern, Kings, Lake, Madera, Marin, Mendocino, Merced, Monterey, Placer, San Joaquin, San Luis Obispo,

San Mateo, Santa Barbara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Tulare, Ventura, Yolo); Small Counties, with an average of 51 to 999 authorized cases (Amador, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Inyo, Lassen, Mariposa, Modoc, Napa, Nevada, Plumas, San Benito, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba); and Very Small Counties, with an average of 1-50 authorized cases (Alpine, Mono, Sierra) as of FY 2011/12.

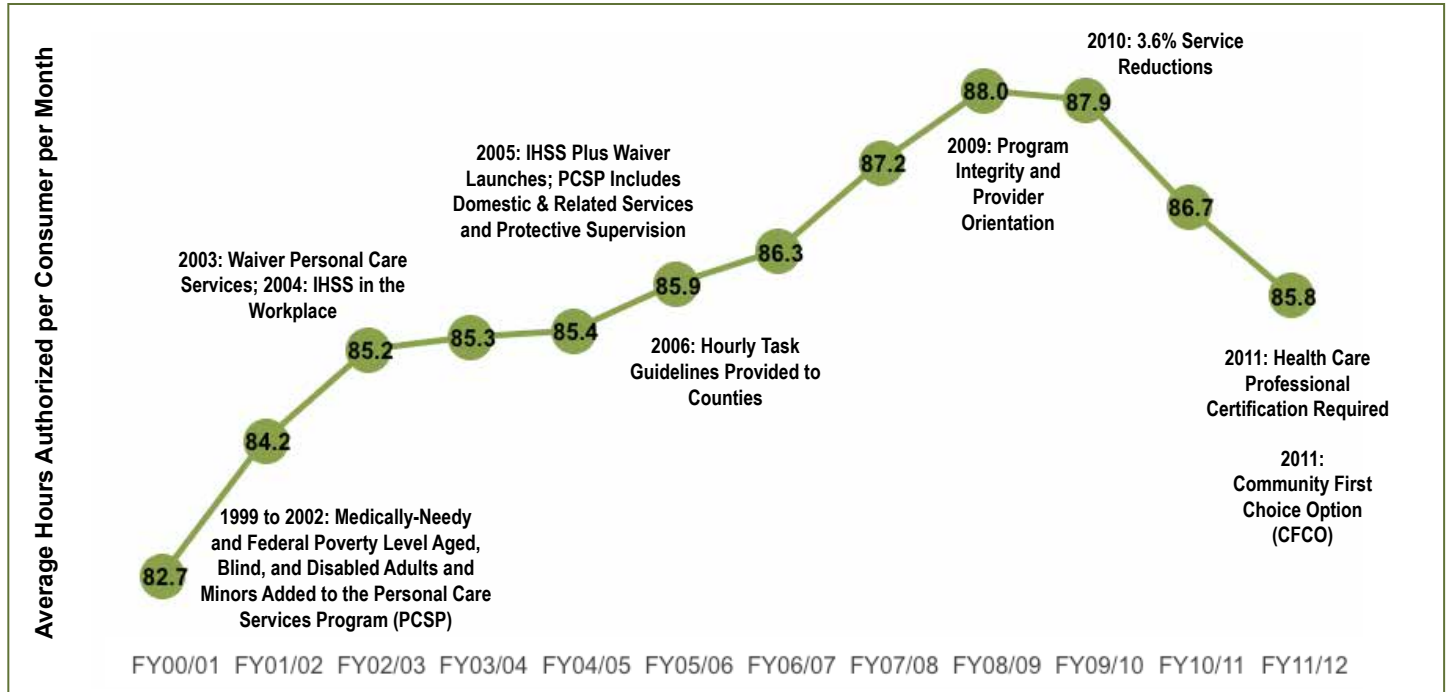
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AVERAGE HOURS AUTHORIZED TO IHSS CONSUMERS

Between FYs 2000/01 and 2011/12, the aggregate number of IHSS consumers increased by 81 percent, from 243,073 to 439,903 statewide. The cumulative monthly hours authorized to consumers increased by 88 percent, from 20.1 million to 37.7 million statewide.

Figure 1 below shows the average number of hours authorized per consumer between FYs 2000/01 and 2011/12, along with legislative changes that were implemented in the IHSS program in each of those years. Appendix A provides a detailed IHSS historic timeline.

Figure 1: Average Hours Authorized per Consumer



	FY00/01	FY01/02	FY02/03	FY03/04	FY04/05	FY05/06
# of Consumers	243,073	264,633	291,123	316,863	334,885	353,029
Hrs Authorized	20,112,616.7	22,285,885.9	24,801,212.6	27,037,272.8	28,598,019.2	30,327,042.1
Hrs/Consumer	82.7	84.2	85.2	85.3	85.4	85.9
	FY06/07	FY07/08	FY08/09	FY09/10	FY10/11	FY11/12
# of Consumers	370,680	395,011	423,917	442,003	440,403	439,903
Hrs Authorized	31,976,029.5	34,457,356.9	37,308,015.0	38,851,860.7	38,200,732.5	37,735,443.7
Hrs/Consumer	86.3	87.2	88.0	87.9	86.7	85.8

IHSS CONSUMER DEMOGRAPHICS

In the period spanning FYs 2000/01 through 2011/12, the average IHSS consumer was an English-speaking, white female between the ages of 45 and 64. The majority of IHSS consumers were disabled (versus aged or blind), stayed in the program between 4 and 15 years, and left the program for the primary reason of “deceased.” This section provides some general demographics about the statewide IHSS consumer population.

Languages (Primary Spoken Language Identified by Consumer)

As of FY 2011/12, English was still the primary language claimed by IHSS consumers, followed by Spanish and Armenian. English decreased from 58 percent of the total consumers in FY 2000/01 to 49 percent of consumers in FY 2011/12. A significant increase was noted in consumers identifying Asian languages, particularly Mandarin and Cantonese, as their primary spoken language.

Figure 2: Languages (Primary Spoken Language Identified by Consumer)

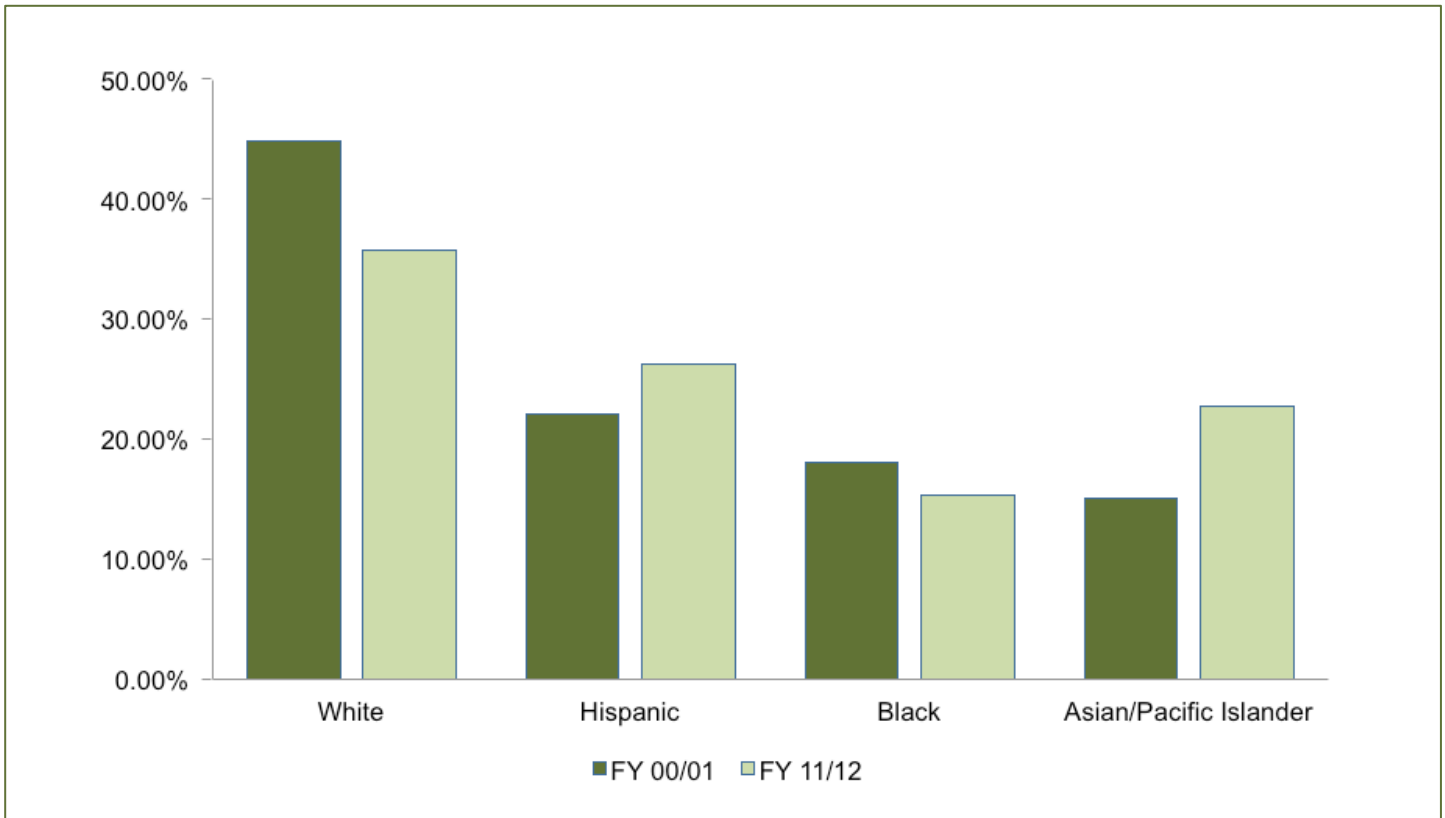
Description	FY00/01 Average Consumers	% of FY00/01 Consumers	FY11/12 Average Consumers	% of FY11/12 Consumers
English	142,076	58.4%	214,854	48.8%
Spanish (Spanish Notice of Action - NOA)	30,688	12.6%	69,808	15.9%
Armenian	15,962	6.6%	31,661	7.2%
Cantonese	6,130	2.5%	20,047	4.6%
Vietnamese	6,271	2.6%	17,698	4.0%
Russian	12,616	5.2%	17,213	3.9%
Farsi	4,410	1.8%	10,566	2.4%
Mandarin	2,996	1.2%	10,168	2.3%
Tagalog	3,380	1.4%	9,933	2.3%
Other Non-English	3,609	1.5%	7,997	1.8%
Korean	2,270	0.9%	6,679	1.5%
Spanish (English NOA)	3,317	1.4%	6,090	1.4%
Cambodian	1,968	0.8%	4,159	0.9%
Arabic	1,134	0.5%	3,210	0.7%
Hmong	1,969	0.8%	2,689	0.6%
Lao	1,231	0.5%	1,935	0.4%
Other Chinese Languages	794	0.3%	1,835	0.4%
Mien	510	0.2%	859	0.2%
Other Languages*	1,708	0.7%	2,442	0.6%
Other - Not Specified	39	0.0%	65	0.0%
All Languages	243,073	100.0%	439,903	100.0%

*Includes Ilocano, Portuguese, Thai, American Sign Language, Samoan, Japanese, Other Sign Language, Hebrew, Turkish, Italian, Polish, and French.

Ethnicities/Races

As of FY 2011/12, “White” was still the primary ethnicity claimed by IHSS consumers, followed by “Hispanic” and “Black.” “White” decreased from 45 percent of total consumers in FY 2000/01 to 36 percent of consumers in FY 2011/12. The “Asian/Pacific Islander” population had the largest increase of consumers (8 percent), from 15 percent of total consumers in FY 2000/01 to 23 percent of consumers in FY 2011/12.

Figure 3: Ethnicities/Races



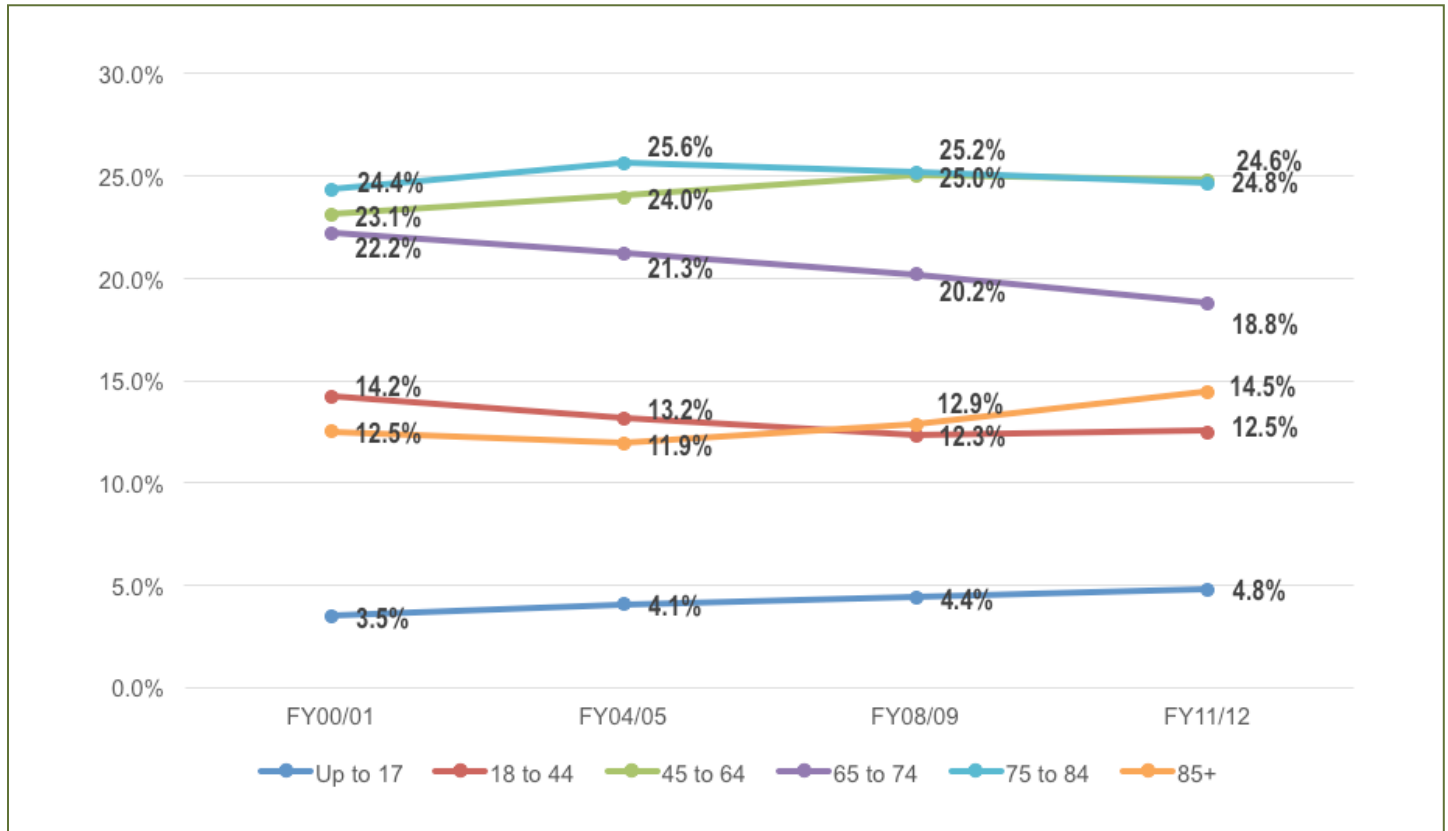
Ethnicities/Race	FY00/01 Average Consumers	% of FY00/01 Consumers	FY11/12 Average Consumers	% of FY11/12 Consumers
White	109,106	44.9%	157,469	35.8%
Hispanic	53,612	22.1%	115,231	26.2%
Black	43,663	18.0%	67,523	15.3%
Asian/Pacific Islander	36,692	15.00%	99,680	22.70%
All Ethnicities/Races	243,073	100.0%	439,903	100.0%

The Asian/Pacific Islander population includes Chinese, Vietnamese, Filipino, Korean, Other Asian/Pacific Islander, Laotian, Cambodian, Asian Indian, American Indian/Alaska Native, Samoan, Japanese, Hawaiian, and Guamanian.

Ages

Between FYs 2000/01 and 2011/12, IHSS experienced a significant increase in consumers at either end of the age spectrum. The number of IHSS consumers younger than age 18 increased by 148 percent, while the number of consumers aged 85 and over increased by 109 percent.

Figure 4: Ages

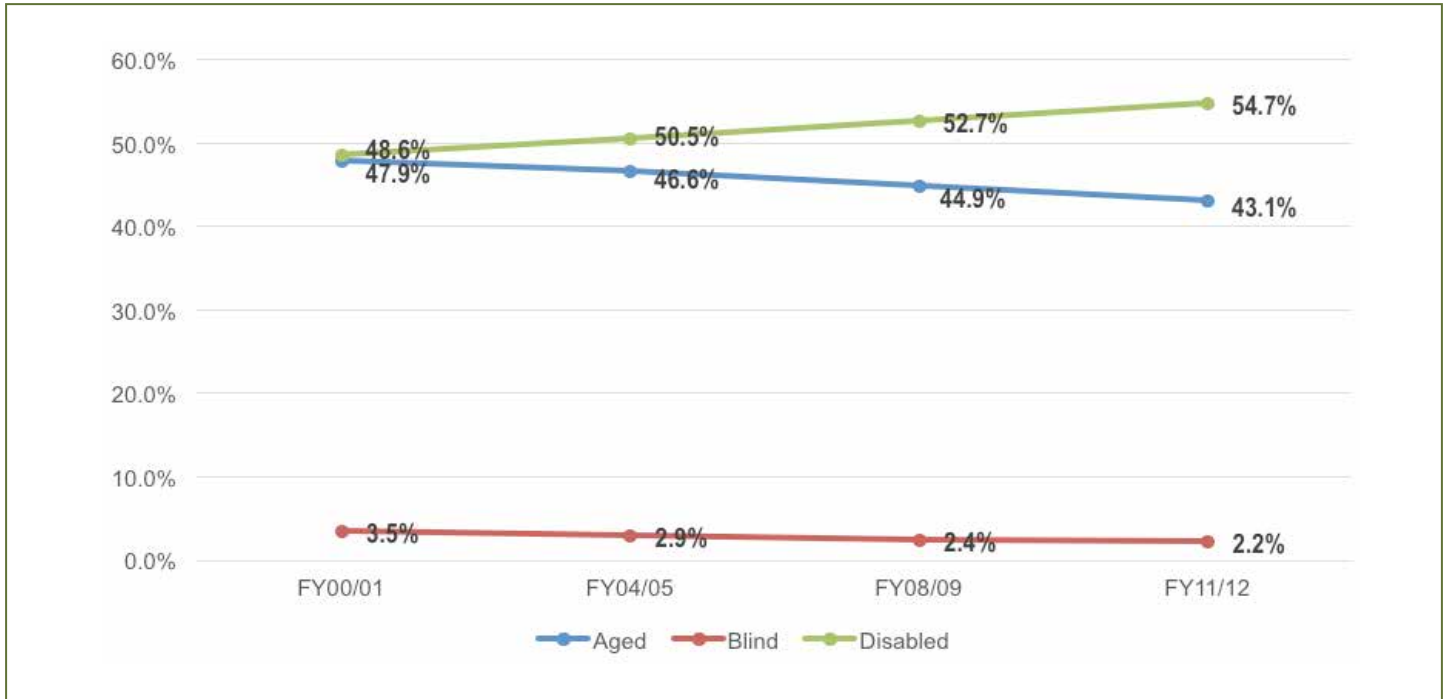


Description	FY 2000/01		FY 2004/05		FY 2008/09		FY 2011/12	
	Consumers	%	Consumers	%	Consumers	%	Consumers	%
Up to 17	8,546	3.5%	13,669	4.1%	18,674	4.4%	21,170	4.8%
18 to 44	34,541	14.2%	44,066	13.2%	52,202	12.3%	55,003	12.5%
45 to 64	56,247	23.1%	80,308	24.0%	106,009	25.0%	109,018	24.8%
65 to 74	54,076	22.2%	71,164	21.3%	85,676	20.2%	82,592	18.8%
75 to 84	59,197	24.4%	85,827	25.6%	106,784	25.2%	108,405	24.6%
85+	30,468	12.5%	39,853	11.9%	54,573	12.9%	63,718	14.5%
All Ages	243,073	100.0%	334,885	100.0%	423,917	100.0%	439,903	100.0%

Aid Codes

The IHSS disabled population grew from 49 percent of consumers to 55 percent between FYs 2000/01 and 2011/12. Although Figure 4 illustrates the IHSS population with an Aged aid code decreasing from 48 percent of consumers to 43 percent, it does not include the number of IHSS consumers who entered the program with a Disabled aid code but reached the age of 65 or older. As shown in the second table, this population grew from 19 percent to 25 percent between FYs 2000/01 and 2011/12. Lastly, the IHSS blind population decreased from 4 percent to 2 percent over the same timeframe.

Figure 5: Aid Codes



Description	FY 2000/01		FY 2004/05		FY 2008/09		FY 2011/12	
	Consumers	%	Consumers	%	Consumers	%	Consumers	%
Aged	116,497	47.9%	156,172	46.6%	190,501	44.9%	189,477	43.1%
Blind	8,445	3.5%	9,562	2.9%	10,222	2.4%	9,715	2.2%
Disabled	118,088	48.6%	169,044	50.5%	223,194	52.7%	240,712	54.7%
Other	43	0.0%	108	0.0%	-	0.0%	-	0.0%
All Aid Codes	243,073	100.0%	334,885	100.0%	423,917	100.0%	439,903	100.0%

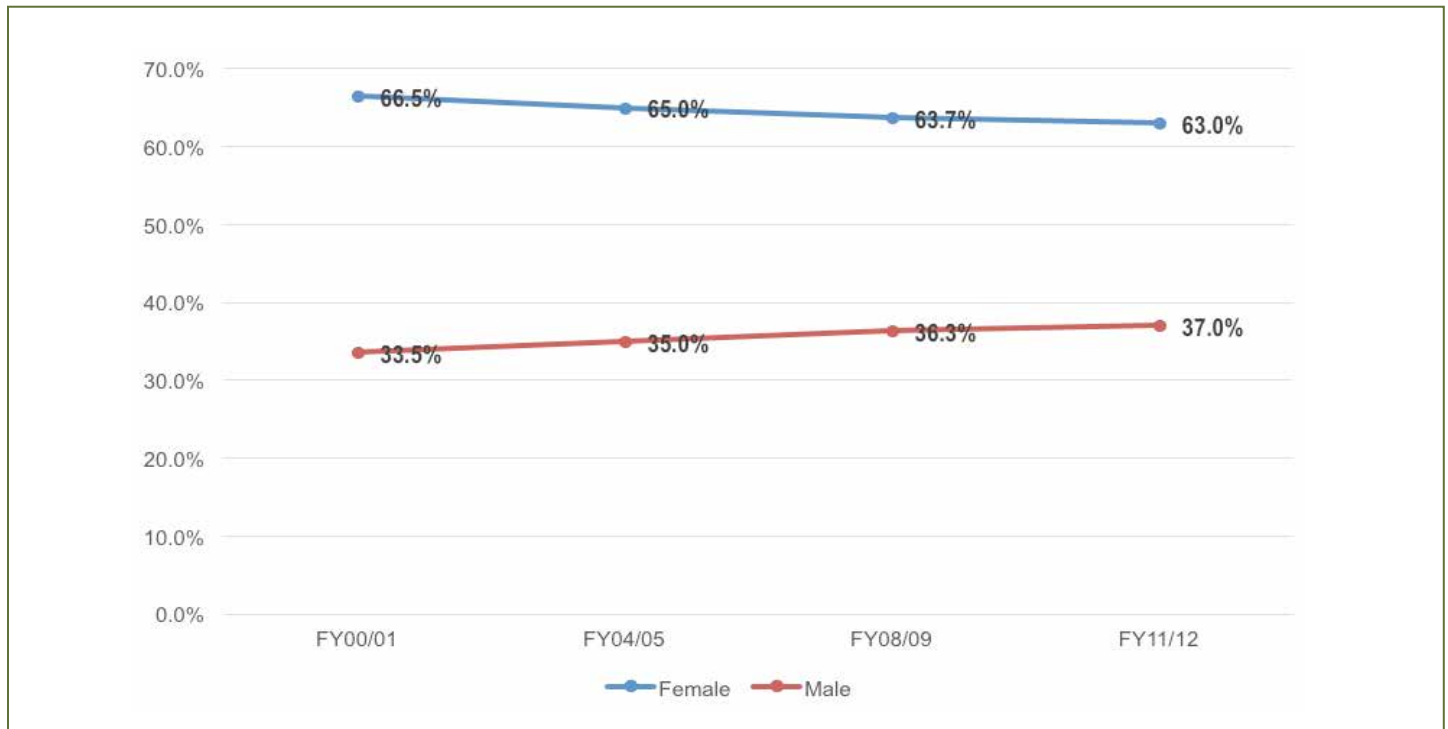
The Aged aid code is applied when a person is aged 65 or older when they enter the IHSS program. The table below shows the number of IHSS consumers who entered the program with a Disabled aid code but reached the age of 65 or older between FYs 2000/01 and 2011/12.

Description	FY 2000/01	FY 2004/05	FY 2008/09	FY 2011/12
	Consumers	Consumers	Consumers	Consumers
65+	22,560	36,871	52,004	61,004
% of Disabled Aid Code 65+	19.1%	21.8%	23.3%	25.3%

Gender

Females continued to make up over 60 percent of the IHSS population as of FY 2011/12. However, the male population increased from 34 percent of IHSS consumers to 37 percent between FYs 2000/01 and 2011/12.

Figure 6: Gender

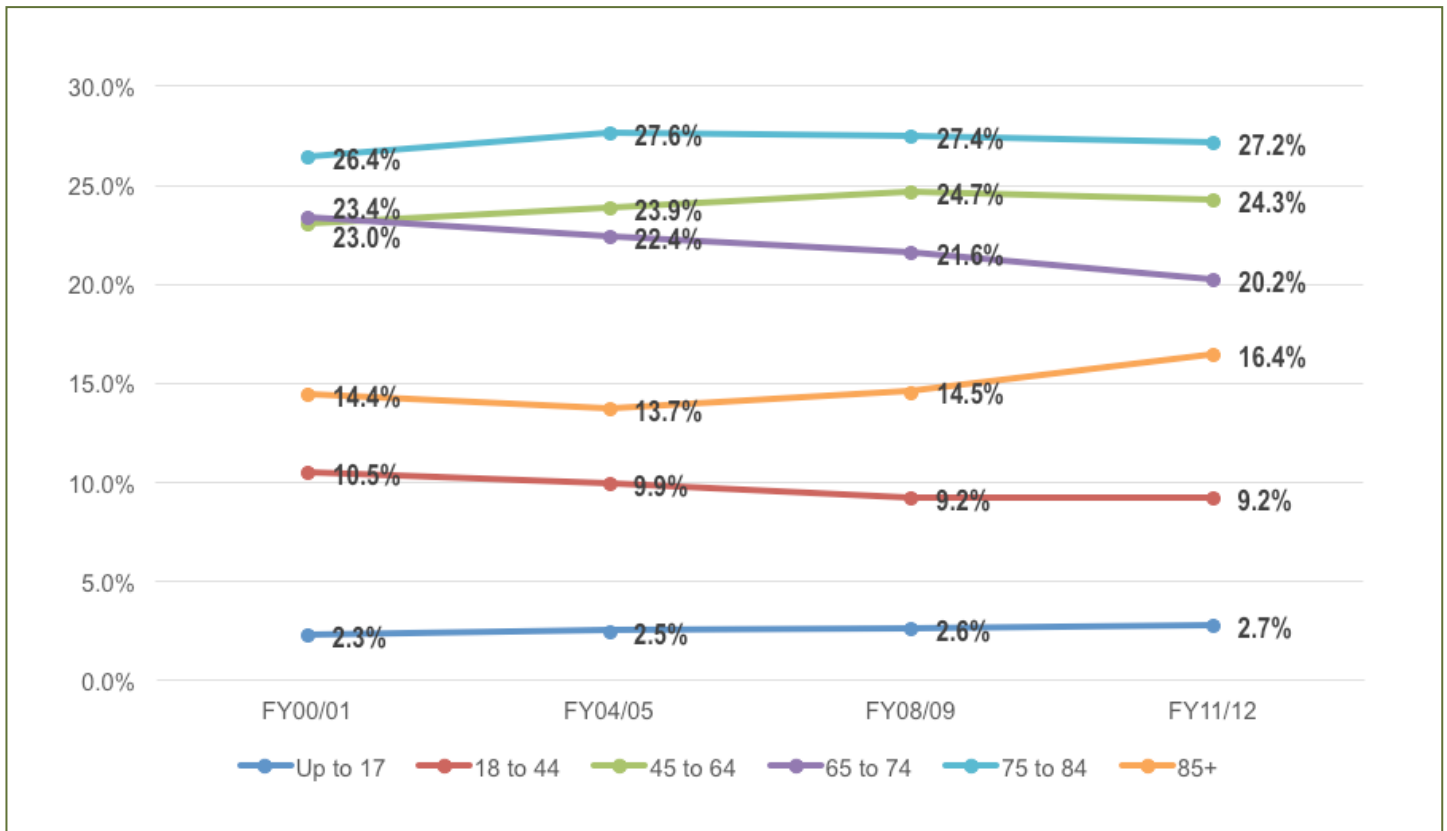


Description	FY 2000/01		FY 2004/05		FY 2008/09		FY 2011/12	
	Consumers	%	Consumers	%	Consumers	%	Consumers	%
Female	161,563	66.5%	217,626	65.0%	270,171	63.7%	276,955	63.0%
Male	81,459	33.5%	117,256	35.0%	153,746	36.3%	162,949	37.0%
Not Specified	52	0.0%	4	0.0%	-	0.0%	-	0.0%
All Genders	243,073	100.0%	334,885	100.0%	423,917	100.0%	439,903	100.0%

Genders by Age Groups – Females

Over 70 percent of the females using IHSS ranged in age from 45 to 84. However, the greatest increase seen during the study period was among the “85+” age group, which rose from 14 percent to 16 percent of female consumers.

Figure 7: Gender by Age Groups - Females

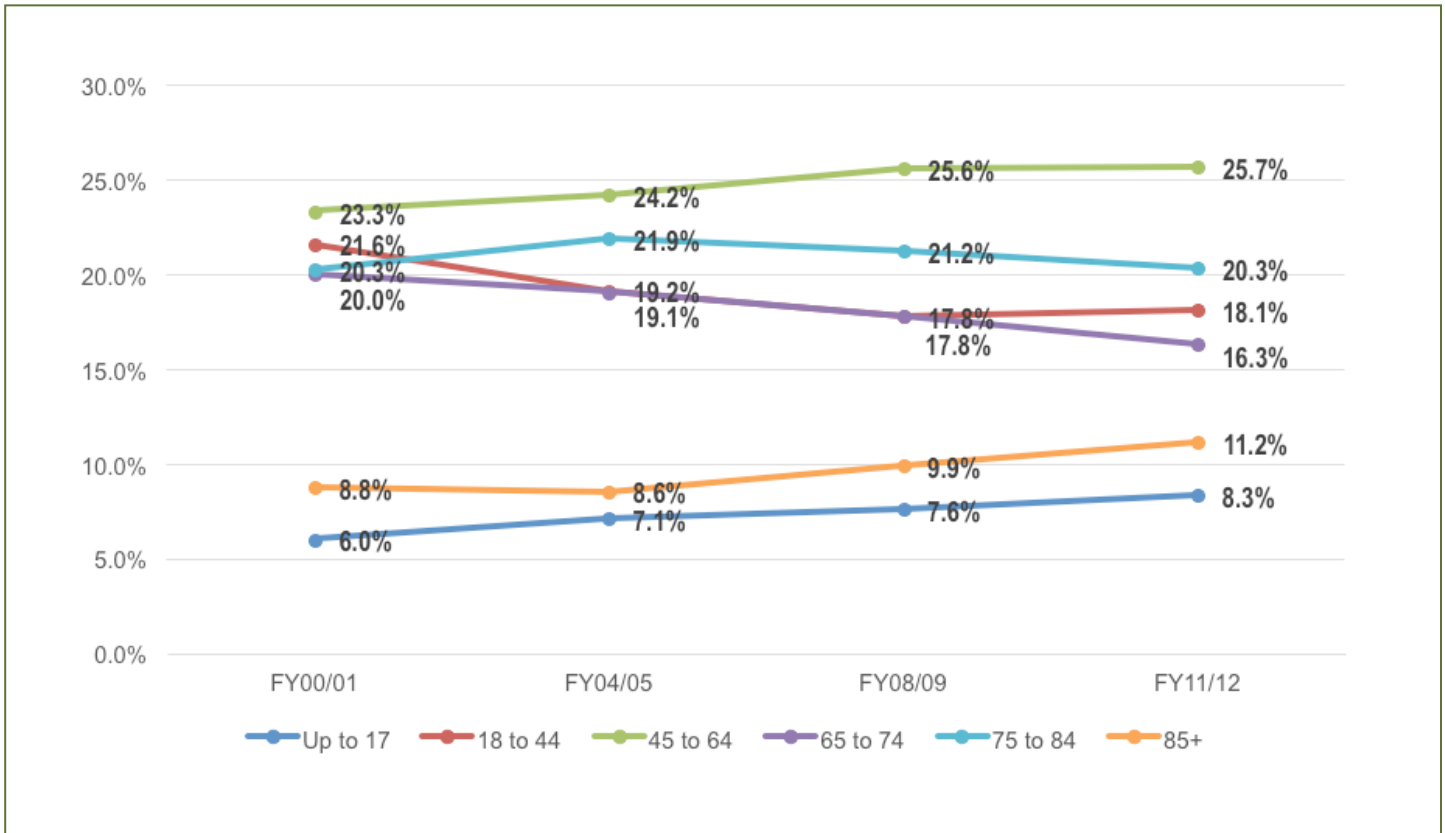


Description	FY 2000/01		FY 2004/05		FY 2008/09		FY 2011/12	
	Consumers	%	Consumers	%	Consumers	%	Consumers	%
Up to 17	3,642	2.3%	5,353	2.5%	6,934	2.6%	7,564	2.7%
18 to 44	16,919	10.5%	21,603	9.9%	24,811	9.2%	25,438	9.2%
45 to 64	37,219	23.0%	51,906	23.9%	66,665	24.7%	67,202	24.3%
65 to 74	37,776	23.4%	48,801	22.4%	58,334	21.6%	55,992	20.2%
75 to 84	42,684	26.4%	60,145	27.6%	74,129	27.4%	75,247	27.2%
85+	23,324	14.4%	29,819	13.7%	39,299	14.5%	45,513	16.4%
All Females	161,563	100.0%	217,626	100.0%	270,171	100.0%	276,955	100.0%

Genders by Age Groups – Males

As with females, the majority of males using IHSS ranged in age from 45 to 84. However, the greatest increase from FY 2000/01 to FY 2011/12 was in the youngest and oldest sectors of the IHSS population. The “Up to 17” age group increased from 6 percent to 8 percent of male consumers, while the “85+” age group increased from 9 percent to 11 percent of this group.

Figure 8: Genders by Age Groups - Males

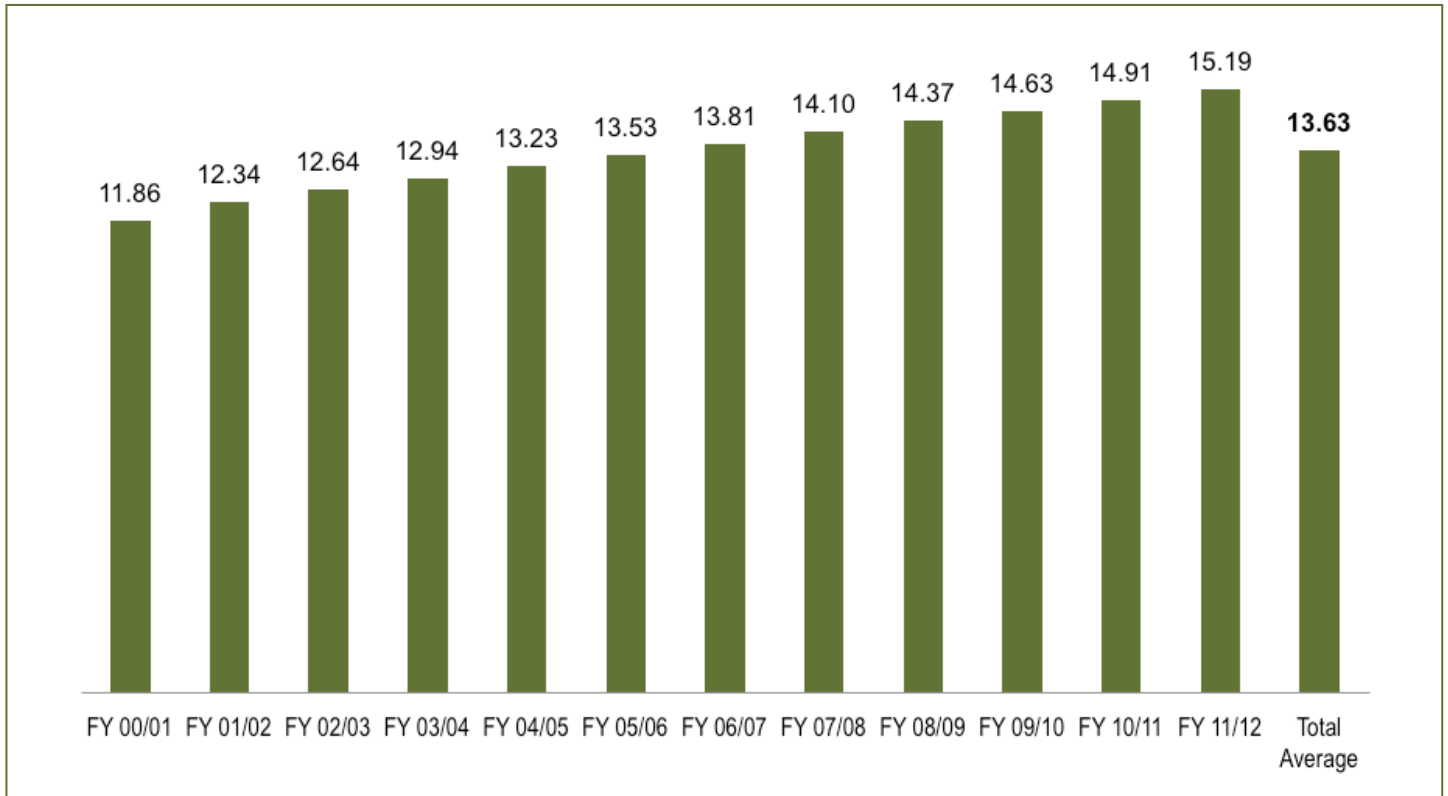


Description	FY 2000/01		FY 2004/05		FY 2008/09		FY 2011/12	
	Consumers	%	Consumers	%	Consumers	%	Consumers	%
Up to 17	4,905	6.0%	8,316	7.1%	11,740	7.6%	13,606	8.3%
18 to 44	17,617	21.6%	22,462	19.2%	27,391	17.8%	29,565	18.1%
45 to 64	19,013	23.3%	28,402	24.2%	39,344	25.6%	41,816	25.7%
65 to 74	16,289	20.0%	22,362	19.1%	27,342	17.8%	26,600	16.3%
75 to 84	16,498	20.3%	25,681	21.9%	32,656	21.2%	33,158	20.3%
85+	7,138	8.8%	10,034	8.6%	15,274	9.9%	18,205	11.2%
All Males	81,459	100.0%	117,256	100.0%	153,746	100.0%	162,949	100.0%

LENGTH OF TIME IN THE PROGRAM BY GENDER, AID CODE, AND ETHNICITY/RACE

The average length of time an IHSS consumer remained in the IHSS program incrementally grew over the years. Between FYs 2000/01 and 2011/12, the average length of time an IHSS consumer remained in the IHSS program was 13.63 years.

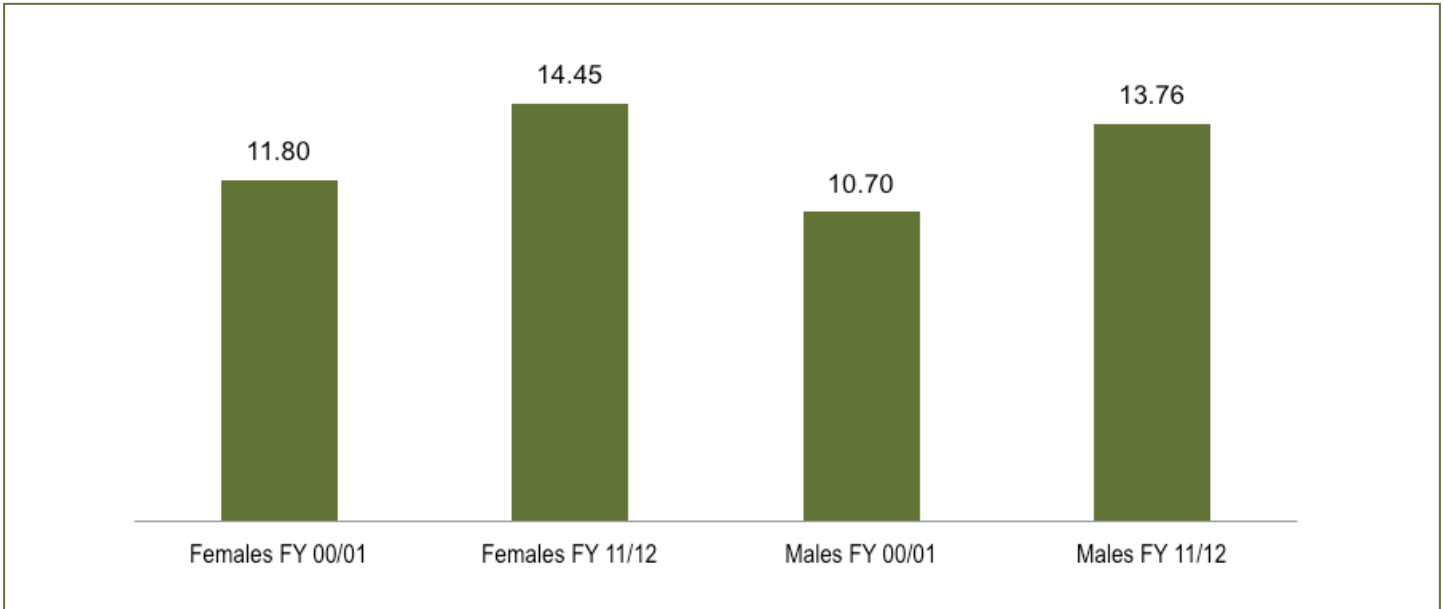
Figure 9: Average Length of Time in the Program



Length of Time in the Program by Gender

Females continued to stay in the IHSS program longer than males between FYs 2000/01 and 2011/12. The average length of time a female IHSS consumer was in the IHSS program was 13.12 years, whereas males averaged 12.23 years.

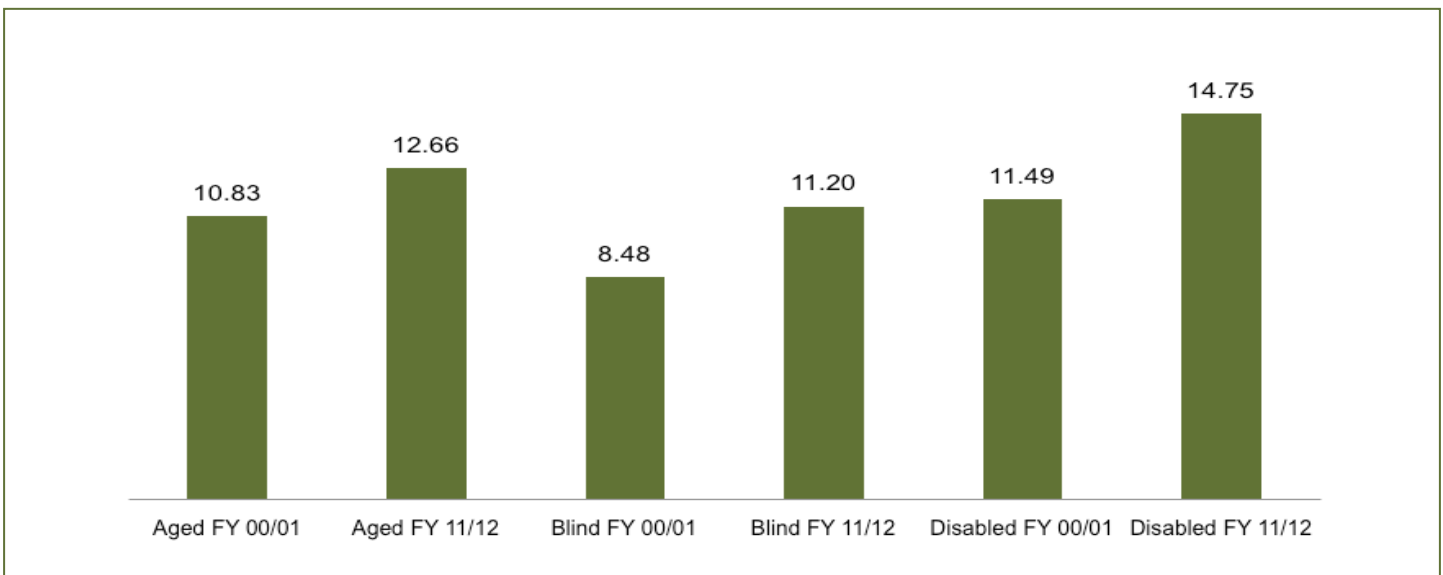
Figure 10: Length of Time in the Program by Gender



Length of Time in the Program by Aid Code

The disabled population continued to stay in IHSS the longest, at an average of 13.12 years. The aged population averaged 11.75 years, and the blind population averaged 9.84 years in the IHSS program between FYs 2000/01 and 2011/12.

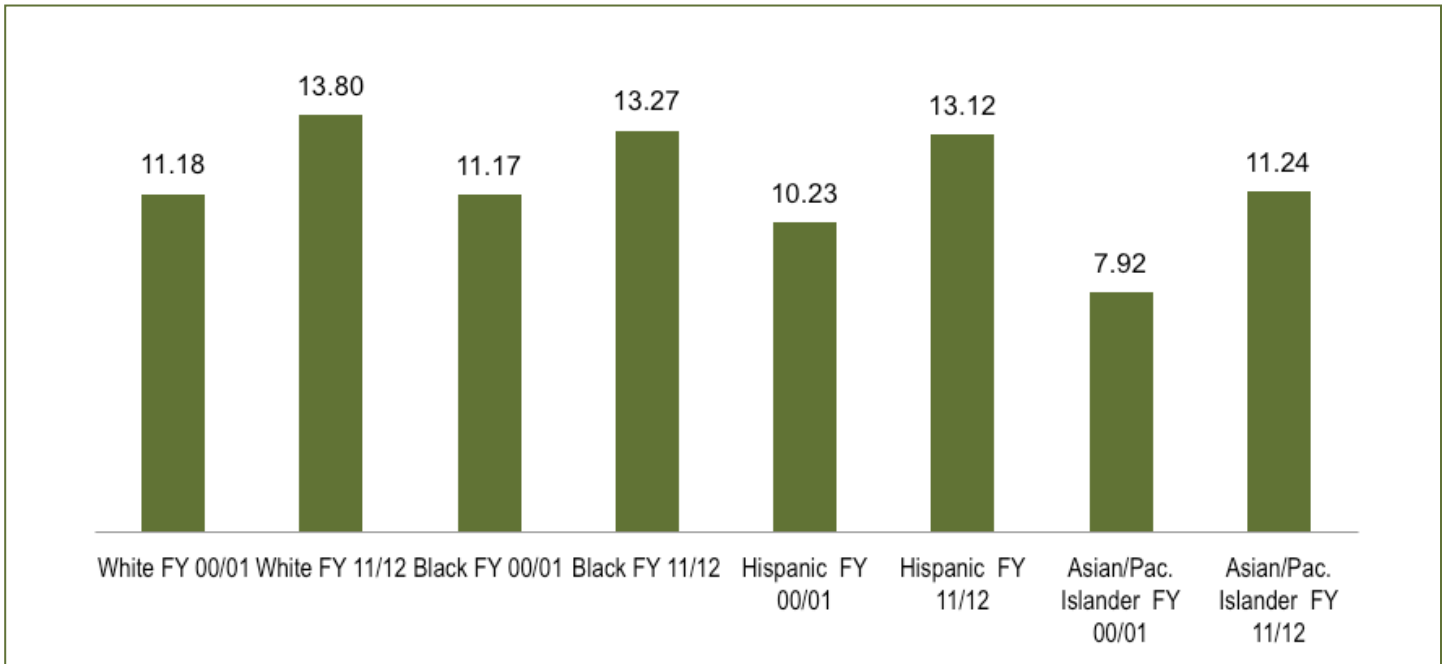
Figure 11 - Length of Time in the Program by Aid Code



Length of Time in the Program by Ethnicity/Race

Although the “Asian/Pacific Islander” population had the highest growth in consumers, it showed the shortest length of time in the program, with an average of 9.58 years. The average length of time for the “White” population was 12.49 years; the average for the “Black” population was 12.22 years; and the average for the “Hispanic” population was 11.67 years in the IHSS program.

Figure 12 - Length of Time in the Program by Ethnicity/Race

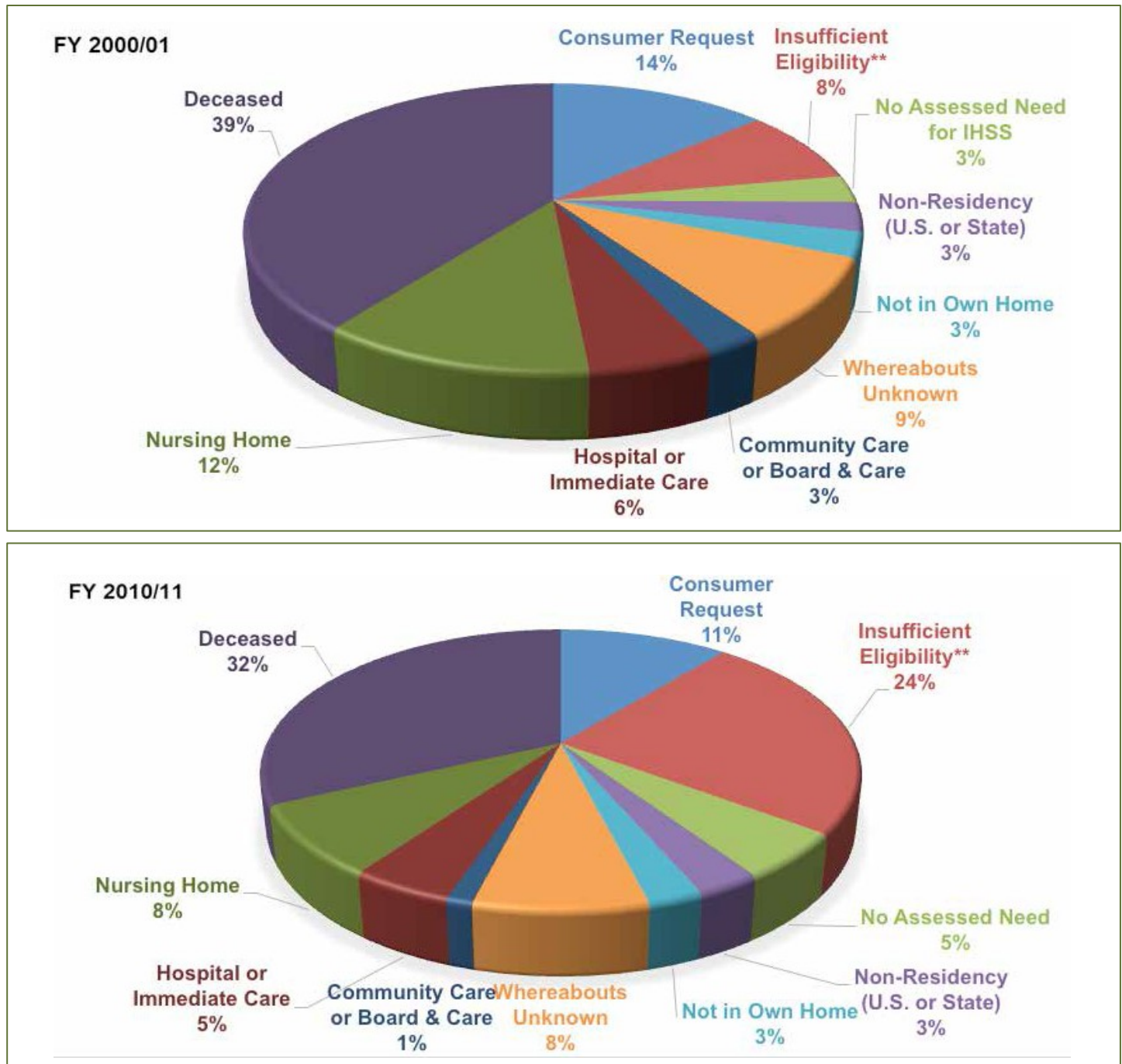


The Asian/Pacific Islander population includes Chinese, Vietnamese, Filipino, Korean, Other Asian/Pacific Islander, Laotian, Cambodian, Asian Indian, American Indian/Alaska Native, Samoan, Japanese, Hawaiian, and Guamanian.

REASONS FOR EXITING THE PROGRAM

Between FYs 2000/01 and 2011/12, the three most common reasons that IHSS consumers exited the program were: Deceased (38%), Insufficient Eligibility (13%), and Consumer Request (11%). Figure 13 below shows the exit reasons cited* for the 42,483 cases that were terminated in FY 2000/01 and the 62,055 terminated cases in FY 2011/12. The reason for exiting IHSS to enter a nursing home decreased from 12 percent in FY 2000/01 to 8 percent in FY 2011/12.

Figure 13: Reasons for Exiting the Program



*Unclear reasons cited by social workers, such as "Other," were not included in these charts.

**Did not meet the SSI/SSP eligibility requirements, Medi-Cal eligibility requirements, or the requirements for establishing a need for services.

Code 440: You are not 65 or older, blind, or so disabled that you cannot be expected to be able to work at any job for the next 12 months; Code 442: You have not provided sufficient information to establish eligibility or need for service; Code 445: The IHSS Program has been notified that you are not eligible for federally-funded Medi-Cal.

AVERAGE HOURS AUTHORIZED PER CONSUMER BY COUNTY

Statewide, the average authorized hours increased by 3.7 percent. The greatest increase in average monthly authorized hours per case between FYs 2000/01 and 2011/12 was in Tuolumne County (+40.0%), and the greatest decrease was in Colusa County (-43.4%). Of note, changes in just a few cases can have large impacts in counties with few overall cases. Otherwise, for counties with the most noticeable changes in their average authorized hours per consumer from FY 2000/01 to FY 2011/12, authorization for Protective Supervision and Paramedical services were the most prominent factors.

Figure 14: Average Hours Authorized per Consumer by County

County Name	FY00/01 Average	FY11/12 Average	FY00/01 to 11/12 Change	County Name	FY00/01 Average	FY11/12 Average	FY00/01 to 11/12 Change
Tuolumne	46.4	65.0	40.0%	Placer	111.8	111.9	0.1%
San Luis Obispo	78.1	105.0	34.4%	Riverside	86.3	85.8	-0.5%
Del Norte	92.1	120.6	30.9%	Solano	107.7	106.3	-1.3%
Glenn	89.9	112.5	25.1%	Kern	80.2	78.9	-1.6%
Santa Cruz	72.6	89.8	23.7%	Napa	114.8	111.8	-2.6%
Sutter	75.5	93.1	23.4%	Stanislaus	76.1	73.8	-3.0%
Orange	59.7	72.0	20.6%	Alameda	102.3	98.9	-3.3%
Ventura	81.3	95.5	17.4%	Madera	85.1	80.7	-5.2%
Yuba	83.8	97.6	16.6%	Mendocino	105.7	98.6	-6.7%
San Joaquin	69.2	80.7	16.6%	Fresno	104.3	91.9	-11.9%
San Francisco	72.3	84.0	16.1%	Alpine	115.1	101.2	-12.0%
San Benito	77.1	87.5	13.5%	Calaveras	96.1	83.9	-12.7%
Santa Clara	70.1	79.1	12.9%	Mono	167.2	146.0	-12.7%
Tulare	60.9	68.7	12.8%	San Mateo	121.8	106.1	-12.8%
El Dorado	112.1	125.2	11.7%	Contra Costa	95.9	83.1	-13.4%
Inyo	95.9	106.0	10.5%	Shasta	99.7	83.8	-15.9%
San Diego	77.1	84.2	9.3%	Plumas	77.5	64.4	-16.9%
Yolo	80.2	87.1	8.6%	Imperial	82.3	68.1	-17.3%
Los Angeles	76.3	82.6	8.2%	Monterey	101.7	84.0	-17.4%
Lake	117.1	125.9	7.5%	Humboldt	111.5	89.2	-20.0%
Sonoma	93.6	100.4	7.3%	Nevada	131.9	104.7	-20.6%
San Bernardino	86.4	92.6	7.2%	Lassen	120.3	95.4	-20.7%
Sacramento	98.8	105.0	6.3%	Kings	99.5	77.9	-21.7%
Siskiyou	85.3	89.7	5.2%	Trinity	105.2	82.0	-22.0%
Mariposa	107.5	113.1	5.2%	Marin	123.0	94.1	-23.5%
Statewide	82.7	85.8	3.7%	Amador	104.7	75.2	-28.2%
Santa Barbara	82.7	85.7	3.7%	Modoc	127.0	87.4	-31.2%
Merced	63.4	65.5	3.3%	Sierra	115.0	72.3	-37.2%
Butte	114.1	117.5	2.9%	Colusa	104.0	58.8	-43.4%
Tehama	81.7	83.9	2.7%				

CONSUMER USAGE OF IHSS

Authorized Caseloads by Consumer Need

In FY 2011/12, the most-frequently authorized service was Laundry (90.1% of the caseload), followed closely by Domestic (89.7%) and Shopping (Food Shopping – 88.2% and Other Shopping & Errands – 88.6%) tasks.

Figure 15: Authorized Caseloads by Consumer Need

	FY00/01 Authorized Cases Per Service	% of FY00/01 Caseload	FY11/12 Authorized Cases Per Service	% of FY11/12 Caseload
Severely Impaired Consumers	53,473	22.0%	101,541	23.1%
Non-Severely Impaired Consumers	189,600	78.0%	338,363	76.9%
Statewide FY Caseload	243,073	100.0%	439,903	100.0%
Domestic & Related Services				
Domestic	221,797	91.2%	394,523	89.7%
Meal Preparation	209,693	86.3%	386,950	88.0%
Meal Clean Up	212,072	87.2%	386,732	87.9%
Laundry	220,157	90.6%	396,372	90.1%
Food Shopping	215,045	88.5%	387,953	88.2%
Other Shopping & Errands	215,614	88.7%	389,940	88.6%
Personal Care Services				
Respiration	10,719	4.4%	35,721	8.1%
Bowel & Bladder	105,730	43.5%	232,103	52.8%
Feeding	43,440	17.9%	79,044	18.0%
Bed Baths	18,550	7.6%	34,752	7.9%
Dressing	165,295	68.0%	354,758	80.6%
Ambulation	99,300	40.9%	254,004	57.7%
Moving In & Out of Bed	98,239	40.4%	242,704	55.2%
Bathing & Oral Hygiene	195,829	80.6%	387,602	88.1%
Rubbing Skin & Repositioning	97,971	40.3%	178,184	40.5%
Prosthesis Care & Medication Mgmt.	88,901	36.6%	319,447	72.6%
Other Services				
Accompaniment to Medical Appointments	182,308	75.0%	374,791	85.2%
Accompaniment to Alternative Resources	3,574	1.5%	7,738	1.8%
Protective Supervision	10,304	4.2%	22,083	5.0%
Paramedical	16,738	6.9%	45,596	10.4%

Severely/Non-Severely Impaired Consumers

The monthly authorized hours per case for severely-impaired* (SI) consumers decreased by an average of 5.5 percent statewide from FY 2000/01 to FY 2011/12, yet the percentage of SI consumers in the program increased in Very Large and Large Counties**. During the study period, the average authorized hours per case for non-severely-impaired (NSI) consumers increased by 8.5 percent statewide, yet the percentage of NSI cases in all but the Large Counties decreased; NSI cases received a net increase in authorized hours on average.

Figure 16: Severely/Non-Severely Impaired Consumers

	Authorized Hours Per Case			Percent of Service Caseload		
	FY00/01	FY11/12	FY00/01 to 11/12 Change	FY00/01	FY11/12	FY00/01 to 11/12 Difference
Severely Impaired				n=53,473	n=101,541	
Very Large/L.A. County	145.07	139.32	-4.0%	35.59%	39.16%	3.57%
Large Counties	157.82	151.57	-4.0%	37.21%	40.25%	3.04%
Medium Counties	171.28	163.63	-4.5%	24.28%	18.69%	-5.58%
Small Counties	183.61	177.78	-3.2%	2.86%	1.87%	-0.99%
Very Small Counties	230.42	192.24	-16.6%	0.05%	0.02%	-0.04%
Non-Severely Impaired				n=189,600	n=338,363	
Very Large/L.A. County	60.79	66.84	10.0%	44.44%	42.40%	-2.05%
Large Counties	61.32	67.90	10.7%	33.75%	38.44%	4.69%
Medium Counties	62.81	65.05	3.6%	19.35%	17.40%	-1.96%
Small Counties	65.23	68.90	5.6%	2.43%	1.75%	-0.67%
Very Small Counties	85.76	72.32	-15.7%	0.03%	0.02%	-0.01%

*The aggregated Individual Assessed Need is 20 hours or more per week for the following Service Types: Personal care services (respiration, bowel/bladder, feeding, routine bed bath, dressing, menstrual care, ambulation, transfer - moving in/out of bed a/o on/off sheets, bathing/oral hygiene/grooming, rubbing skin/repositioning, care of/assistance with prosthesis/medication management), meal preparation, meal cleanup, and/or paramedical services.

**See Methodology for county size references.

Domestic and Related Services

Statewide, authorized monthly hours per case increased for the following Domestic and Related Services tasks: Meal Preparation, Meal Clean Up, Laundry Services, and Other Shopping & Errands. Large Counties showed an increase in both authorized hours per case and the percentage of cases authorized in all tasks except Domestic and Food Shopping.

Figure 17: Domestic and Related Services

Domestic and Related Services	Authorized Hrs Per Case/Month			Percent of Service Caseload		
	FY00/01	FY11/12	FY00/01 to 11/12 Change	FY00/01	FY11/12	FY00/01 to 11/12 Difference
Domestic				n=221,797	n=394,523	
Very Large/L.A. County	3.67	3.23	-11.8%	43.09%	42.42%	-0.67%
Large Counties	3.46	3.15	-9.0%	34.29%	38.51%	4.22%
Medium Counties	3.71	3.42	-7.6%	20.13%	17.31%	-2.82%
Small Counties	3.99	3.49	-12.5%	2.46%	1.74%	-0.72%
Very Small Counties	4.27	4.06	-5.1%	0.03%	0.02%	-0.02%
Meal Preparation				n=209,693	n=386,950	
Very Large/L.A. County	19.33	20.06	3.8%	44.30%	42.95%	-1.35%
Large Counties	18.28	18.53	1.4%	33.83%	38.27%	4.45%
Medium Counties	18.87	18.03	-4.4%	19.55%	17.08%	-2.47%
Small Counties	18.66	16.66	-10.7%	2.30%	1.68%	-0.61%
Very Small Counties	17.57	17.41	-0.9%	0.03%	0.02%	-0.01%
Meal Clean-Up				n=212,072	n=386,732	
Very Large/L.A. County	6.79	6.72	-1.0%	43.82%	42.84%	-0.98%
Large Counties	6.96	7.37	5.8%	33.89%	38.19%	4.30%
Medium Counties	7.43	8.03	8.1%	19.88%	17.24%	-2.65%
Small Counties	8.74	8.07	-7.7%	2.37%	1.71%	-0.66%
Very Small Counties	10.36	9.39	-9.4%	0.03%	0.02%	-0.01%
Laundry				n=220,157	n=396,372	
Very Large/L.A. County	4.01	4.21	5.0%	43.45%	42.38%	-1.07%
Large Counties	4.15	4.57	10.3%	34.24%	38.62%	4.39%
Medium Counties	4.34	4.57	5.2%	19.89%	17.26%	-2.62%
Small Counties	4.47	4.80	7.4%	2.39%	1.72%	-0.67%
Very Small Counties	6.67	5.21	-22.0%	0.03%	0.02%	-0.02%
Food Shopping				n=215,045	n=387,953	
Very Large/L.A. County	2.73	2.70	-1.3%	43.70%	42.65%	-1.06%
Large Counties	2.70	2.57	-5.1%	34.05%	38.34%	4.29%

Figure 17: Domestic and Related Services (cont.)

Domestic and Related Services	Authorized Hrs Per Case/Month			Percent of Service Caseload		
	FY00/01	FY11/12	FY00/01 to 11/12 Change	FY00/01	FY11/12	FY00/01 to 11/12 Difference
Medium Counties	2.97	2.84	-4.3%	19.81%	17.26%	-2.55%
Small Counties	3.40	3.26	-4.4%	2.41%	1.73%	-0.67%
Very Small Counties	6.92	5.95	-14.0%	0.03%	0.02%	-0.01%
Other Shopping & Errands				n=215,614	n=389,940	
Very Large/L.A. County	1.59	1.79	13.1%	44.08%	42.78%	-1.30%
Large Counties	1.54	1.70	10.4%	34.15%	38.50%	4.35%
Medium Counties	1.56	1.66	6.2%	19.38%	17.01%	-2.37%
Small Counties	1.77	1.79	0.7%	2.36%	1.70%	-0.67%
Very Small Counties	4.79	2.86	-40.3%	0.03%	0.02%	-0.01%

Personal Care Services

Statewide, the average number of monthly hours authorized for Personal Care Services decreased in all areas, with the greatest decrease occurring in Respiration (-28.9%). However, all areas of Personal Care Services increased as a percentage of the total FY caseload, with the greatest change occurring in Prosthesis Care and Medication Management, from 36.6 percent to 72.6 percent by FY 2011/12. Interestingly, in Large Counties, the percentage of cases authorized for Personal Care tasks increased in all areas except Prosthesis Care and Medication Management.

Figure 18: Personal Care Services

Personal Care Services	Authorized Hrs Per Case/Month			Percent of Service Caseload		
	FY00/01	FY11/12	FY00/01 to 11/12 Change	FY00/01	FY11/12	FY00/01 to 11/12 Difference
Respiration				n=10,719	n=35,721	
Very Large/L.A. County	8.56	6.90	-19.4%	29.09%	24.34%	-4.75%
Large Counties	8.82	6.41	-27.3%	37.55%	43.03%	5.48%
Medium Counties	10.54	6.72	-36.2%	28.32%	28.85%	0.52%
Small Counties	12.73	7.45	-41.5%	4.94%	3.77%	-1.18%
Very Small Counties	9.55	1.47	-84.6%	0.09%	0.02%	-0.07%
Bowel & Bladder				n=105,730	n=232,103	
Very Large/L.A. County	14.17	12.47	-12.0%	41.14%	39.55%	-1.59%
Large Counties	16.01	13.66	-14.7%	36.40%	40.85%	4.45%
Medium Counties	19.34	15.23	-21.3%	20.27%	17.90%	-2.37%
Small Counties	20.10	15.47	-23.0%	2.15%	1.69%	-0.46%
Very Small Counties	18.46	20.39	10.5%	0.04%	0.01%	-0.03%

Figure 18: Personal Care Services (cont.)

Personal Care Services	Authorized Hrs Per Case/Month			Percent of Service Caseload		
	FY00/01	FY11/12	FY00/01 to 11/12 Change	FY00/01	FY11/12	FY00/01 to 11/12 Difference
Feeding				n=43,440	n=79,044	
Very Large/L.A. County	17.95	16.01	-10.8%	37.04%	36.25%	-0.80%
Large Counties	17.61	16.24	-7.8%	37.51%	42.81%	5.30%
Medium Counties	19.43	17.60	-9.5%	22.28%	18.90%	-3.39%
Small Counties	17.04	18.47	8.4%	3.11%	2.03%	-1.09%
Very Small Counties	15.26	28.01	83.5%	0.04%	0.02%	-0.03%
Bed Baths				n=18,550	n=34,752	
Very Large/L.A. County	10.51	10.34	-1.6%	29.33%	21.05%	-8.27%
Large Counties	11.04	9.24	-16.3%	40.24%	47.85%	7.61%
Medium Counties	12.54	9.64	-23.1%	27.69%	28.54%	0.84%
Small Counties	13.05	10.39	-20.4%	2.71%	2.54%	-0.17%
Very Small Counties	9.83	6.83	-30.6%	0.03%	0.02%	-0.01%
Dressing				n=165,295	n=354,758	
Very Large/L.A. County	7.29	7.90	8.4%	44.56%	44.01%	-0.55%
Large Counties	7.92	7.56	-4.6%	34.13%	37.75%	3.62%
Medium Counties	9.41	8.05	-14.4%	19.22%	16.64%	-2.58%
Small Counties	9.32	7.67	-17.7%	2.07%	1.59%	-0.48%
Very Small Counties	11.67	9.00	-22.9%	0.02%	0.01%	-0.01%
Ambulation				n=99,300	n=254,004	
Very Large/L.A. County	8.22	8.11	-1.2%	42.40%	41.89%	-0.51%
Large Counties	9.10	7.63	-16.1%	34.66%	38.15%	3.49%
Medium Counties	10.55	7.07	-33.0%	20.56%	18.08%	-2.48%
Small Counties	11.24	6.09	-45.8%	2.35%	1.87%	-0.48%
Very Small Counties	9.65	12.67	31.3%	0.03%	0.01%	-0.02%
Moving In & Out of Bed				n=98,239	n=242,704	
Very Large/L.A. County	5.25	6.12	16.7%	45.24%	45.89%	0.66%
Large Counties	7.16	6.67	-6.8%	33.57%	36.74%	3.17%
Medium Counties	8.38	7.19	-14.2%	19.27%	15.95%	-3.31%
Small Counties	8.30	7.15	-13.8%	1.90%	1.40%	-0.50%
Very Small Counties	10.51	7.70	-26.7%	0.03%	0.01%	-0.01%
Bathing & Oral Hygiene				n=195,829	n=387,602	
Very Large/L.A. County	12.11	12.78	5.5%	43.21%	43.26%	0.06%
Large Counties	12.03	11.65	-3.1%	34.76%	38.42%	3.66%
Medium Counties	12.88	11.32	-12.1%	19.57%	16.60%	-2.97%
Small Counties	12.63	10.58	-16.2%	2.44%	1.71%	-0.73%
Very Small Counties	14.25	10.79	-24.3%	0.03%	0.02%	-0.01%
Rubbing Skin & Repositioning				n=97,971	n=178,184	
Very Large/L.A. County	9.03	7.59	-16.0%	38.62%	42.12%	3.50%
Large Counties	10.75	9.87	-8.3%	35.92%	40.18%	4.26%

Figure 18: Personal Care Services (cont.)

Personal Care Services	Authorized Hrs Per Case/Month			Percent of Service Caseload		
	FY00/01	FY11/12	FY00/01 to 11/12 Change	FY00/01	FY11/12	FY00/01 to 11/12 Difference
Medium Counties	11.87	10.80	-9.1%	23.10%	16.11%	-6.99%
Small Counties	12.32	11.75	-4.6%	2.35%	1.58%	-0.76%
Very Small Counties	15.19	11.25	-25.9%	0.02%	0.01%	-0.01%
Prosthesis Care & Medication Management				n=88,901	n=319,447	
Very Large/L.A. County	4.60	3.48	-24.4%	24.41%	41.98%	17.57%
Large Counties	3.88	3.54	-8.9%	47.12%	39.46%	-7.66%
Medium Counties	5.11	3.32	-35.1%	25.83%	16.84%	-8.99%
Small Counties	5.92	3.85	-34.9%	2.61%	1.71%	-0.90%
Very Small Counties	5.82	4.79	-17.7%	0.03%	0.01%	-0.01%

Other Services

Large Counties increased the percentage of cases in all categories: Accompaniment to Medical Appointments, Accompaniment to Alternative Resources, Protective Supervision, and Paramedical Services.

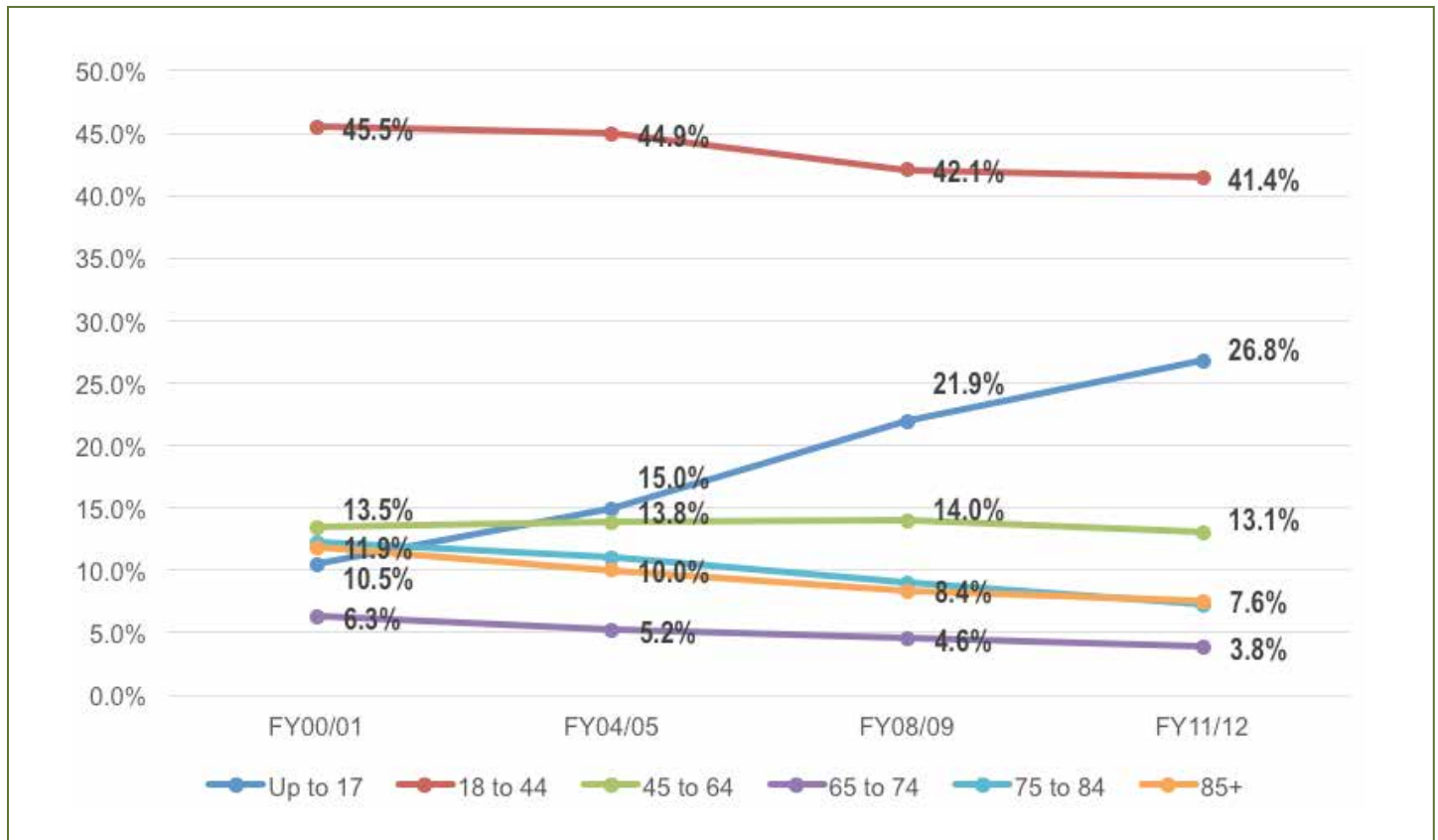
Figure 19: Other Services

Other Services	Authorized Hrs Per Case/Month			Percent of Service Caseload		
	FY00/01	FY11/12	FY00/01 to 11/12 Change	FY00/01	FY11/12	FY00/01 to 11/12 Difference
Accompaniment to Medical Appointments				n=182,308	n=374,791	
Very Large/L.A. County	2.14	2.25	5.2%	44.60%	42.17%	-2.43%
Large Counties	2.96	2.31	-22.0%	34.24%	39.34%	5.10%
Medium Counties	3.61	2.11	-41.4%	18.66%	16.70%	-1.96%
Small Counties	5.21	2.94	-43.6%	2.48%	1.78%	-0.70%
Very Small Counties	10.83	3.63	-66.5%	0.04%	0.02%	-0.02%
Accompaniment to Alternative Resources				n=3,574	n=7,738	
Very Large/L.A. County	5.86	5.83	-0.5%	15.71%	25.66%	9.95%
Large Counties	6.65	6.91	3.9%	36.39%	48.33%	11.94%
Medium Counties	5.97	6.08	1.8%	33.68%	21.54%	-12.14%
Small Counties	9.87	5.21	-47.2%	13.98%	4.33%	-9.65%
Very Small Counties	12.43	1.76	-85.8%	0.24%	0.14%	-0.10%
Protective Supervision				n=10,304	n=22,083	
Very Large/L.A. County	165.41	168.11	1.6%	22.79%	23.11%	0.32%
Large Counties	162.35	168.79	4.0%	40.42%	47.90%	7.48%
Medium Counties	156.24	168.36	7.8%	31.00%	24.66%	-6.34%
Small Counties	151.73	167.34	10.3%	5.63%	4.27%	-1.36%
Very Small Counties	158.30	148.50	-6.2%	0.16%	0.06%	-0.10%
Paramedical				n=16,738	n=45,596	
Very Large/L.A. County	36.68	28.47	-22.4%	29.87%	24.08%	-5.79%
Large Counties	26.51	24.20	-8.7%	42.96%	45.32%	2.36%
Medium Counties	33.90	25.59	-24.5%	24.58%	27.87%	3.29%
Small Counties	39.83	30.43	-23.6%	2.56%	2.71%	0.16%
Very Small Counties	43.64	21.17	-51.5%	0.03%	0.01%	-0.02%

Protective Supervision, by Age Group

Protective Supervision services were most frequently authorized to consumers in the “18 to 44” age bracket. However, only the “Up to 17” age group increased between FYs 2000/01 and 2011/12, growing from 11 percent to 27 percent of consumers authorized protective supervision services.

Figure 20: Protective Supervision by Age Group

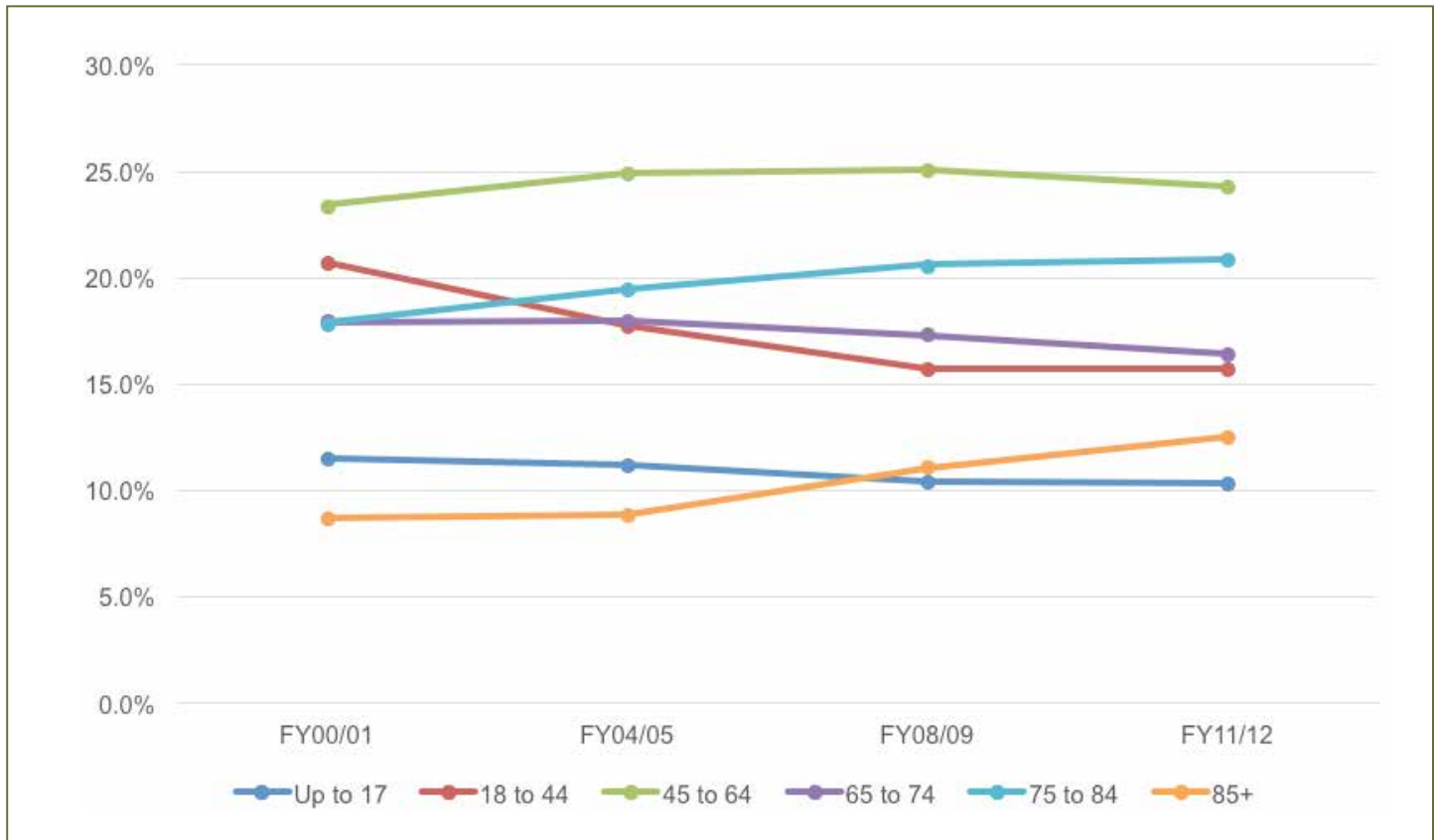


Description	FY 2000/01		FY 2004/05		FY 2008/09		FY 2011/12	
	Consumers	%	Consumers	%	Consumers	%	Consumers	%
Up to 17	1,112	10.5%	2,056	15.0%	3,998	21.9%	5,931	26.8%
18 to 44	4,807	45.5%	6,179	44.9%	7,674	42.1%	9,156	41.4%
45 to 64	1,425	13.5%	1,903	13.8%	2,550	14.0%	2,884	13.1%
65 to 74	667	6.3%	714	5.2%	836	4.6%	848	3.8%
75 to 84	1,291	12.2%	1,523	11.1%	1,651	9.1%	1,609	7.3%
85+	1,253	11.9%	1,375	10.0%	1,527	8.4%	1,672	7.6%
All Protective Supervision	10,554	100.0%	13,750	100.0%	18,234	100.0%	22,100	100.0%

Paramedical Services by Age Group

Paramedical services were most frequently authorized to consumers in the “45 to 64” age bracket. However, the greatest increase between FYs 2000/01 and 2011/12 occurred in the “85+” age group, from 9 percent to 13 percent of consumers authorized paramedical services.

Figure 21: Paramedical Services by Age Group



Description	FY 2000/01		FY 2004/05		FY 2008/09		FY 2011/12	
	Consumers	%	Consumers	%	Consumers	%	Consumers	%
Up to 17	2,062	11.5%	3,104	11.2%	4,256	10.4%	4,891	10.3%
18 to 44	3,717	20.7%	4,930	17.7%	6,400	15.7%	7,476	15.7%
45 to 64	4,190	23.4%	6,920	24.9%	10,230	25.0%	11,566	24.3%
65 to 74	3,219	17.9%	5,006	18.0%	7,072	17.3%	7,827	16.4%
75 to 84	3,196	17.8%	5,408	19.4%	8,409	20.6%	9,912	20.8%
85+	1,560	8.7%	2,460	8.8%	4,518	11.1%	5,967	12.5%
All Paramedical	17,942	100.0%	27,825	100.0%	40,884	100.0%	47,638	100.0%

Appendix A

IHSS Historic Timeline

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Appendix A: IHSS Historic Timeline

1935	1965	1972	1973	1974
The Social Security Act of 1935 created Old Age Assistance and Aid to the Blind .	The Older Americans Act established the Administration on Aging. Medicare was created as part of the Social Security Act.	The Social Security Amendments of 1972 established the Supplemental Security Income (SSI) Program.	The In-Home Supportive Services (IHSS) Program was established in California.	The State Supplementary Payment (SSP) Program was adopted.
				ACLS 74-01, 74-26
1979	1979	1990	1992	1992
Social Services published eligibility procedures for all programs, including IHSS.	Medical services were separated from IHSS services, and AB 1940 authorized the provision of Paramedical Services through IHSS.	The Americans with Disabilities Act (ADA) extended protection from discrimination in employment and public accommodations to persons with disabilities.	A 12 percent IHSS service reduction was implemented.	The Personal Care Option (PCO) was approved as a State Plan Amendment November 2, 1992 and included personal care, paramedical and protective supervision.
ACL 79-9	ACL 79-20 and ACL 79-81		ACL 92-81	ACIN I-66-92
1993	1996	1998	1999 to 2002	1999
PCO was named the Personal Care Services Program (PCSP) and implemented statewide on April 1, 1993.	The IHSS program was required to implement the National Voter Registration Act of 1993 .	Established that Regional Center services were not to be considered alternative resources.	AB 1682 implemented Employer of Record in IHSS.	In Olmstead v L.C. , 527 U.S. 581, held that unjustified segregation of persons with disabilities constitutes discrimination in violation of Title II of the Americans with Disabilities Act.
ACWDL and ACL 93-21	ACLS 96-21, 96-21E	ACL 98-79	ACLS 99-62, 00-36, 00-68, 00-81, 01-87, 02-86	Supreme Court Decision
2000	2000	2000	2001	2001
The Voluntary Services Certification Form SOC 450 was implemented.	A program advisory described the Personal Care Services Program for children under 18 and the services available under that program.	Established that institutionally-deemed (DDS Waiver) individuals may qualify for PCSP services.	Range of Motion exercises began being authorized as a paramedical service in the IHSS Program.	A new eligibility category called the Aged & Disabled Federal Poverty Level Program was authorized.
ACL 00-28	ACWDL 00-59	ACL 00-83	ACL 01-08	ACL 01-10

2001, 2002, 2003	2002	2003	2004	2004
SB 87 established aid code 6J - Pending Disability Determination .	IHSS deductions were no longer allowed due to changes in the Aged & Disabled Federal Poverty Level program.	AB 668 required the provision of Waiver Personal Care Services (WPCS) to individuals eligible for services under the Nursing Facility waivers.	AB 925 required coverage of IHSS in the workplace .	The IHSS/PCSP, Quality Assurance and Program Integrity provisions of SB 1104 were explained in detail to counties.
ACWDLs 01-36, 01-39, 02-40, 02-45, 02-48, 02-54, 02-59, 03-25, 03-29	ACWDLs 02-22, 02-22E	ACL 03-24	ACL 04-41	ACIN I-69-04
2005	2005	2005, 2006	2005	2006
The IHSS Plus Waiver (IPW) was approved by the Centers for Medicare and Medicaid services on August 1, 2004.	PCSP was expanded to include Domestic & Related Services; Protective Supervision could not be provided by a spouse or parent of a minor child.	MEDS Aid Codes for IHSS consumers became: 2L - IPW; 2M - PCSP; 2N - IHSS-R.	The Medicare Part D prescription drug plan was introduced.	SB 1104 required establishment of Hourly Task Guidelines (HTGs) . CDSS provided revised Regulations, Annotated Assessment Criteria, a Quick Reference Task Tool, and a HTGs Process Flow Chart.
ACWDL 05-21 and ACLs 05-05, 05-35, 05-36	ACWDL 05-21	ACWDLs 05-21, 06-02	ACIN I-63-05	ACLs 06-34, 06-34E, 06-34E2
2006	2006	2007	2007	2008
SB 1104 required establishment of Quality Assurance/Quality Improvement (QA/QI) Monitoring . CDSS provided Regulations and a QA/QI Procedures Manual.	CDSS provided Protective Supervision form SOC 825 .	The IPW program regulations were provided to counties.	County social workers were required to complete the Individual Emergency Back-Up Plan during the assessment and reassessments of all IHSS consumers.	Non-citizens who met the immigration status criteria for SSI/SSP as of August 21, 1996 were reviewed for eligibility for IHSS-R.
ACL 06-35	ACIN I-97-06	ACIN I-05-07	ACL 07-08	ACIN I-18-08

2009	2009	2009	2009	2010
ABX 4 19 created new Provider Enrollment requirements and the Provider Orientation .	The American Recovery and Reinvestment Act of 2009 increased the federal Medi-Cal assistance percentage by 11.59 to 61.59%.	CDSS developed a written appeals process for providers who were determined ineligible to receive payment to provide in-home care.	CMS approved, under Section 1915(j), California's establishment of the IHSS Plus Option (IPO) . The SOC 864, expanded Individual Emergency Back-Up Plan & Risk Assessment , was developed as of October 1, 2009.	The Affordable Care Act increased the quality and affordability of health insurance.
ACLs 09-52, 09-54, 09-63, 09-66, 09-68, 09-78, 10-42, 10-51	ACIN I-62-09	ACLs 09-68, 10-42	ACLs 93-21, 11-19, ACWDL 06-04, ACINs I-33-10, I-27-11	
2010	2010	2011	2011	2011
Program Integrity/ Anti-Fraud activities began.	AB 1612 required implementation of a 3.6 percent service reduction to all IHSS consumers.	Tier 1 and Tier 2 exclusionary crimes were explained to counties.	SB 72 required Health Care Certification to be obtained prior to authorization of IHSS. AB 106 allowed provisional approval of IHSS services.	The Patient Protection and Affordable Care Act of 2010 established a new State Plan Option: the Community First Choice Option (CFCO) . The CFCO State Plan Amendment was effective in California as of December 1, 2011.
ACL 10-39	ACLs 10-61 and 12-33	ACLs 09-52, 09-70, 09-78, 10-05, 10-35, 10-51, 11-12, 12-19	ACLs 11-55 and 11-76	All-County IHSS Program Manager Letter, 12/2/11

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