April 8, 2019

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY INFORMATION NOTICE NO. I-22-19

The purpose of this ACIN is to provide counties with the results of a study of In-Home Supportive Services Consumer Characteristics for Fiscal Years 2012/13 through 2017/18 as compiled from the Case Management, Information and Payrolling System

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

PAT LEARY
ACTING DIRECTOR

GAVIN NEWSOM
GOVERNOR

April 8, 2019

ALL COUNTY INFORMATION NOTICE (ACIN) NO.: I-22-19

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

SUBJECT: RELEASE OF IN-HOME SUPPORTIVE SERVICES (IHSS) CONSUMER CHARACTERISTICS REPORT

REFERENCE: ALL-COUNTY INFORMATIONAL NOTICE (ACIN) NO. I-70-15 (SEPTEMBER 4, 2015)

The purpose of this All-County Information Notice (ACIN) is to provide counties with the results of a study of In-Home Supportive Services Consumer Characteristics for Fiscal Years (FY)s 2012/13 through 2017/18, as compiled from the Case Management, Information and Payrolling System.

BACKGROUND

The *IHSS Consumer Characteristics Report* facilitates an understanding of the shifting demographics and dynamics of the IHSS population including county specific changes in services authorized to these consumers.

The 2015 IHSS Consumer Characteristics Report (ACIN I-70-15) spanning FYs 2000/01 through 2011/12, established a program baseline. This supplemental report documents the IHSS consumer characteristics for FYs 2012/13 through 2017/18 and displays trends over the last six fiscal years.

IHSS CONSUMER CHARACTERISTICS REPORT

This report includes key findings and the analysis of the impact of the following legislative changes since FY 2011/12: Community First Choice Option, Health Care Certification, Coordinated Care Initiative, the expansion of Medi-Cal to the Modified Adjusted Gross Income (MAGI) eligible individuals through the Affordable Care Act,

establishment of Managed Care Health Plan contract agencies, implementation of the Federal Labor Standards Act (FLSA) paid overtime and paid travel time, discontinuance of CCI and the county MOE adjustment.

Questions regarding the content of this ACIN may be directed to the Systems Operations and Data Analysis Bureau within the CMIPS & Systems Enhancements Branch at the following email address: CMIPSII-Requests@dss.ca.gov.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division

c: CWDA

Attachment

In-Home Supportive Services Consumer Characteristics Report

Fiscal Years 2012/13 through 2017/18 Supplement

As Compiled from the
Case Management, Information
and Payrolling System

California Department of Social Services

February 2019

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EXECUTIVE SUMMARY

The IHSS Consumer Characteristics Report, spanning fiscal years (FY) 2000/01 through 2011/12, established a program baseline. This supplemental report documents the IHSS consumer characteristics for FYs 2012/13 through FY 2017/18 and displays trends over the last six fiscal years.

Key findings from FY 2012/13 to FY 2017/18:

- The average number of IHSS consumers increased by 28.3% from 440,458 to 564,922 statewide.
- The cumulative monthly hours authorized to consumers increased by 49.5% from 38.5 million to 57.5 million hours statewide.
- The statewide average of IHSS authorized hours per consumer per month increased by 16.6% from 87.4 hours to 101.9 hours.
- English remained the primary language spoken by IHSS consumers, followed by Spanish and Armenian.
- The ages of the IHSS consumers remained constant with little variance. The lack of change in the age groups indicates that the Modified Adjusted Gross Income (MAGI) eligibility requirements did not impact the age demographic composition of the IHSS program.
- The IHSS disabled population continued to grow from 55% in FY 2012/13 of the IHSS population to 60% in FY 2017/18; the IHSS disabled population who reached the age of 65 or older increased from 27% to 28%.
- The average length of time that consumers have stayed in the IHSS program changed from 6.4 years in FY 2012/13 to 6.7 years in FY 2017/18.
- The most common reason that IHSS consumers exited the program continued to be “Deceased,” with a decrease from 39% to 38%.

DATA SOURCE AND METHODOLOGY

As in the original *IHSS Consumer Characteristics Report*, and for consistency purposes, the data source and methodology are as follows:

- Data Source - CDSS' Case Management, Information and Payrolling System (CMIPS)

- Methodology - Data from the months of **July and January** are averaged to evaluate the characteristics and trends, and all cases are in eligible, presumptive eligible or leave status.

DATA INTEGRITY

The data included in this document is from two different systems, Legacy CMIPS and CMIPS II. CMIPS II was phased in July-December 2013. July 2012 through July 2013 data is from Legacy CMIPS. January 2014 through 2018 is from CMIPS II.

LEGISLATIVE CHANGES THAT OCCURED IN THE IHSS PROGRAM

- **2011/12**
  - Health care professional certification required
  - Community First Choice Option (CFCO)

- **2012**
  - Reduction to authorized hours continued from February 2011

- **2013**
  - Coordinated Care Initiative (CCI)
  - Maintenance of Effort (MOE) established
  - Reduction to authorized hours increased to a total of 8%

- **2014**
  - Affordable Care Act (ACA) established
  - Modified Adjusted Gross Income (MAGI) increased Medi-Cal eligibility for those aged 19-64
  - Reduction to authorized hours decreased by 1%; from 8% to 7%

- **2015**
  - Managed Care Health Plan contract agencies established
  - Restoration of the 7% authorized hours reduction
  - Implementation of Federal Labor Standards Act (FLSA) paid overtime and travel time

- **2016/17**
  - Continued implementation of paid overtime and travel time
  - CCI was discontinued and the county MOE adjusted

FINDINGS

Average Hours Authorized for IHSS Consumers

Between FYs 2012/13 and 2017/18, the number of consumers in the IHSS program increased by 28.3% from 440,458 to 564,922 statewide, the authorized hours increased 49.5% from 38.5 million to 57.5 million hours statewide, and the average authorized hours per consumer increased 16.6% from 87.4 hours per month to 101.9 hours per month.

Figure 1 below shows the average number of hours authorized per consumer for FYs 2012/13 and 2017/18 with legislative changes that were implemented in the IHSS program in each year.

Figure 1 – Average Hours Authorized per Consumer and Program Changes

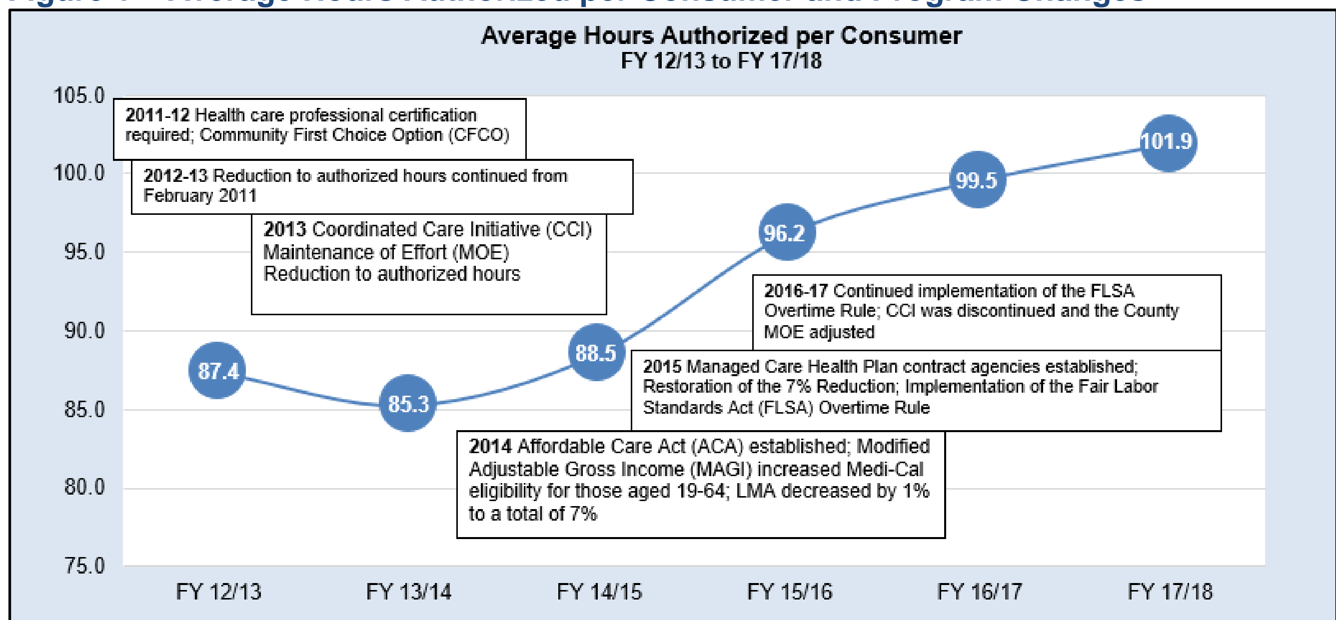

Table 1 below shows the numbers of consumers, authorized hours and average authorized hours per consumer for each fiscal year between FY2012/13 and FY2017/18.

Table 1 – Average Hours Authorized per Consumer

Statewide	2012/13	2013/14	2014/15
Consumers	440,458	457,674	488,934
Authorized Hours	38,485,670.7	39,028,737.4	43,291,967.0
Average Hours Authorized per Consumer	84.7	85.3	88.5

Statewide	2015/16	2016/17	2017/18
Consumers	513,700	541,054	564,922
Authorized Hours	50,031,519.8	53,853,339.6	57,545,465.8
Average Hours Authorized per Consumer	97.4	99.5	101.9

Spoken Languages

In FYs 2012/13 through 2017/18, English was the primary language spoken by IHSS consumers remained at 49-50% of the IHSS population, followed by Spanish and Armenian as second and third. Most of the languages showed constant trends. The highest variance noted was in Armenian which declined, from 7.3% to 6.4% in FY 2017/18, and for Spanish consumers receiving an English Notice of Action (NOA) which declined from 1.4% to 0.0%.

Table 2 – Languages Spoken by Consumers

Spoken Languages	2012/13 Consumers	% of Consumers	2013/14 Consumers	% of Consumers	2014/15 Consumers	% of Consumers
English	218,071	49.5%	223,726	48.9%	242,393	49.6%
Spanish (Spanish NOA)	70,125	15.9%	78,159	17.1%	86,104	17.6%
Armenian	32,093	7.3%	32,799	7.2%	33,630	6.9%
Cantonese	20,412	4.6%	20,959	4.6%	21,685	4.4%
Vietnamese	17,423	4.0%	18,671	4.1%	19,723	4.0%
Russian	16,307	3.7%	16,719	3.7%	16,786	3.4%
Farsi	10,297	2.3%	10,956	2.4%	11,332	2.3%
Mandarin	10,226	2.3%	10,535	2.3%	10,952	2.2%
Tagalog	8,874	2.0%	9,743	2.1%	10,301	2.1%
Other Non-English	7,646	1.7%	8,502	1.9%	9,059	1.9%
Korean	6,800	1.5%	7,256	1.6%	7,948	1.6%
Spanish (English NOA)	6,190	1.4%	1,815	0.4%	54	0.0%
Cambodian	4,063	0.9%	4,215	0.9%	4,327	0.9%
Arabic	2,852	0.6%	3,592	0.8%	4,058	0.8%
Hmong	2,539	0.6%	2,659	0.6%	2,745	0.6%
Other Languages[1]	2,234	0.5%	2,394	0.5%	2,509	0.5%
Lao	1,736	0.4%	1,934	0.4%	2,034	0.4%
Other Chinese Languages	1,652	0.4%	1,623	0.4%	1,514	0.3%
Mien	795	0.2%	834	0.2%	832	0.2%
Others-Not Specified	114	0.0%	319	0.1%	392	0.1%
CMIPS II Conversion[2]	NA	NA	269	0.1%	562	0.1%
Statewide	**440,445**	**100.0%**	**457,674**	**100.0%**	**488,934**	**100.0%**

[1] The Other Languages category includes Ilocano, Portuguese, Thai, American Sign Language, Samoan, Japanese, Other Sign Language, Hebrew, Turkish, Italian, Polish, and French.

[2] The data is from two different systems, Legacy CMIPS and CMIPS II. Some languages were not specified during conversion.

Spoken Languages	2015/16 Consumers	% of Consumers	2016/17 Consumers	% of Consumers	2017/18 Consumers	% of Consumers
English	257,092	50.0%	272,937	50.4%	286,793	50.8%
Spanish (Spanish NOA)	91,495	17.8%	97,555	18.0%	102,703	18.2%
Armenian	34,394	6.7%	35,203	6.5%	35,929	6.4%
Cantonese	22,421	4.4%	23,059	4.3%	23,811	4.2%
Vietnamese	20,603	4.0%	21,679	4.0%	22,824	4.0%
Russian	16,827	3.3%	16,987	3.1%	16,837	3.0%
Farsi	11,539	2.2%	11,957	2.2%	12,327	2.2%
Mandarin	11,229	2.2%	11,801	2.2%	12,052	2.1%
Tagalog	10,449	2.0%	10,444	1.9%	10,446	1.8%
Other Non-English	9,515	1.9%	9,919	1.8%	10,691	1.9%
Korean	8,468	1.6%	9,222	1.7%	9,905	1.8%
Spanish (English NOA)	37	0.0%	31	0.0%	23	0.0%
Cambodian	4,462	0.9%	4,607	0.9%	4,715	0.8%
Arabic	4,429	0.9%	4,895	0.9%	5,416	1.0%
Hmong	2,796	0.5%	2,814	0.5%	2,807	0.5%
Other Languages[3]	2,486	0.5%	2,516	0.5%	2,514	0.4%
Lao	2,124	0.4%	2,187	0.4%	2,273	0.4%
Other Chinese Languages	1,464	0.3%	1,407	0.3%	1,338	0.2%
Mien	821	0.2%	819	0.2%	828	0.1%
Others-Not Specified	398	0.1%	402	0.1%	287	0.1%
CMIPS II Conversion[4]	654	0.1%	616	0.1%	409	0.1%
Statewide	**513,700**	**100.0%**	**541,054**	**100.0%**	**564,922**	**100.0%**

[3] The Other Languages category includes Ilocano, Portuguese, Thai, American Sign Language, Samoan, Japanese, Other Sign Language, Hebrew, Turkish, Italian, Polish, and French.

[4] The data is from two different systems, Legacy CMIPS and CMIPS II. Some languages were not specified during conversion.

Ages

The ages of the IHSS consumers over FYs 2012/13 through 2017/18 remained constant, with the largest change of 25% to 22% in the 75-84 age group. Demographic composition of the IHSS program was not impacted by the MAGI eligibility requirements.

Figure 2 – Age Groups

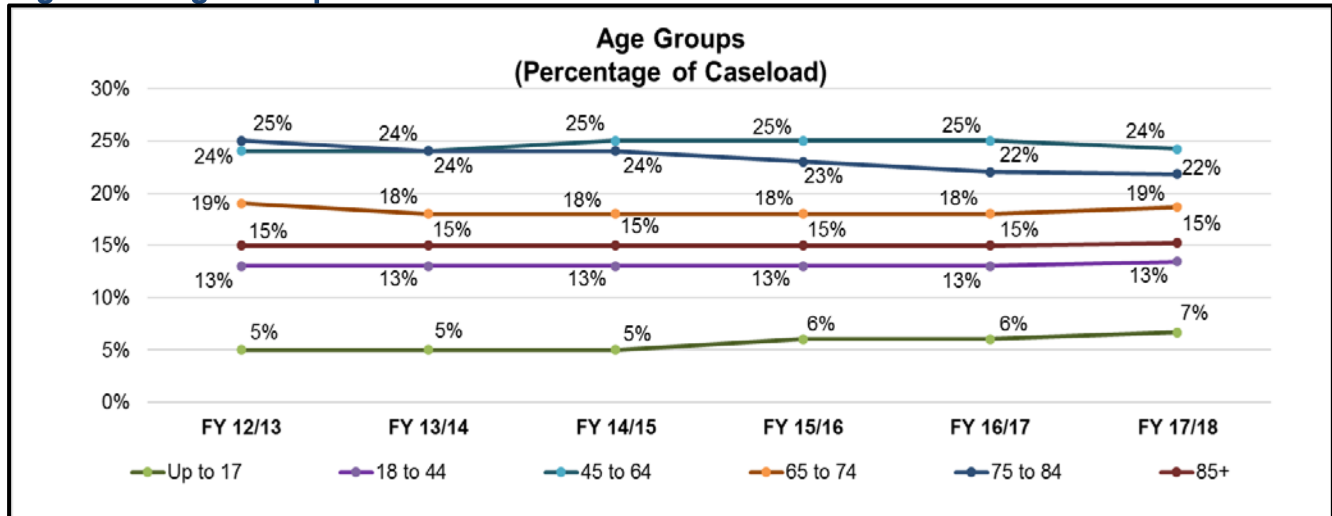

Table 3 – Age Groups

Ages	2012/13 Consumers	% of Consumers	2013/14 Consumers	% of Consumers	2014/15 Consumers	% of Consumers
Up to 17	21,474	5%	22,965	5%	26,139	5%
18 to 44	55,533	13%	58,591	13%	63,342	13%
45 to 64	107,570	24%	111,796	24%	120,767	25%
65 to 74	81,682	19%	83,811	18%	88,991	18%
75 to 84	108,236	25%	110,849	24%	115,200	24%
85+	65,952	15%	69,663	15%	74,497	15%
Statewide	**440,445**	**100%**	**457,674**	**100%**	**488,934**	**100%**

Ages	2015/16 Consumers	% of Consumers	2016/17 Consumers	% of Consumers	2017/18 Consumers	% of Consumers
Up to 17	29,438	6%	33,521	6%	37,633	7%
18 to 44	67,293	13%	71,702	13%	76,011	13%
45 to 64	127,050	25%	133,089	25%	136,794	24%
65 to 74	93,459	18%	99,427	18%	105,409	19%
75 to 84	117,007	23%	120,157	22%	123,109	22%
85+	79,454	15%	83,159	15%	85,967	15%
Statewide	**513,700**	**100%**	**541,054**	**100%**	**564,922**	**100%**

Aid Codes (Aged, Blind or Disabled)
In the IHSS program, each consumer is assigned an aid code designation of Aged, Blind or Disabled. The IHSS Disabled population grew most significantly from 55% of the population in FY 2012/13 to 60% of the population in FY 2017/18. The Aged population decreased from 43% to 38% of the population and the Blind population stayed steady at 2% of the program.

Figure 3 – Aid Codes

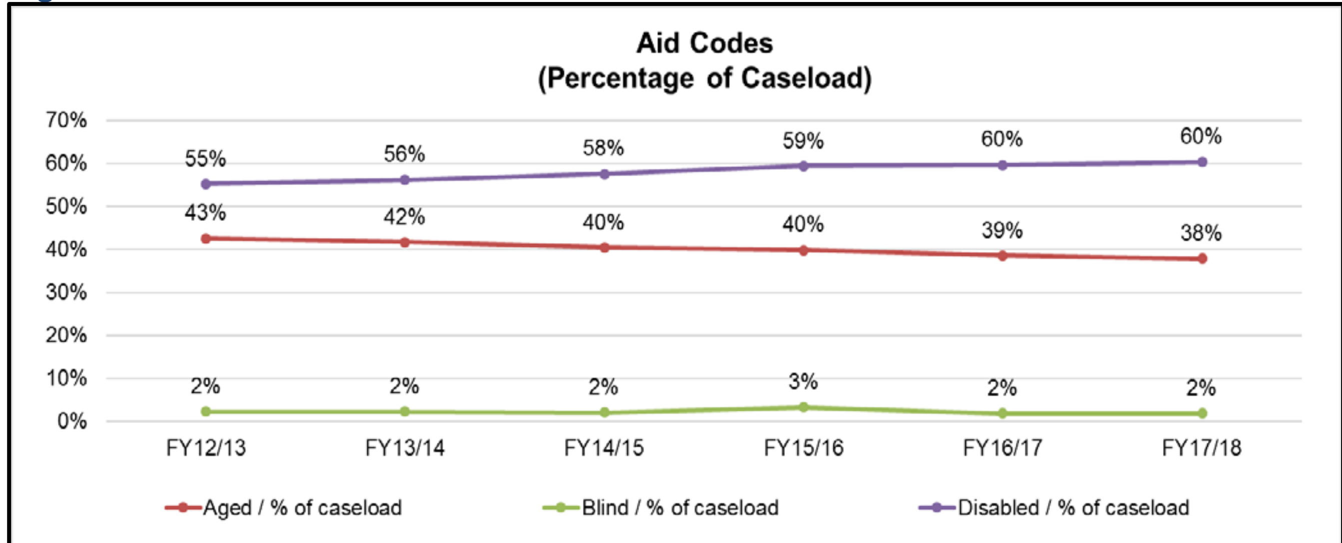

Table 4 – Aid Codes

Aid Codes	2012/13 Consumers	% of Consumers	2013/14 Consumers	% of Consumers	2014/15 Consumers	% of Consumers
Aged	187,362	43%	190,809	42%	197,614	40%
Blind	9,809	2%	9,780	2%	9,843	2%
Disabled	243,274	55%	257,085	56%	281,477	58%
Statewide	**440,445**	**100%**	**457,674**	**100%**	**488,934**	**100%**

Aid Codes	2015/16 Consumers	% of Consumers	2016/17 Consumers	% of Consumers	2017/18 Consumers	% of Consumers
Aged	202,186	39%	208,476	38%	214,087	38%
Blind	9,785	2%	9,768	2%	9,650	2%
Disabled	301,729	59%	322,810	60%	341,186	60%
Statewide	**513,700**	**100%**	**541,054**	**100%**	**564,922**	**100%**

Additionally, the table below shows the number of IHSS consumers who entered the program with an assigned Blind or Disabled aid code but reached the age of 65 or older between FYs 2012/13 and 2017/18. The IHSS blind population aged 65 and over slightly dropped from 44% of the blind population to 41%, and the disabled population aged 65 and over increased from 27% of the disabled population to 28%.

Table 5 – Aid Codes, Age 65 and Older

Description	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Blind, 65 and Older	4,310	4,221	4,156	4,092	4,084	3,991
% of Blind Aid Code	44%	43%	42%	42%	42%	41%
Disabled, 65 and Older	64,488	69,904	77,573	82,824	90,183	96,409
% of Disabled Aid Code	27%	27%	28%	27%	28%	28%

Length of Time in the Program
The average years in the IHSS program stayed constant averaging 6.4 years in FY 2012/13 and 6.7 years in FY 2017/18. Figure 5 and Table 7 below show this slight growth.

Figure 4 – Average Years in the Program

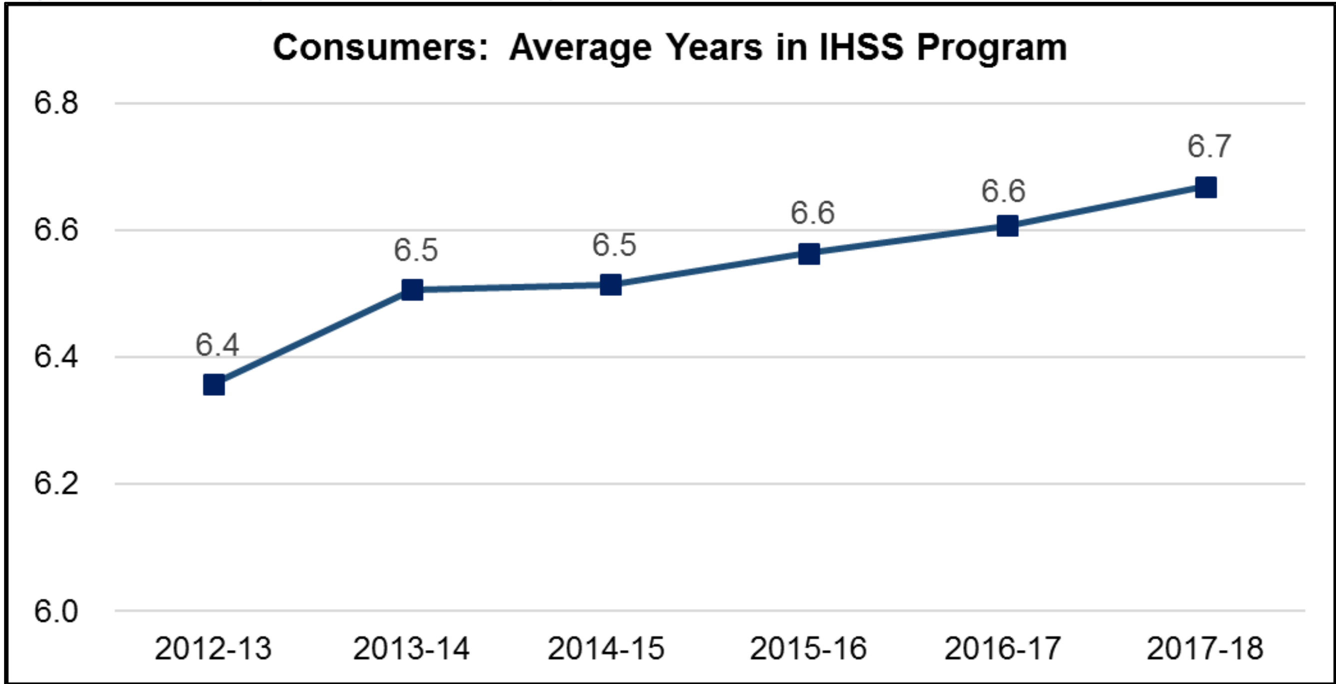

Table 6 – Average Years in the Program

Fiscal Years	Average Caseload	Average Years in Program
2012/13	440,445	6.4
2013/14	457,674	6.5
2014/15	488,934	6.5
2015/16	513,700	6.6
2016/17	541,051	6.6
2017/18	564,922	6.7

There was also longevity in the program. The average number of years in the program stayed steady while the program continued to grow. Figure 6 and Table 7 below show the average number of cases in 5-year increments – less than 5 years, 5-9.9 years, 10-14.9 years, 15-19.9 years, 20-24.9 years and 25 or more years.

Figure 5 – Average Length of Time in the Program by Fiscal Year

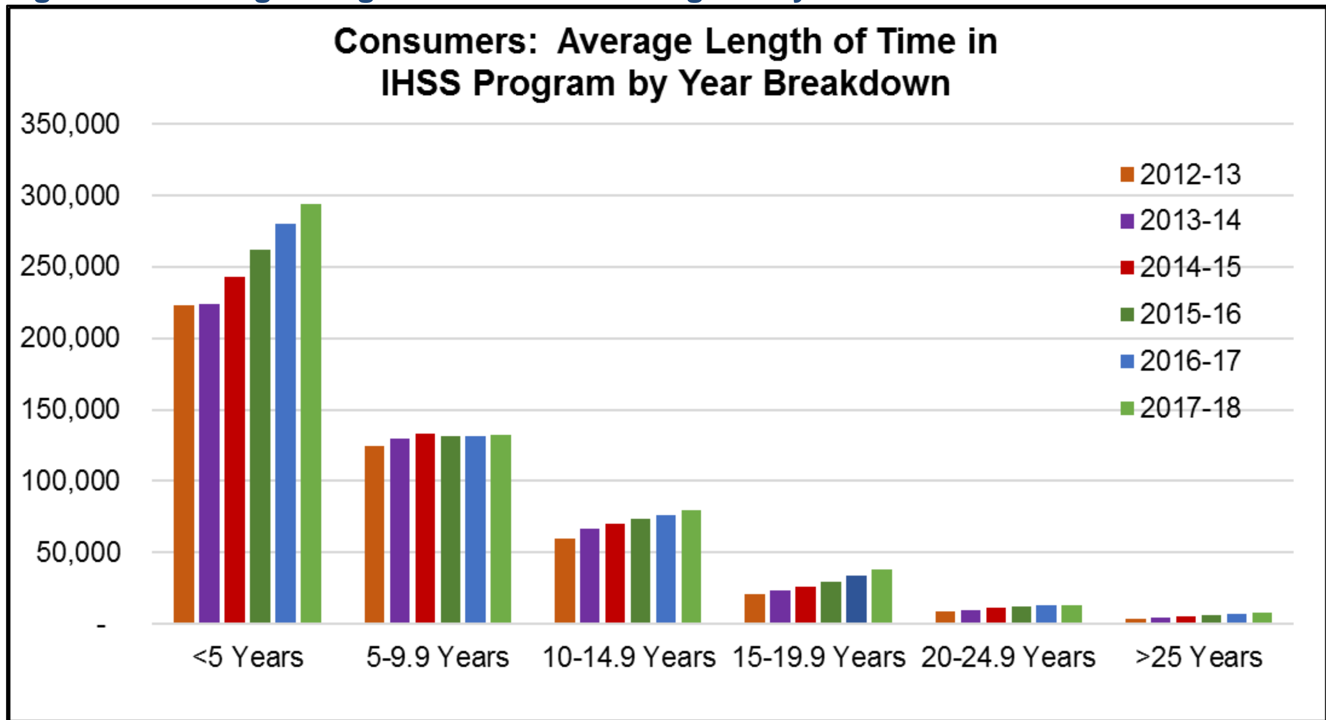

Table 7 – Average Length of Time in the Program

Fiscal Years	Statewide Caseload	<5 Years	5-9.9 Years	10-14.9 Years	15-19.9 Years	20-24.9 Years	>25
2012/13	440,445	223,075	124,251	59,405	21,216	8,635	3,864
2013/14	457,674	224,260	129,554	66,234	23,507	9,749	4,370
2014/15	488,934	243,398	132,876	70,178	26,410	11,013	5,060
2015/16	513,700	261,682	131,420	73,524	29,157	12,019	5,899
2016/17	541,054	280,162	131,367	76,371	33,495	12,743	6,913
2017/18	564,922	293,750	131,916	79,581	38,422	13,445	7,809

The average number of cases in the program for 25 years or more increased from 3,864 cases in 2012/13 to 7,809 cases in 2017/18.

Length of Time in the Program by Aid Code
The average length of time in the IHSS program stayed constant averaging 6.4 years in FY 2012/13 and 6.7 years in FY 2017/18; however, the trends show a bit differently in the different aid code categories. Aged increased from 6.1 to 6.4 years in program, Blind from 9.1 to 10.3, and Disabled 6.5 to 6.7. Figure 6 and Table 8 below display this growth.

The following is the breakdown of the length of time in the program by Aid Code (Aged, Blind or Disabled) in relation to the overall length of time in program.

Figure 6 – Consumers: Average Years in the IHSS Program with Aid Code Breakdown

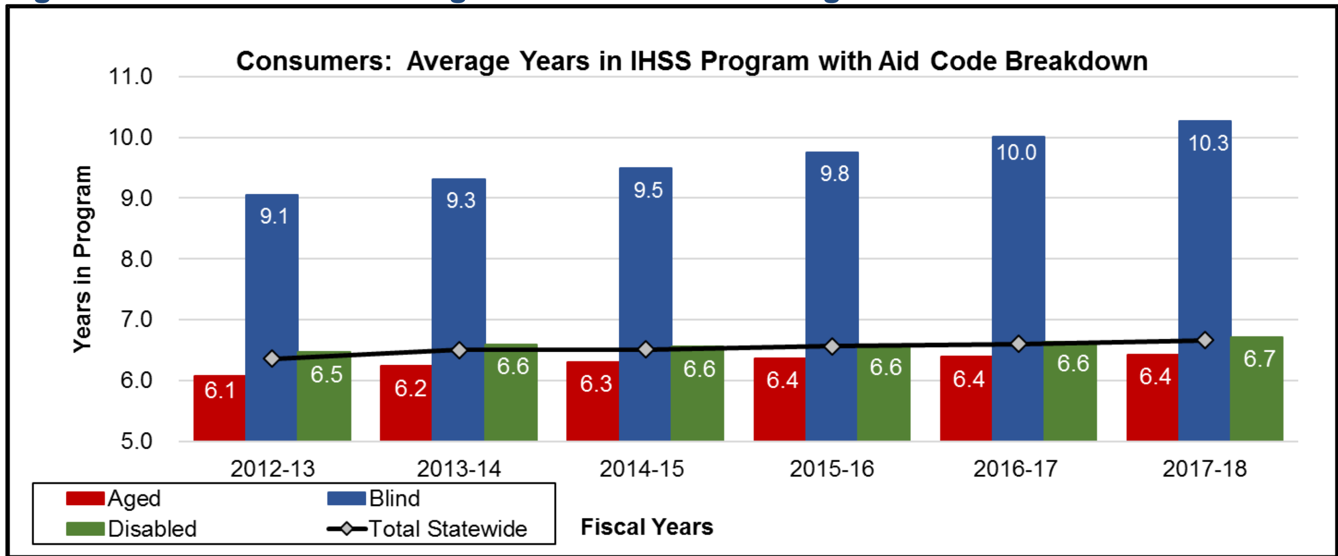

Table 8 – Length of Time in the Program

Fiscal Years	Statewide Caseload	Avg Years	Aged Caseload	Avg Years	Blind Caseload	Avg Years	Disabled Caseload	Avg Years
2012/13	440,445	6.4	187,362	6.1	9,809	9.1	243,275	6.5
2013/14	457,674	6.5	190,809	6.2	9,780	9.3	257,085	6.6
2014/15	488,934	6.5	197,614	6.3	9,843	9.5	281,478	6.6
2015/16	513,700	6.6	202,186	6.4	9,785	9.8	301,730	6.6
2016/17	541,054	6.6	208,475	6.4	9,768	10.0	322,808	6.6
2017/18	564,922	6.7	214,087	6.4	9,650	10.3	341,186	6.7

Reasons for Exiting the Program

Due to the Case Management, Information and Payrolling System II (CMIPS II) conversion in 2013, the data reporting the reasons for exiting the program have slightly changed, although many are still comparable to the previous system. In comparing FYs 2000/01, 2010/11 and 2017/18, the most common reason that IHSS consumers exited the program continued to be "Deceased" but decreased slightly from 39% of those who exited the program in 2000-01 to 38% in 2017/18. Figure 7 below shows the total number of cases in each exit category; however, it does not include the new reason that is available with CMIPS II. Table 9 below shows in detail the reasons for exiting.

Figure 7 – Reasons for Exiting the Program

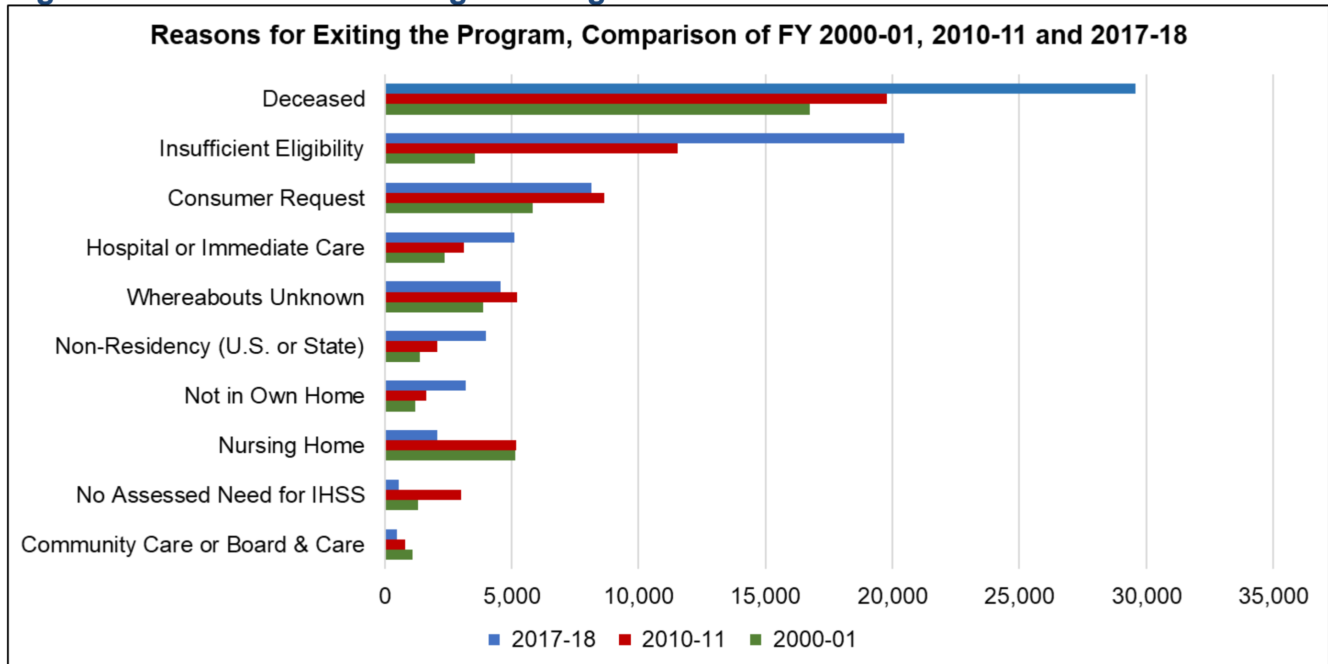

Table 9 – Reasons for Exiting the Program

Description	FY 2000/01	% of FY Total	FY 2010/11	% of FY Total	FY 2017/18	% of FY Total
Deceased	16,753	39%	19,771	32%	29,586	38%
Insufficient Eligibility	3,569	8%	11,553	19%	20,453	26%
Consumer Request	5,830	14%	8,653	14%	8,159	10%
Hospital or Immediate Care	2,349	6%	3,109	5%	2,088	3%
Whereabouts Unknown	3,866	9%	5,228	9%	4,575	6%
Non-Residency (U.S. or State)	1,388	3%	2,058	3%	3,991	5%
Not in Own Home	1,192	3%	1,636	3%	3,191	4%
Nursing Home	5,148	12%	5,165	8%	5,112	7%
No Assessed Need for IHSS	1,301	3%	3,026	5%	546	1%
Community Care or Board & Care	1,090	3%	799	2%	490	1%
New Reasons after 2013						
Health Care Certification					49	0%
Total	**42,486**	**100%**	**60,998**	**100%**	**78,240**	**100%**

Average Hours Authorized per Consumer by County

The statewide average for IHSS hours authorized increased by 17% from FY 2012/13 to 2017/18 despite the reduction to authorized hours in affect from 2012-2015.

Table 10 – Average Hours Authorized per Consumer by County

County Name	2012/13 Average	2013/14 Average	2014/15 Average	2015/16 Average	2016/17 Average	2017/18 Average	FY 2012/13 to 2017/18 % Change
Alameda	101.5	99.6	104.9	112.0	111.6	111.5	10%
Alpine	105.2	92.1	83.2	93.4	85.7	87.4	-17%
Amador	79.4	82.4	89.6	93.4	90.8	91.7	15%
Butte	118.2	114.6	114.2	119.5	115.7	113.6	-4%
Calaveras	88.0	87.1	91.3	101.5	107.6	111.6	27%
Colusa	60.1	53.5	57.1	74.9	87.1	92.5	54%
Contra Costa	83.5	81.8	85.5	93.8	96.6	98.9	18%
Del Norte	130.3	123.5	125.3	131.7	131.3	130.7	0%
El Dorado	124.7	121.2	124.3	134.4	135.7	137.7	10%
Fresno	92.9	91.4	95.0	105.8	109.7	112.6	21%
Glenn	115.0	116.4	113.4	117.5	116.2	116.1	1%
Humboldt	88.7	88.0	90.1	94.1	93.5	98.0	10%
Imperial	69.0	67.6	70.4	76.1	77.0	78.1	13%
Inyo	109.0	103.9	92.3	102.9	100.7	107.9	-1%
Kern	79.2	76.4	77.4	83.5	84.2	89.4	13%
Kings	79.4	79.1	83.1	92.6	96.2	98.6	24%
Lake	122.7	112.7	109.6	113.6	112.5	108.6	-12%
Lassen	98.3	93.0	88.8	84.6	88.1	96.5	-2%
Los Angeles	84.3	82.0	86.2	95.3	97.1	99.5	18%
Madera	80.6	78.1	81.4	91.7	97.0	100.2	24%
Marin	96.2	93.6	95.8	104.8	102.7	101.8	6%
Mariposa	110.0	113.6	110.1	113.8	117.5	118.7	8%
Mendocino	97.8	95.4	97.4	104.0	103.5	103.0	5%
Merced	72.9	75.6	80.7	85.8	86.6	86.6	19%
Modoc	89.6	87.4	82.5	76.9	85.7	101.1	13%
Mono	160.0	129.3	137.0	141.9	148.6	161.3	1%
Monterey	85.2	80.0	80.0	87.2	91.0	94.0	10%
Napa	115.8	110.4	108.6	116.9	118.0	117.9	2%
Nevada	104.8	103.8	104.8	106.1	99.9	96.8	-8%

County Name	2012/13 Average	2013/14 Average	2014/15 Average	2015/16 Average	2016/17 Average	2017/18 Average	FY 2012/13 to 2017/18 % Change
Orange	74.0	72.5	76.6	87.4	92.4	95.5	29%
Placer	114.9	113.2	121.6	136.5	143.5	147.7	29%
Plumas	68.6	74.8	78.8	89.9	88.7	85.7	25%
Riverside	87.3	85.2	86.6	97.3	101.0	104.2	19%
Sacramento	104.3	99.9	101.6	109.8	111.7	114.4	10%
San Benito	90.5	90.5	98.5	108.5	106.8	105.6	17%
San Bernardino	93.3	91.9	94.1	102.4	103.0	104.5	12%
San Diego	43.4	83.9	85.7	93.2	95.0	97.3	13%
San Francisco	84.6	82.4	85.5	93.8	95.3	97.2	15%
San Joaquin	81.2	78.1	80.3	86.4	86.8	90.1	11%
San Luis Obispo	103.8	98.2	97.4	104.6	106.9	110.3	6%
San Mateo	105.5	102.1	100.0	108.9	110.0	110.3	5%
Santa Barbara	88.6	87.7	90.2	94.2	92.1	92.3	4%
Santa Clara	82.9	82.4	86.2	97.5	103.4	108.9	31%
Santa Cruz	92.5	97.2	100.4	105.4	103.2	101.6	10%
Shasta	86.6	86.5	90.8	100.8	101.9	103.8	20%
Sierra	78.0	86.7	98.4	106.2	114.3	89.6	15%
Siskiyou	88.0	79.6	77.9	83.1	85.5	89.6	2%
Solano	108.4	105.3	107.1	119.2	120.3	118.2	9%
Sonoma	99.9	96.1	96.7	102.2	105.8	108.3	8%
Stanislaus	74.9	73.7	74.5	81.6	83.4	84.2	13%
Sutter	88.9	86.1	86.9	94.9	91.5	89.8	1%
Tehama	90.0	90.7	90.1	98.6	102.3	108.1	20%
Trinity	83.0	85.0	88.5	97.5	96.2	94.3	14%
Tulare	71.6	69.9	71.2	76.8	82.1	90.8	27%
Tuolumne	72.8	73.1	76.6	90.3	92.6	94.7	30%
Ventura	98.5	94.9	95.0	103.9	107.9	108.7	10%
Yolo	45.8	90.5	95.2	102.1	103.4	105.7	16%
Yuba	99.6	93.3	90.0	92.0	91.5	90.4	-9%
Statewide	**84.7**	**85.3**	**88.5**	**97.4**	**99.5**	**101.9**	**17%**

Consumer Usage: Authorized Caseloads by Consumer Need
In FY 2017/18, the most-frequently authorized service was Bathing and Oral Hygiene (89% of caseload), followed closely by Laundry (88%) and Domestic (87%).

The statewide caseload increased by 319,737 cases between FYs 2000/01 and 2017/18, a 132% caseload growth in 17 years. In 17 years, Severely Impaired cases increased by 104,498 cases, a 195% increase, and Non-Severely Impaired cases increase by 215,239 cases, a 114% increase.

Table 11 – Statewide Caseload, Severely Impaired, Non-Severely Impaired Increase

Fiscal Years	Statewide Caseload Increase	% of Increase	Severely Impaired Increase	% of Increase	Non-Severely Impaired Increase	% of Increase
2000/01 and 2011/12	196,830	81%	48,068	90%	148,763	78%
2011/12 and 2017/18	122,907	28%	56,431	56%	66,477	20%
2000/01 and 2017/18	319,737	132%	104,498	195%	215,239	114%

Table 12 – Authorized Caseloads by Consumer Need

Authorized Caseload	2000-01	% of Caseload	2011-12	% of Caseload	2017/18	% of Caseload
Severely Impaired	53,473	22%	101,541	23%	157,971	28%
Non-Severely Impaired	189,600	78%	338,363	77%	404,839	72%
Statewide Caseload	**243,073**	**100%**	**439,904**	**100%**	**562,810**	**100%**

Table 13 – Authorized Domestic and Related Cases

Domestic & Related Service	2000-01	% of Caseload	2011-12	% of Caseload	2017/18	% of Caseload
Domestic	221,797	91%	394,523	90%	489,367	87%
Meal Preparation	209,693	86%	386,950	80%	486,317	86%
Meal Clean Up	212,072	87%	386,732	88%	482,350	86%
Laundry	220,157	91%	396,372	90%	497,279	88%
Food Shopping	215,045	89%	387,953	88%	483,752	86%
Other Shopping & Errands	215,614	89%	389,940	89%	484,657	86%

Table 14 – Authorized Personal Care Cases

Personal Care Services	2000-01	% of Caseload	2011-12	% of Caseload	2017/18	% of Caseload
Respiration	10,719	4%	35,721	8%	58,608	10%
Bowel & Bladder	105,730	44%	232,103	53%	342,573	61%
Feeding	43,440	18%	79,044	18%	116,401	21%
Bed Baths	18,550	8%	34,752	8%	48,406	9%
Dressing	165,295	68%	354,758	81%	478,138	85%
Ambulation	99,300	41%	254,004	58%	367,799	65%
Moving In & Out of Bed	98,239	40%	242,704	55%	341,638	61%
Bathing & Oral Hygiene	195,829	81%	387,602	88%	502,889	89%
Rubbing Skin & Repositioning	97,971	40%	178,184	41%	256,306	46%
Prosthesis Care & Medication Mgmt.	88,901	37%	319,447	73%	438,648	78%

Table 15 – Authorized Other Services Cases

Other Services	2000-01	% of Caseload	2011-12	% of Caseload	2017/18	% of Caseload
Accompaniment to Medical Appointments	182,308	75%	374,791	85%	480,251	85%
Accompaniment to Alternative Resources	3,574	2%	7,738	2%	11,640	2%
Protective Supervision	10,304	4%	22,083	5%	43,140	8%
Paramedical	16,738	7%	45,596	10%	67,257	12%

Protective Supervision by Age Group

Protective Supervision services were most frequently authorized to consumers in the "18 to 44" age group; however, only the "Up to 17" age group increased between FYs 2012/13 and 2017/18, growing from 28% to 37% of consumers authorized protective supervision services. Also, cases with Protective Supervision increased from 23,746, 5.4% of the total caseload in 2011/12 to 43,140, 7.6% of the total caseload in FY 2017/18.

Table 16 – Protective Supervision by Age Group

Protective Supervision by Age	2012/13	% of PS Caseload	2013/14	% of PS Caseload	2014/15	% of PS Caseload
Up to 17 years old	6,632	28%	7,454	29%	8,852	30%
18 to 44 years old	9,846	40%	10,744	42%	11,850	40%
45 to 64 years old	3,011	13%	3,177	12%	3,376	12%
65 to 74 years old	869	4%	932	4%	1,059	4%
75 to 84 years old	1,605	7%	1,641	6%	1,785	6%
85+ years old	1,783	8%	1,940	7%	2,224	8%
Total PS Cases	**23,746**	**100%**	**25,888**	**100%**	**29,146**	**100%**

% of PS Caseload	2015/16	% of PS Caseload	2016/17	% of Caseload	2017/18	% of PS Caseload
Up to 17 years old	10,777	33%	13,277	35%	15,830	37%
18 to 44 years old	13,023	39%	14,488	38%	16,058	37%
45 to 64 years old	3,635	11%	3,860	10%	4,050	9%
65 to 74 years old	1,176	4%	1,365	4%	1,571	4%
75 to 84 years old	1,988	6%	2,272	6%	2,531	6%
85+ years old	2,422	7%	2,752	7%	3,101	7%
Total PS Cases	**33,021**	**100%**	**38,014**	**100%**	**43,140**	**100%**

APPENDIX A: IHSS HISTORIC TIMELINE

1935 – The Social Security Act of 1935 created **Old Age Assistance and Aid to the Blind**.

1965 – The **Older Americans Act** established the Administration on Aging. **Medicare** was created as part of the Social Security Act.

1972 – The Social Security Amendments of 1972 established the **Supplemental Security Income (SSI)** Program.

1973 – The **In-Home Supportive Services (IHSS)** Program was established in California.

1974 – The **State Supplementary Payment (SSP)** Program was adopted.

1979 –

- 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.

1990 – The **Americans with Disabilities Act (ADA)** extended protection from discrimination in employment and public accommodations to persons with disabilities.

1992 –

- 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.

1993 – PCO was named the Personal Care Services Program (PCSP) and implemented statewide on April 1, 1993.

1996 – The IHSS program was required to implement the **National Voter Registration Act of 1993.**

1998 – Established that **Regional Center services** were not to be considered alternative resources.

1999 – 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.

1999 to 2002 – AB 1682 implemented **Employer of Record** in IHSS.

2000 –

- 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

2001 –

- **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.

2001, 2002, 2003 – SB 87 established aid code **6J - Pending Disability Determination**.

2002 – IHSS deductions were no longer allowed due to changes in the Aged & Disabled Federal Poverty Level program.

2003 – AB 668 required the provision of **Waiver Personal Care Services (WPCS)** to individuals eligible for services under the Nursing Facility waivers.

2004 –

- 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.

2005 –

- 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.
- The **Medicare Part D** prescription drug plan was introduced.

2005/06 – MEDS **Aid Codes** for IHSS consumers became: 2L - IPW; 2M - PCSP; 2N - IHSS-R.

2006 –

- 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.
- SB 1104 required the 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**.

2007 –

- 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.

2008 – Non-citizens who met the **immigration status criteria** for SSI/SSP as of August 21, 1996 were reviewed for eligibility for IHSS-R.

2009 –

- 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.

2010 –

- The **Affordable Care Act** increased the quality and affordability of health insurance.
- **Program Integrity/Anti-Fraud** activities began.
- AB 1612 required implementation of a **3.6 percent service reduction** to all IHSS consumers.

2011 –

- **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.

2012 –

- AB 1612 and SB 1041 extended the sunset date of the **3.6 percent reduction** of all IHSS services to June 30, 2013.
- ABX 4 19 required a **Notice to Providers of Recipient's Authorized Services**. Called NOA Lite, the SOC 858 began mailing February 1, 2012.
- AB 876 **prohibited providers from signing their own Tier 2 waivers**.

2013 –

- SB 35 codified the requirements of County Welfare Directors to take specific steps in providing voter registration cards and an **NVRA Voter Preference Form** at all offices that provide public assistance and/or state-funded programs for persons with disabilities.
- SBs 1008 and 1036 established the **Coordinated Care Initiative (CCI)**, shifted the responsibility of IHSS provider collective bargaining to a **Statewide Authority**, and outlined the **Maintenance of Effort** requirement.

- The ***Uniform Statewide Protocols for Program Integrity Activities in the IHSS Program*** were released to counties.
- The **directed mailing** and **unannounced home visit** requirements for the *Uniform Statewide Protocols for Program Integrity Activities in the IHSS Program* were released.
- Announced the availability of the Coordinated Care Initiative **Voluntary Provider Training Curriculum**.

2013/14 – The **Oster/ Dominguez settlement** agreement implemented an additional 4.4% cut (over the 3.6% cut in February 2011) for one year starting in July 2013 with this cut decreasing by 1% in July 2014.

2014 –

- Provided the requirements for agencies to become certified as **Qualified Agencies** for IHSS consumers referred by a Managed Health Care Plan to a Qualified Agency.
- Regarded the Affordable Care Act (ACA) and provided differentiations between **Modified Adjusted Gross Income (MAGI)** and non-MAGI Medi-Cal groups.
- Provided counties with information regarding the **Care Coordination Teams** as part of CCI.
- Announced the revised **Community First Choice Option (CFCO)** program eligibility requirements and implementation of the Medi-Cal **Secondary Aid Code of 2K in CMIPS II**.
- Under **MAGI**, individuals aged 19 through 64 were no longer required to be disabled or blind in order to receive Medi-Cal.

2014/15 – The Fair Labor Standards Act (FLSA) required overtime and travel time be paid to IHSS providers, then was halted by the courts.

2015 –

- Provided the rules and reporting requirements for agencies that have entered into a contract with a **Managed Care Health Plan (MCHP)** to provide IHSS care.
- Informed County Welfare Directors of reasonable accommodation to **Blind and Visually Impaired (BVI)** IHSS consumers.
- **Restoration of the 7% Reduction** of the IHSS Program Recipients' Authorized Service Hours pursuant to SB 97.
- Implementation of Provisions in SB 855 and 873 related to the FLSA **overtime and travel time** requirements.

2016/17 – CCI was discontinued and the **MOE** was adjusted.

2017 – Implementation of **Electronic Timesheets** for IHSS and WPCS recipients and providers.

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