

California Independence Plus Section 1115 Demonstration

FACT SHEET

Name of Section 1115 Demonstration:	California In-Home Supportive Services (IHSS) Plus Demonstration
Date Initial Proposal Submitted:	May 4, 2004
Date Initial Proposal Approved:	July 30, 2004
Date Demonstration Implemented:	August 1, 2004
Scheduled Expiration Date:	July 31, 2009

SUMMARY

California submitted a Section 1115 Independence Plus application on May 4, 2004 to provide aged, blind and disabled adults and children with self-directed personal care assistance and service delivery options. These services and options were available under the "Residual Program" (RP) of the In-Home Supportive Services (IHSS) program that has been operating since 1973. The Residual Program was to be eliminated from the State's budget effective July 1, 2004. California sought to preserve these self-directed services and options through the 1115 authority of the SSA. These self-directed services and options have enabled participants to remain in their family residence or in their own homes and helped to avert the need for higher cost services such as nursing facility, ICF/MR or acute hospital services and dependence on avoidable emergency room visits.

TARGET POPULATION/ELIGIBILITY

The target population includes approximately 66,000 Medi-Cal eligible elders and persons of all ages with disabilities who are or will be determined in need of personal care or other supports that would allow them to remain in their homes, and who select a spouse or parent to provide those services to them.

NUMBER OF INDIVIDUALS SERVED

Demonstration enrollees include the approximately 26,000 persons who were formally enrolled in the IHSS RP.

BENEFIT PACKAGE

Full Medi-Cal benefits and IHSS Plus benefits will be available to all eligible IHSS Plus participants. The demonstration does not include state plan Personal Care Services (PCS) (including Protective Supervision and Domestic Services) for persons receiving all of their personal care service needs through the State Plan, which is consistent with June 2004 CMSO policy on PCS and interpretation of California's Medicaid State Plan. The demonstration does include these same personal care services (including Protective Supervision and Domestic Services) that are provided by a spouse or parent, in addition to meal allowances for eligible persons. The IHSS Plus benefits include:

- Self-directed hands-on personal care services which consist of the ability to hire, fire and supervise personal caregivers, including their spouses or parents, to direct and manage caregivers' hours of service and the choice to receive, in advance of services being rendered, the cash allotment to directly pay caregivers and hire substitute caregivers in urgent situations ("advance pay" option).
- Domestic and related services provided by a spouse or parent which consist of house cleaning to reduce threats to participant health and safety, shopping for food and other necessities, miscellaneous chores, meal planning, preparation and clean-up and routine laundry.
- Restaurant Meal Allowances (RMA) which is an option for participants whose disabilities prevent them from using their own cooking facilities and who are assessed to need an RMA in lieu of meal planning, preparation, clean-up and food shopping services that they would otherwise receive.
- Protective supervision by a spouse or parent which consists of monitoring the behavior of non-self-directing, confused, mentally impaired or mentally ill persons through observing, reminding, cueing and/or redirecting participant behavior in order to safeguard the participant against injury, hazard or accident.

Eligible individuals may receive up to 195 hours of assistance per month, or if they are severely impaired, up to 283 hours per month.

DELIVERY SYSTEM

Participants may choose their own caregivers, including their spouses or parents, can hire, fire and supervise the work of their caregivers, can direct and manage their caregiver's hours of service and can elect to receive and manage worker pay in advance of their caregiver's services being rendered. There are three types of service delivery modes:

- Individual Provider Mode – The participant directly hires, fires and supervises an individual provider
- Contract Mode – The County or Public Authority enters into a contract with a third party, e.g., a home health agency, that provides a pool of workers
- Homemaker Mode – The County trains and employs individuals that provide personal care assistance

The program will be operated at the county level. Counties are responsible for:

- Processing applications for services
- Completing assessments of recipient needs for service
- Authorizing service hours based on the assessments
- Providing social worker assistance
- Receiving timesheets from providers and entering data into the payroll system
- Responding to consumer issues and complaints

The California Department of Social Services is the “payroll agent” and as such will approve provider rates, calculate taxes, unemployment insurance and workers’ compensation benefits and withhold taxes. Participants remain the common law employer of their assistants but California law requires each of the State's 58 counties to act as the "employer of record" for collective

bargaining purposes, or to establish a Public Authority, a Non-Profit Consortium, or a Joint Powers Agency to fulfill these duties. Most of the State's 58 counties have established a "Public Authority".

The counties or these entities have the following responsibilities:

- Coordinate access to a provider chosen by the participant;
- Maintain a provider registry to help find caregivers;
- Conduct background checks;
- Provide access to training for providers and participants;
- Perform any other functions related to delivery of IHSS or RP services; and
- Ensure that all state and federal regulations are met.

COST SHARING

No cost sharing is proposed. Participants could pay a share of cost for IHSS program services based on an individual's net non-exempt income in excess of the applicable SSI/SSP benefit level.

ENROLLMENT LIMIT/CAP

None.

QUALITY ASSURANCE AND IMPROVEMENT

The DSS Adult Programs Branch's Evaluation and Integrity Unit has ongoing quality assurance responsibilities including conducting onsite reviews, investigating unusual events and tracking consumer satisfaction and improvements by county. Public Authorities and the counties handle unusual events and emergencies that impact participants. County case managers are responsible for responding to participant issues or complaints. The State's Protection & Advocacy program, the State and Local Long-Term Care Ombudsman Programs, the Department of Mental Health, the Department of Developmental Services, the Office of Civil Rights in the Departments of Social Services and Health Services, the Area Offices for Aging, the Adult Protective Services system and the Regional Centers are available to participants for advocacy support. The State plans to put in place additional quality assurance strategies during the first year of the demonstration.

MODIFICATIONS/AMENDMENTS

Not applicable.

For additional information, please contact the CMS Project Officer – Marguerite Schervish at 410-786-7200 or Marguerite.Schervish@cms.hhs.gov

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