

Master Plan for Aging Recommendation Form

To submit your recommendation, fill out as many of the fields below as possible. It is fine to leave some blank. Recommendations can be submitted at engage@aging.ca.gov. Initial recommendations are requested to be submitted by December 13, but they may be submitted after this date as well.

Issue Statement:

In-Home Supportive Services (IHSS) is a foundational part of California's long term services and support system, serving as a cost-effective alternative to institutional care. IHSS is the largest personal care services program in the United States, and has been serving people with disabilities, including seniors, since the 1970s.¹

As California's population ages, and as the state has turned away from institutional care, particularly for children and adults with Intellectual and Developmental Disabilities (I/DD), the program has grown in turn. While there are concerns regarding the size and cost of the program, access to IHSS services, which is based on individual need, remains a cost-effective alternative to institutional care, and must be supported at whatever level California's seniors and people with disabilities need.

As part of the larger LTSS system, California has worked to rebalance the provision of services away from institutional care and towards HCBS. As of 2014, the last year complete data is available, 57% of California's LTSS funding was directed to HCBS programs and 43% toward institutional care.² As part of its larger efforts related to the Master Plan for Aging, the State should commit to significantly increasing the percentage of funding spent on HCBS, including the IHSS program.

¹ <https://aspe.hhs.gov/report/understanding-medicaid-home-and-community-services-primer-2010-edition/1-personal-carepersonal-assistance>

² AARP, Across the State 2018: California State Profile, available at <https://www.aarp.org/content/dam/aarp/ppi/2018/08/california-LTSS-profile.pdf>.

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MPA Framework Goal: [View MPA Framework here.](#)

Goal 1: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.

MPA Framework Objective:

Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

Recommendation:

The State should commit to strengthening, improving, and expanding the IHSS program, as well as ensuring its financial sustainability and stability, so it can remain California's flagship LTSS program. As part of these efforts, California should take steps to ensure equitable access to the IHSS program for people of color, those who are limited English proficient, and those who use assistance technology.

Target Population and Numbers:

As of October 2019, more than 613,000 Californians receive IHSS.³ Of those, almost 70% are people of color, almost 50% speak a language other than English as their primary language, approximately 39% are seniors age 65-84, and 15% are 85 years of age or older.⁴

Additionally, the number of Californians receiving IHSS is projected to increase by almost 60% in the next year.⁵ This means by 2030 there will be more than 930,000 individuals receiving IHSS.

³ CDSS, Monthly Program Data, available at <https://cdss.ca.gov/inforesources/ihss/program-data>

⁴ Id.

⁵ CDSS, IHSS Listening Session Presentation, available at https://www.cdss.ca.gov/Portals/9/Adult-Programs/MPA/Jan2020_IHSS_ListeningSessionsPresentation.pdf

Detailed Recommendation:

1. **The State must create a 10-year funding plan that will account for program growth and avoid any program cuts.** Currently, the federal, state, and county governments pay for the IHSS program. The Governor's 2020-21 budget projects spending of \$14.9 billion on the IHSS program.⁶ Federal Medicaid dollars pay for approximately 54% of this total. The remainder is split between the state and counties with the state portion projected to be \$5.2 billion. This represents a 16% increase from FY 2019-20.

Beyond the increasing costs, the county level funding mechanism is extremely complex. The labyrinthine funding structure creates uncertainty for county governments and pressure on the state to backfill gaps created by the large year over year increases.

Determining a solution to this complex problem will require the State to evaluate new funding structures and mechanisms. We propose the State commit to form a time-limited work group to create a viable IHSS 10-year funding plan, which focuses on how to ensure the stability and sustainability of the program. The plan should also include information on the cost savings achievable through the use of IHSS to prevent institutionalization.

2. **The State must permanently restore the 7% cuts instituted during the recession.** Several years ago, during the recession, California enacted massive across the board cuts to IHSS hours. These cuts were restored on a temporary basis starting in the FY2015-16 budget. Despite California's strong economy, IHSS recipients live in fear that these cuts, now at 7%, will go back into effect. Last year, the restoration was again temporarily funded through December 31, 2021. The State should commit to a permanent restoration of these cuts and to rescinding the authorizing Welfare and Institutions Code provisions.

⁶ Governor's January Proposed Budget for 2020-21, Health and Human Services, available at <http://www.ebudget.ca.gov/2020-21/pdf/BudgetSummary/HealthandHumanServices.pdf>.

3. The State should simplify administration of the IHSS program where possible and allow for greater flexibility in the administration of the program.

As the IHSS program has expanded and changed over the years, it has become increasingly administratively complex for consumers, providers and the counties. Some of this complexity is a consequence of administering a large, robust public benefit, but some of it is caused by unnecessary policies and procedures. As such, the State should commit to re-evaluate whether administrative rules are necessary. The following are examples of ways the State could simplify or streamline administrative processes:

- Allow for simple redeterminations for consumers with stable conditions (e.g., a yearly phone call to ensure there have been no significant changes such as a living situation, or new condition, with the presumption that the social worker may re-authorize the same number of hours.) A consumer should retain the right to ask for an in-person reassessment.
- Simplify the parent-provider rules so that every eligible child is ensured a provider of their choice. The current structure over-scrutinizes when a parent can act as a provider and when a child is allowed to hire a non-parent provider. Every child who qualifies for IHSS has extraordinary needs beyond the scope of typical parenting responsibility and as such, the State should eliminate the parent-provider rules that serve to restrict the child's ability to choose their provider. Specific fixes include:
 - Eliminating the complicated steps to prove that “no other suitable provider is available.”⁷ This should also include allowing parents who are undocumented and cannot receive IHSS wages to hire non-parent providers for eligible children.
 - Clarifying “employment” to include employment, enrollment in an educational or vocational training program or employment searches, without time limitations.
 - Clarifying that two parents can be paid to provide IHSS services in families with multiple IHSS consumers.

⁷ MPP 30-763.451.

- 4. The State should ensure equitable access to IHSS for people of color, those who are limited English proficient, and those who use assistance technology.** IHSS statewide serves a diverse consumer population, but more can be done to ensure that all populations who need IHSS are able to receive those services. The State should commit to improving language access, outreach, and cultural competency within the IHSS program statewide.
- 5. The State should improve LTSS integration with special emphasis on how the IHSS program fits into the system of care.** People with disabilities, including those with significant or complex needs want to age in their homes and communities. However, the current system is fragmented making it hard for people to ensure they are receiving all the benefits they need to stay safely at home. To this end, the State should commit to improving integration of the IHSS program while retaining it as a benefit outside of the managed care system.
- 6. The State should ensure access to IHSS during natural disasters and public safety power shut offs.** After three years of disastrous fires in California, which have disproportionately killed older adults and people with disabilities, it is imperative for the State to quickly and thoughtfully plan for future emergencies. This planning must include the IHSS program. IHSS recipients are more likely to need help during an emergency and the State and local jurisdictions have done some initial ensure people with disabilities are safe during natural disasters and power shutoffs. However, more needs to be done, including allowing for payment of IHSS providers for services related to emergencies, the creation of local emergency back-up provider networks, and collaboration with other state and local agencies as well as utility companies. The State should commit to publishing an IHSS disaster preparedness and response plan by the end of 2020.
- 7. The State, in collaboration with the counties, unions and consumer advocates, should improve IHSS providers' wages, benefits and training opportunities.** Care work is physically and emotionally demanding work, however, the pay and benefits provided for that work is woefully low. California must commit to increasing

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wages and benefits for IHSS providers and must plan for this increase in their 10-year IHSS sustainability plan discussed in recommendation one above. Additionally, the State should invest in additional training opportunities for IHSS providers and create career ladders for those interested in pursuing related work. Workforce training opportunities should include a special focus on training people with I/DD to do all or some IHSS tasks.

8. **The State should improve access to effective communication for both blind and visually impaired, and deaf and hearing impaired consumers.** While DHCS and CDSS have independent obligations to ensure effective communication, adding “reading” and “sign language interpretation” to the list of allowable IHSS tasks would greatly improve effective communication for the consumers who need these services as well as increasing their autonomy. This addition would also contribute to administrative efficiency.
9. **The State should increase access to IHSS for individuals experiencing homelessness or housing instability.** California’s housing crisis is in large part being driven by huge increases in homelessness and housing instability among older adults aged 50 and over. Furthermore, research shows that large numbers of these adults have significant physical and mental health disabilities which are exacerbated by living on the street. To that end, California must commit to improving access to IHSS for those experiencing homelessness and housing instability by reducing barriers to eligibility and retention, increasing administrative flexibility to meet the needs of this populations and investing in innovative solutions.
10. **The State should make the Multipurpose Senior Services Program (MSSP) a state plan benefit, instead of a waiver service.** The case management component of MSSP is critical for individuals who may have limited capacity to organize their own care and will help ensure individuals can use the IHSS services they are eligible for.

Evidence that supports the recommendation:

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Seniors and people with disabilities overwhelmingly prefer to age at home.⁸ In fact, this preference only increases as someone ages.⁹ The National Council on Disability's report, *Home and Community-Based Services: Creating Systems for Success at Home, at Work and in the Community* found that "research on outcomes since *Olmstead*, and finds that strong trends indicate that smaller, more dispersed and individualized community settings further integration and positive outcomes for individuals with disabilities."¹⁰

Name of person(s)/organization submitting recommendation:

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⁸ <https://www.urban.org/urban-wire/american-seniors-prefer-age-place-whats-right-place>
<https://www.aarp.org/research/topics/community/info-2018/2018-home-community-preference.html>

⁹ <https://www.aarp.org/research/topics/community/info-2018/2018-home-community-preference.html>

¹⁰ <https://ncd.gov/publications/2015/02242015>