State of California

Department of Health Care Services

In-Home Supportive Services and the Coordinated Care Initiative

Frequently Asked Questions | January 2015

California's Coordinated Care Initiative (CCI), adopted in July 2012, promotes integrated delivery of medical, behavioral, and long-term care Medi-Cal services, and also provides a road map to integrate Medicare and Medi-Cal for people on both programs, called "dual eligible beneficiaries."

The CCI's implementation continued in 2015 and focused on seven counties: Los Angeles, Orange (pending), Riverside, San Bernardino, San Diego, and Santa Clara.

The CCI includes two parts: 1) Mandatory enrollment of all Medi-Cal beneficiaries (including dual eligibles) into Medi-Cal managed care for all Medi-Cal benefits, including long-term services and supports (LTSS[1]); and 2) Optional enrollment into integrated managed care that combines Medicare and Medi-Cal benefits, known as the Cal MediConnect program.

This document answers common asked questions about how the In-Home Supportive Services Program (IHSS) will become a managed care health plan benefit in the seven CCI counties. IHSS is California's main community-based Medi-Cal long-term care service, providing in-home personal care services for about 440,000 consumers

The purpose of IHSS is to enable seniors and persons with disabilities (SPDs) to live safely in their homes through the provision of an assessed number of hours provided by a home care worker selected by the consumer. To qualify, a consumer must be aged, blind, or disabled and meet income and resource requirements. IHSS is a county-administered program with a foundation in consumer self-direction of care. IHSS consumers are able to hire, fire, and manage their workers.

1. **Will IHSS remain a Medi-Cal entitlement program?**

   Yes. IHSS will remain a Medi-Cal entitlement after it becomes a managed care benefit. Hours and services under IHSS will continue to be determined as they are today. This means a county social worker will conduct the in-home assessments to determine the services that can be authorized.

2. **Will IHSS consumers still be able to hire, fire, and supervise their workers once IHSS becomes a managed care benefit?**

   Yes. IHSS will continue to be a consumer-directed program. This means that the person who receives IHSS will continue to hire, schedule hours, supervise, and, if necessary, fire their provider.

[1] LTSS include In-Home Supportive Services (IHSS), Multipurpose Senior Service Program (MSSP), Community-Based Adult Services (CBAS), and nursing facilities.

3. **If an IHSS consumer living in one of the seven selected demonstration counties opts out of the demonstration, will he or she lose IHSS benefits?**

   No. Enrollment in Cal MediConnect is voluntary for those IHSS consumers receiving both Medicare and Medi-Cal benefits (dual eligible beneficiaries). Consumers may opt out of the demonstration and choose not to have their Medicare benefits coordinated by a health plan. However, consumers may not opt out of receiving their IHSS through a Medi-Cal managed care health plan. Enrollment into a Medi-Cal health plan for Medi-Cal benefits, including IHSS and other long-term care services, is mandatory. Consumers will receive more information in the mail about choosing a health plan before they will need to make any choices. If the consumer does not choose a health plan, the state will automatically assign one.

4. **Will county social workers continue conducting IHSS assessments and authorization of hours after IHSS becomes a managed care benefit? Why?**

   Yes. State law requires that counties continue these roles. The IHSS assessment process is standardized, governed by laws and regulations, and enforced with statewide training, monitoring, and oversight by the California Department of Social Services (CDSS).

   County social services agencies have expertise and experience in evaluating and assessing Medi-Cal beneficiaries for IHSS services and service hours. Trained social workers conduct in-home, face-to-face assessments using a standardized tool that assesses individuals' needs regarding activities of daily living (ADL) and Instrumental Activities of Daily Living (IADL), mental status, physical environment, and family situation. The counties' costs for the intake and assessment process will not be included in the capitation payment made to the health plans for Medi-Cal services.

5. **How will making IHSS a managed care benefit promote services that help people live in the community?**

   Under the CCI, the health plans will be financially responsible for all medical services and all long-term services in supports, ranging from physician visits to hospitals, IHSS, and long-term nursing home care. Thus, the health plans will be motivated to work closely with the counties to authorize the lower-cost home- and community-based service options, such as IHSS, to prevent more expensive care in hospitals or nursing homes.

6. **How will the health plans coordinate with the counties for IHSS services?**

   Counties and health plans will develop memorandums of understanding (MOUs) to share information and develop strategies related to care coordination.

7. **My IHSS hours were just cut. How can I appeal this?**

   If the county social services office reduces your hours, you will to have the right to request a state hearing just as you do now.

8. **Will the IHSS appeals and grievance system change once IHSS becomes a managed care benefit?**

   No. IHSS consumers continue to have access to the existing appeals and grievance process, including the right to request a state hearing when the county denies or reduces IHSS and the right to aid paid pending the hearing. If a consumer requests services beyond what the social worker determines can be authorized, the consumer may discuss

this need with the health plan. If the health plan denies additional services beyond what IHSS determines is necessary, the consumer can access the health plan grievance/appeals process for the additional hours. Click here for charts that illustrate the appeals and grievance process.

9. Will health plans be able to authorize additional IHSS hours beyond those authorized by the county?

No, the health plan cannot authorize additional IHSS hours, since that is the responsibility of the county social worker. However, the health plans do have the ability to authorize additional personal care hours. These personal care hours will be offered to the beneficiary outside of IHSS, and the personal care hours will be the financial responsibility of the health plan, not the county.

10. Are health plans required to contract with public authorities?

Yes. Health plans are required by law to enter into memorandums of understanding with the county public authorities or nonprofit consortium. Local public authorities currently act as the employer of record for IHSS providers for collective bargaining purposes (County Social Service Agency roles and responsibilities are primarily for IHSS eligibility determination and assessments/reassessments to allocate IHSS hours.). Local public authorities maintain a registry of available IHSS providers, and health plans may access this registry to secure back-up IHSS providers.

Upon completion of the transition of dual eligible beneficiaries into managed care, the responsibilities for collective bargaining for IHSS providers will transition to a new California IHSS Authority (Statewide Authority). After this transition, counties may determine whether local public authorities will continue the following duties: obtaining Department of Justice background checks, conducting new IHSS provider orientations, and maintaining a registry of eligible providers.

11. What will be the county's financial responsibility for IHSS once it becomes a managed care benefit?

In California, the non-federal portion of IHSS program funding comes jointly from the state (65%) and counties (35%). This shared-risk arrangement will continue to prevent cost shifting. The counties will not be financially responsible for any IHSS hours authorized by the health plans above and beyond those authorized by the county social workers.

Effective July 1, 2012, in lieu of paying a portion of nonfederal share of IHSS costs, all counties will have an IHSS Maintenance of Effort (MOE). This MOE is based upon the actual amount the county spent on IHSS services and administration in state fiscal year 2011-2012, with inflation adjustments in subsequent years.