

In-Home Supportive Services

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Topics for Today

- **In-Home Supportive Services (IHSS) Program**
 - What is IHSS?
 - Who is eligible?
 - What kinds of services does IHSS pay for?
 - When Can a Parent Be Paid as an IHSS Provider?
 - Electronic Visit Verification (21th Century Cures Act) and Impact on the IHSS Program

What is IHSS?

- Medi-Cal funded Statewide program to help people including children with disabilities remain in their own homes
- Provides basic services to individuals who cannot safely perform the tasks themselves
- Provides paramedical services authorized by a medical professional
- Provides protective supervision for people (including children) with cognitive impairments
- Administered by each County under the direction of the California Department of Social Services (CDSS)
- Alternative to out-of-home placement

Who Is Eligible for IHSS?

Any California resident is eligible for IHSS if they:

- Are blind, disabled (including children with disabilities), or 65 years of age or older
- Are SSI/SSP or Medi-Cal eligible
- Are living in a home or apartment (not including a hospital, nursing home, assisted living, or licensed care facility)
- Cannot live safely at home without assistance

Children's eligibility

IHSS takes into account needs a disabled child may have that exceed those of a child without disabilities. An eligible child with a disability can receive the following services:

- a. Personal care services
- b. Related services
- c. Paramedical services if prescribed by a doctor
- d. Protective Supervision
- e. Assistance with travel to approved places

What Kinds of Services Does IHSS Pay For?

Service Categories:

- Domestic Services**
- Related Services
- Personal Care Services
- Accompaniment
- Paramedical Services
- Time Limited Services**
- Protective Supervision

**** Amount of service per MONTH (not week)**

Domestic Services

- Housework
- Sweeping
- Vacuuming
- Taking out trash
- Wheelchair cleaning and battery recharging
- Changing bedsheets

Related Services

- Meal prep/clean-up
- Laundry
- Grocery shopping
- Other shopping/errands
 - Picking up prescriptions, buying clothes or toiletries

Personal Care Services

- Feeding
- Bathing
- Grooming
- Bowel and bladder care
- Dressing
- Transfer
 - Getting in/out of bed, on/off seats, etc.
- Oral hygiene
- Ambulation
 - Help with walking, getting in/out of cars, etc.
- Help with prosthesis
 - Leg braces, visual/hearing aids, artificial limbs
- Help with medications

Time Limited Services

- Heavy cleaning
- Removing yard hazards (weeds or high grass)
- Shoveling ice or snow
- Teaching and Demonstration**
 - Not all services are eligible! Limited to:
 - Housework
 - Meal prep/clean-up
 - Laundry
 - Bathing, feeding, dressing
 - Yard work
 - 3 month maximum

Accompaniment

- Transportation to/from medical appointments (and wait time, in some cases!)
 - “Wait Time—On Duty” vs. “Wait Time—Off Duty”
- Transportation to/from places where you get alternative services to IHSS
 - Day programs or resource centers

Accompaniment for Children

There are special requirements to get medical accompaniment authorized for children.

Medical accompaniment for minors can only be authorized if the child has an “assessed extraordinary need,” the appointment is for a specialist, and the child has a need for an authorized IHSS task to be performed during travel to or from the appointment.

<https://www.disabilityrightsca.org/publications/ihss-provider-wait-and-travel-times>

Paramedical Services

Paramedical services are prescribed by a doctor for a person's health and require some training and judgment to perform “[In-home] supportive services” include those necessary paramedical services that are ordered by a licensed health care professional who is lawfully authorized to do so, which persons could provide for themselves but for their functional limitations.”

<http://www.disabilityrightsca.org/pubs/F04401.pdf>

<http://www.disabilityrightsca.org/pubs/547001-Ch-05.pdf>

Paramedical Services

- **Services ordered by a licensed medical professional and provided under his/her direction**
 - Administering meds or giving injections
 - Range of motion exercises
 - Pressure sore or wound care
 - Catheter insertion
 - Bowel program
 - Enemas, insertion of suppositories
 - Tube feeding
 - Trach care and suctioning
- **Requires signed authorization from your doctor (SOC 321)**

Paramedical Services

- a. The person can't perform the service at all;
- b. The activity is necessary to maintain the person's health;
- c. The service requires training and judgment to perform: such as puncturing skin, inserting a medical device into a body orifice

Paramedical Services

Tip : Make sure your child's doctor includes enough time to complete an entire service, from preparation to clean up, including record keeping—such as diabetes testing and administration of injections.

Tip: contact your doctor directly, explain what you need, don't let the county take over. Make sure if your child has a specialist, they be involved rather than a PCP who may not understand what the pulmonologist, for instance, does.

Protective Supervision

- For people who:
 - Have a **mental illness or mental impairment**; *and*
 - Are **non-self-directing**; *and*
 - **Require 24-hour supervision** to safeguard against injury, hazard, or accident

Protective Supervision

- Impairment causes **functional limitations** in:
 - **Memory**
 - Forgetting things, people, places, how to get home
 - **Orientation**
 - Awareness of time, place, self, and others
 - Wandering off, unable to identify family or friends, no sense of time of day
 - **Judgment**
 - Makes decisions without regard for safety
 - Cannot recognize and assess danger

Types of Behaviors That Warrant A Need For Protective Supervision

- Wandering from home and getting lost
- Eating non-food items
- Wandering into the street without checking for cars
- Attempting tasks beyond his/her physical and/or mental capability (and not understanding the risk of injury)
 - Trying to move furniture or heavy objects
 - Climbing onto the counter
- Turning on stove and forgetting to turn it off
- Self-biting or scratching
- Lack of stranger-danger awareness

When Is Protective Supervision NOT Available?

- a) **Friendly visiting or social activities**
- b) **When the need is caused by a medical condition and the form of supervision required is medical**
 - Ex: Recipient has diabetes and needs supervision in case they become hypoglycemic
- c) **In anticipation of a medical emergency**
 - Ex: Recipient has congestive heart failure and need for supervision is in anticipation of heart attack
- d) **To prevent or control anti-social or aggressive behavior**
 - Getting into fights or destroying property
- e) **To guard against deliberate, self-destructive behavior**
 - When individual knowingly intends to harm himself/herself

MPP § 30-757.172(a)-(e)

Can Children Get Protective Supervision?

Yes.

(<http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2015/15-25.pdf>)

The child must need supervision due to his or her disability, not routine childcare. The child must need closer supervision than other children of the same age.

Demonstrating Eligibility For Protective Supervision

REQUIRED FORMS

1. SOC 821: Assessment of Need For Protective Supervision

- Completed by doctor
- Form alone does not establish eligibility

2. SOC 825: 24-Hour-A-Day Coverage Plan

- Completed by recipient's provider or primary contact

OPTIONAL (BUT HIGHLY RECOMMENDED)

1. Create a hazard/injury log

- Document every accident or near-accident and how often it happens

2. Obtain letters to document need

- School, regional center, day program, doctor(s)
- Describe how limitations in memory, orientation, and judgment warrant a need for 24-hour supervision to keep the recipient safe
- Examples of unsafe behaviors and their frequency

Demonstrating Eligibility For Protective Supervision

SOC 821:

MEMORY ■ No deficit problem ■ Moderate or intermittent deficit (explain below) ■ Severe memory deficit (explain below)

ORIENTATION ■ No disorientation ■ Moderate disorientation/confusion (explain below) ■ Severe disorientation (explain below)

JUDGMENT ■ Unimpaired ■ Mildly Impaired (explain below) ■ Severely Impaired (explain below)

When Can a Parent Be Paid as an IHSS Provider?

A parent can be paid as an IHSS provider if the parent has left full-time employment OR is prevented from obtaining full-time employment because no other suitable provider is available and the inability of the parent to perform supportive services may result in inappropriate placement or inadequate care.

What if one parent works and one must stay home to take care of the child(ren)?

The at-home parent can be the provider, as long as certain conditions are met.

Tip:

Counties should not use the fact that a parent has never worked outside of the home to deny that parent's eligibility as a provider.

What if Neither Parent is Able to Be the Provider?

In certain circumstances, non-parents may provide IHSS to children.

A non-parent can provide IHSS if neither parent is able and available to provide services due to: employment, education, or training; physical or psychiatric disability; ongoing medical, dental, or other health-related treatment; or because the parent needs to perform shopping and errands essential to the family, search for employment, or for essential purposes related to the care of the recipient's minor siblings.

What if there are multiple children - can both parents be providers? How are the hours divided?

Yes. If both parents can show that neither of them is able to work or both are prevented from working, and there is no other suitable provider to prevent inadequate care or out of home placement for the children.

If there are multiple children, or multiple people in the household who all need IHSS, some of the IHSS services may be prorated to account for shared needs that are met in common.

Electronic Visit Verification Implementation

Electronic Visit Verification (EVV) is a technology system used to verify electronically that a caregiver provides services for a client.

The 21st Century CURES Act, federal legislation signed into law in December 2016, includes a provision that requires that all states implement EVV for Medicaid-funded personal care services. This law, set forth in Subsection I of Section 1903 of the Social Security Act (42 U.S.C. 1396b), outlines the requirements that states must meet, but offers little guidance on the method for doing so.

Electronic Visit Verification Implementation

California is implementing EVV in two phases:

Phase I is focused on the IHSS and Waiver Personal Care Services (WPCS)

California plans to implement Phase I EVV over the course of the next two years or so and will seek a good faith exemption request to delay full implementation until January 1, 2021.

Electronic Visit Verification

EVV Implementation

Phase II is focused on identifying either an existing system(s) or a new system to implement EVV for non-IHSS and agency personal care services, and self-directed and agency home health services.

<http://www.cdss.ca.gov/inforesources/IHSS/EVV>

Electronic Visit Verification

EVV will be developed through a collaborative stakeholder process.

EVV will be developed in a manner that respects recipients and providers, does not alter their Olmstead protections and is minimally burdensome.

EVV will not change the number of service hours, nor how or where services are delivered.

Use of geo-tracking or global positioning system capabilities (GPS) will **not** be required.

Existing electronic and telephonic timesheet systems will be leveraged for EVV.

Providers, recipients and other stakeholders will be trained on the use of the EVV system.

Questions?

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