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# Factors Contributing to IHSS Caseload Growth: Perspectives from SACHS Counties

A Report Commissioned by:  
The Southern Area Consortium of Human Services (SACHS)

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# Factors Contributing to In Home Supportive Services (IHSS) Caseload Growth

## Recurring Themes

- **Union Involvement** : Core providers advocate to keep IHSS recipients in the program for the maximum amount of service hours they are entitled to. Union representation seeks to advocate on behalf of IHSS recipients facing the threat of service termination.
- **Senior Population Growing** : A recent increase in the over 60 population, as well as in the “old-old” (those over 85) has placed high demand on IHSS services.
- **Increase in Disabled Population** : Advances in medical treatment has extended the life expectancy of persons suffering from disorders associated with advanced age, as well as some developmentally debilitating diseases.
- **Community Referrals** : An increased awareness and advertisement of IHSS services has resulted in increased need for services.
- **Promotion of Home Health Care Industry** : More home based Medi-Cal waivers are available to provide in-home services, as an alternative to nursing home placements.

## Significant Facts from CWDA, Adult Services Committee (1/03)

- IHSS is an entitlement program, which means federal and state laws mandate the program’s existence. Any interested individual who meets the eligibility criteria must be served – there is no cap on the growth of the program.
- IHSS is unique among programs in California’s long-term care system in the types of services it offers it provides. This is because IHSS employs a social model, in which services are determined by a social worker’s assessment rather than medical criteria. This social model focuses on activities of daily living and the IHSS consumer’s ability to function in his or her own home. The medical model assesses clients based on medical deficits.
- Multiple challenges are expected to result from the Olmstead Decision and the passage of Assembly Bill (AB) 1682, both of which occurred in 1999. These two events have the potential to increase the number of IHSS consumers statewide, with an associated increase in program operating costs.

## **Imperial County:**

### **Statistics:**

Population 65 and over	10%	Population age 50-64	10.7%
Population with disability	16.9%	Population below federal poverty level	30.3%
Population growth from 1990-2000	30.2%	Population on Medi-Cal	23.7%
Population on Medi-Cal who are SSI	21.7%	Growth in SSI recipients in 1997	5%
IHSS caseload growth	55%		

### **Factors contributing to Imperial County IHSS caseload growth:**

- People utilizing IHSS services for longer periods of time than was the norm a few years prior. The longer duration of IHSS services may be attributed to the advent of new medical procedures and more effective prescription drugs.
- The population is beginning to “age out” as the baby boomer generation approaches retirement age. This will result in a larger pool of people who may be eligible for IHSS services over the next several years.
- The IHSS program is receiving increased applicants as a result of referrals (from health care professionals, the home health care industry, etc.) that were previously not aware of the IHSS program.
- Many people entering the retirement ranks now and in future years will not be financially secure and the percentage of retirees needing to apply for services such as IHSS will increase. The labor market also contributes to this equation, as few people remain with the same company or job long enough to earn pension benefits even when they are available.
- In areas where most employment is agriculturally based, such as Imperial County, the physical labor is hard and leads to many health related issues later in life. Unfortunately, agricultural wages are low and pensions are small when they are available at all. This creates an elderly population with serious health issues and an inability to pay for their own health care. The result is a high percentage of SSI recipients, which often translates into an increased IHSS client base.
- The unionization of core providers in the IHSS program is an additional advocate to keep clients in the program as long as possible and with as many hours of service authorized as possible. Any cut in hours of service for clients may place the program in a position to face hearings. The result of unionization will be more costs associated with increased hearing requests and possibly less reductions in authorized hours following an assessment.

## **Orange County:**

IHSS has become the third largest Social Service program in California, and appears to be experiencing rapid growth in terms of caseload as well as cost. Some of the reasons for this growth are as follows:

### **Non-senior Disabled Adults Living Longer :**

- People with disabilities who would have died are, through the advances in medical treatment, now living longer. In addition it is common to see the onset of Alzheimer's disease, or other disorders associated with advanced age, as early as age 20 or 30 in some developmentally disabled patients.

### **Seniors Avoiding Long Term Placement:**

- More home and community based Medi-Cal waivers available to provide services as an alternative to nursing home placements. An indicator is that the IHSS Long Term Care cases are a relatively constant number while the senior population as a group is growing significantly.
- Efforts by senior advocates to expose nursing home abuses have further contributed to demand for non-institutional options for long-term care.

### **Court Decisions Push De-Institutionalization:**

- In 1993, through an out-of-court settlement more than 2,000 residents from the state-run developmental centers were placed into the community over a five year period. This has increased the number of Regional Center clients coming into the system.
- In 1999, the U.S. Supreme Court decided a landmark case in the "Olmstead decision" which requires states to find the "most integrated" setting for Medicaid (funding long-term care consumers). Olmstead implementation plans will further decrease the likelihood of institutionalization and in turn expand the use of in-home programs.

### **Senior Population Growing:**

- The percentage of our population that is categorized as "senior" is growing and is projected to continue to grow significantly. The overall rate of people under 65 who are living with one or more disabilities is increasing rapidly.
- The number of Californians over age 65 is expected to double between 2000 and 2030.
- California has the largest elderly population in the U.S. at 4.7 million persons.
- The elderly represent 10% of this state's population.
- Estimate by 2020, 700,000 vulnerable elderly age 85 and older in California.

### **Poverty Level of Senior Population Expected to Grow Faster as Baby Boomers Age:**

- It is projected that this huge cohort of elderly will live longer than ever before and will be less prepared financially than the seniors of today, to pay for the cost of their care needs.
- There is concern that a dearth of caregivers from the younger cohorts following the Baby Boomers, will further complicate problems.

### **Case Finding Efforts:**

- Advocates, labor organizations and others are making efforts to inform people about the IHSS program, and encourage and assist people to apply.
- As the number of elder and dependent adult abuse reports continues to rise, the need for in-home care programs increases which can help keep frail citizens safely in their homes.

### **Other:**

- Changes in eligibility, such as institutional deeming for children served by Regional center and eliminating the share of cost for eligible clients with income under the Aged and Disabled Federal Poverty Level.

## **Riverside County:**

### **Consumer Characteristics:**

Female 65%    Male 35%  
English Speaking 74.5%  
Disabled 47.75%

Non-Severely Impaired 73%  
White 46%    Hispanic 34%    Black 15%  
Elderly 52.25%

### **Causes of Growth:**

The following key factors were identified by a report issued by CDSS during State Fiscal Year 1996-1997 through 1998-1999, entitled *In-Home Supportive Services: Examining Caseload and Costs*:

- New approvals increased 16%, while terminations have decreased 2%.
- The proportion of the IHSS disabled population has increased, while the proportion of IHSS aged has decreased.
- Most of California's population growth is and will be in the age categories over 45.
- Nationally, among the older population, those 85 years and over show the highest percentage increase. This population may require assistance to remain in their homes.
- More consumers are coming into the IHSS program and staying on longer.

### **Issues Impacting Costs:**

- Availability of funding (especially in light of the Sate budget crisis and some of the proposed solutions)
- Level of participation by each of funding sources
- Number of PCSP vs. non-PCSP
- Increasing Contract Costs
- Changes related to implementation of the Public Authority including wage increases and benefit packages. ( It is not yet clear what impact the development of the PA will have on IHSS caseloads in Riverside county). Some counties have reported a significant increase in caseloads, as there is more awareness of the program and the potential for more availability of providers when the PA becomes operational.

**Note:** Increase in expenditures from 1999-2003 – Please refer to Appendix A

### **Riverside County Program Growth:**

From FY 1998-99 through FY 2001—02, the average monthly IHSS caseload for Riverside county grew a total of 39%, slightly higher than the statewide average.

The County Annual caseload growth was as follows:

FY 1999-2000 9.0%  
FY 2000-2001 13.6%  
FY 2001-2002 16.4%

The County's average monthly caseload for FY 2001-2002 was 9,341. It is projected that the County will again experience at least a 10% or higher increase in FY 2002-2003; although the advent of the Public Authority may increase caseloads further, as has been the experience in some other counties.

From 1999 through 2002 the growth in total expenditures was 45% (from \$49,096,149 to \$71,273,731). The cost of the average case increased 47% for IP (\$545.71 to \$875.92) and 43% for CC (\$479.15 to \$685.41).

## **San Bernardino County:**

### **Client Characteristics:**

White	42.5%	Hispanic	30.3%	Black	20.4%	Non-Severely Impaired	75.2%
Female	65.6%					Related to Their Caretaker	57.6%
Age	59.4					Eligible for 88.0 Hours of Service per Month	
Disabled	55.8%					English Speaking	80.3%
Non-Severely Impaired	75.2%						
Disabled	55.8%						

### **County Caseloads:**

From FY 1998-1999 through FY 2001-2002, the average monthly IHSS caseload for San Bernardino County has grown by 39.9%, slightly higher than the statewide average. The County's annual caseload growth is as follows:

FY 1999-2000 16%

FY 2000-2001 14%

FY 2001-2002 14%

The County's average monthly caseload for FY 2001-2002 was 11,856. It is projected the County will again experience a 14% increase in FY 2002-2003.

### **Average Case Hours:**

From FY 1998-1999 through FY 2001-2002, the IHSS average monthly paid hours per case for San Bernardino County has grown by 2.3%. This is significantly less than the statewide average. The average monthly paid hours per case in FY 2001-2002 was 83.8

### **Causes of Growth:**

The following key factors were identified by a report issued by CDSS during State Fiscal Year 1996-1997 through 1998-1999, entitled *In-Home Supportive Services: Examining Caseload and Costs*.

- New approvals increased 16%, while terminations decreased 2%
- Proportion of the IHSS disabled population has increased, while the proportion of aged has decreased
- Most of California's population growth is and will be in the age categories over 45
- More consumers are coming into the IHSS program and staying on longer

### **County Trends:**

Statistics from 2000 Census:

- The County's population for individuals age 55+ increased 20.4% over the 1990 Census
- The projected increase for County residents in the age population age 55+ by 2010 is 50%, growing from 265,798 individuals to 398,985
- 46% of County's population who are age 65 and older are disabled, compared to 42% for the State as a whole
- 22% of the County's population who are age 21-64 are disabled, compared to 12% for the State as a whole
- The percentage of individuals age 65+ who have a disability increased 84% over the 1990 Census, growing from 65,233 to 141,475

### **Managing Growth:**

There has been significant discussion regarding the County's options for controlling the growth of the IHSS program. However, program statutes and regulations prohibit many of the suggested actions.

- Limiting new recipients
- Reducing service hours of current recipients
- Capping service hours for new recipients

Aging and Adult Services has conducted in-depth training of all Social Workers to ensure the regulations are appropriately applied when determining an individual's IHSS eligibility, and conducting needs assessment for services. All new cases are evaluated by a Supervising Social Worker to ensure that the need for services is justified and that number of authorized hours is appropriate. The goal is to only enroll individuals who need the services to remain safely in their own homes.



## **Ventura County:**

Ventura County's IHSS program caseload has increased an average of 9% per annum over the course of the last five years, for a total increase of 72% in the IHSS caseload. Ventura anticipates this trend will continue to accelerate slightly in the next five years based on the following information:

### **Changing Demographics:**

- In Ventura County, the population of people over age 65 rose by 33,700 in the last decade – a 17% increase.
- There is currently an estimated 74,767 people over age 65 in the county, making up 10.2% of the population.
- In the 1990 census 5% of county residents identified themselves as disabled. By the 2000 census, the percentage of people describing themselves as disabled had increased to 10% of the population.

Statistics: Please refer to Appendix D

### **Wider Demand:**

- In the past the bulk of referrals came from applicants themselves, Medi-Cal eligibility staff and hospital discharge planners.
- In the last 18 months Ventura County has begun to receive requests for initial IHSS assessments from potential providers and from union personnel.
- Ventura anticipates increases in salary and the addition of benefits will have on the rate of IHSS usage and Share of Cost (SOC) number of hours authorized per case in the county. At the same time there has been an increase in SOC, and no share-of-cost, Medi-Cal linked cases, such as the Aged and Disabled Federal Poverty Level cases and the 250% Disabled program.
- In December 2001 there were 412 SOC and Medi-Cal linked cases in Ventura county. A year later, in December 2002, there were 489 cases.

### **Shorter Hospital Stays:**

- Changes in the Medi-Care and Medi-Cal programs in the last decades have resulted in reductions in the length of stays in the hospital for people recovering from serious illness and surgery. People tend to be discharged sooner and sicker than in the past.
- Knowledge that the IHSS program is available appears to be a factor in some decisions to send patients home, and it is still common to receive referrals from discharge planners.

### **Long-term Cultural Change:**

- The effect of demographic changes such as the increasing numbers of families where all able bodied adults are employed and unavailable to fill traditional family caretaking roles, are already observable. Some families resolve the dilemma of “how can we earn a living” vs. “who will provide care for an aged or disabled relative,” by having a family member paid as the provider.
- There has been a slow but steady increase in the percentage of IHSS recipients who receive care from a family member. Although the impact in any one year is small, over time this shift has a significant contribution to the increase in IHSS caseload.

### **Future Concerns:**

- If Ventura County's IHSS caseload continues to increase at its historic rate, it will add over 200 additional cases this year. That is significant for a county so small in size.

## **Los Angeles:**

IHSS has experienced growth over the past 6 years. According to a State report released in June 2002, the average monthly IHSS caseload in California has increased by 38%, from nearly 190,000 cases to over 262,000 cases. Entries into IHSS increased by 41% while terminations over the same period of time increased by a modest 8%.

Of the 58 counties, Los Angeles County has by far the largest caseload in the state with 76,096 consumers in 1995 and 105,000 in 2001. This represents a 72.47% caseload increase for the County alone. Los Angeles City assumes 42% of the state caseload. It is projected that L.A. County will continue to experience a steady increase of 9% in FY 2002-2003.

### **Factors Driving IHSS Caseload Growth:**

- Unprecedented growth in the number of older adults is expected over the next 30 years. Older adults currently represent nearly 10% of the County's total population. The growth in IHSS also increases with the baby boom generation approaching retirement. In 2003, it is projected that 1 in 5 County residents will be 65 and older, and the number of residents 85 and over will double.
- There is a projected increase in the number of persons with disabilities. Currently, about 10% of individuals ages 16 to 64 have a severe disability, with 2/3 of this population unable to work due to their disabilities.
- Substantial growth will occur in the population of older and disabled ethnic minorities and persons whose primary language is not English.
- Better health care, advanced medical procedures, and more focus on preventive medicine have contributed to an increase in the average life span. This results in people utilizing IHSS longer than was the norm several years ago. The recent emphasis on home health care has also played an integral role in IHSS growth.

### **Consumer Characteristics:**

Age: 90 or over 4.6%    80 or over 23.8%  
65 or over 63.3%    18-64 33.0%  
17 or under 3.6%

Ethnicity: White 38.3%    Hispanic 24.6%  
Black 21.1%    Asian/Pacific Islander 0.6%  
Other 15.4%

Gender: Male 35%  
Female 65%

Language: English 44.0%    Spanish 16.7%  
Armenian 15.4%    Chinese 5.5%  
Russian 5.3%    Vietnamese 1.9%  
Korean 1.8%    Cambodian 1.1%  
Other 8.3%

Impairment: Non severe 81%  
Severe 19% (i.e., 20 hours, or more per week personal care services)

Eligibility: Status Eligible 90% (receive SSI benefits)  
Income Eligible 10% (eligible for SSI except for income/immigration status)

Income Eligible: Share of Cost 60%    Authorized Cases: PCSP 83%  
No SOC 40%    IHSS Residual 17%

### **Provider Population:**

Paid Providers: \$ 99,846  
Provider Wage \$ 7.50  
Provider Health Care Benefits Enrollees 7,858

IHSS Caseload: Consumers 125,253  
Monthly IHSS applications 3,883  
Average monthly paid hours per case 79  
Average monthly cost per case \$636.34

## **Santa Barbara County:**

### **Statistics:**

#### Impairment Status for 1995:

1252 (78%) Non severely impaired  
349 (22%) Severely impaired

#### PCSP Cases vs. Residual for 1995:

849 (53%) PCSP  
765 (47%) Residual

#### Delivery Modes for 1995:

945 (60%) IP  
630 (40%) CC

**Note:** Total In Home Supportive Services from 1995-2003 – Appendix E

#### Impairment Status for 2002:

1561 (77%) Non severely impaired  
476 (23%) Severely impaired

#### PCSP Cases vs. Residual for 2002:

1818 (89%) PCSP  
219 (11%) Residual

#### Delivery Modes for 2002:

1629 (76%) IP  
504 (24%) CC

### **Consumer Characteristics:**

#### Male/Female for 1995:

1119 (69%) Female  
493 (31%) Male

#### Total Disabled Recipients and Total Aged Recipients for 1995:

983 (61%) Aged  
628 (39%) Disabled

#### Total Disabled Adults vs. Children under 19 for 1995:

578 (92%) Disabled Adults  
50 (8%) Disabled children under 19

#### Male/Female for 2002:

1429 (68%) Female  
669 (32%) Male

#### Total Disabled Recipients and Aged Recipients for 2002:

1101 (52%) Aged  
997 (48%) Disabled

#### Total Disabled Adults vs. Children under 19 for 2002:

922 (92%) Disabled Adults  
75 (8%) Disabled Children

**In Home Supportive Services Program Growth Data  
Riverside County  
February 2003**

**Increase in expenditures from 1999-2003\***

Total \$ amount of IHSS Services for FY 1999/2000	\$49,096,140
Total \$ amount of IHSS Services for FY 2000/2001	\$54,362,102
Total \$ amount of IHSS Services for FY 2001/2002	\$71,273,731

\* These figures represent IHSS Services expenditures only – does not include Admin costs

Average Authorized IP Hours per Case in 2000	92.3
Average Authorized IP Hours per Case in 2002	99.4
Average Paid IP Hours per Case per month in 2000	92.3
Average Paid IP Hours per Case per Month in 2002	96.9
Average Paid IP \$ per Case per month in 2000	\$555.30
Average Paid IP \$ per Case per Month in 2002	\$698.41
Average Authorized CC Hours per Case in 2000	51.7
Average Authorized CC Hours per Case in 2002	59.4
Average Paid CC Hours per case per month in 2000	44.5
Average Paid CC Hours per case per month in 2002	50.6
Average Paid CC \$ Hours per Case per month in 2000	\$564.15
Average Paid CC \$ Hours per Case per Month in 2002	\$685.41 <sup>1</sup>

Monthly average IHSS expenditures for FY 2002/2003<sup>2</sup>                      \$ 803,013.16

Estimated County Expenditures FY 2003/2004 for IHSS contracted services	\$ 19,588,130
Estimated County Expenditures FY 2003/2004 for IHSS IP services	\$69,823,164
Total Estimated County Expenditures for (Services Only) for IHSS FY 2003/2004	\$89,411,294

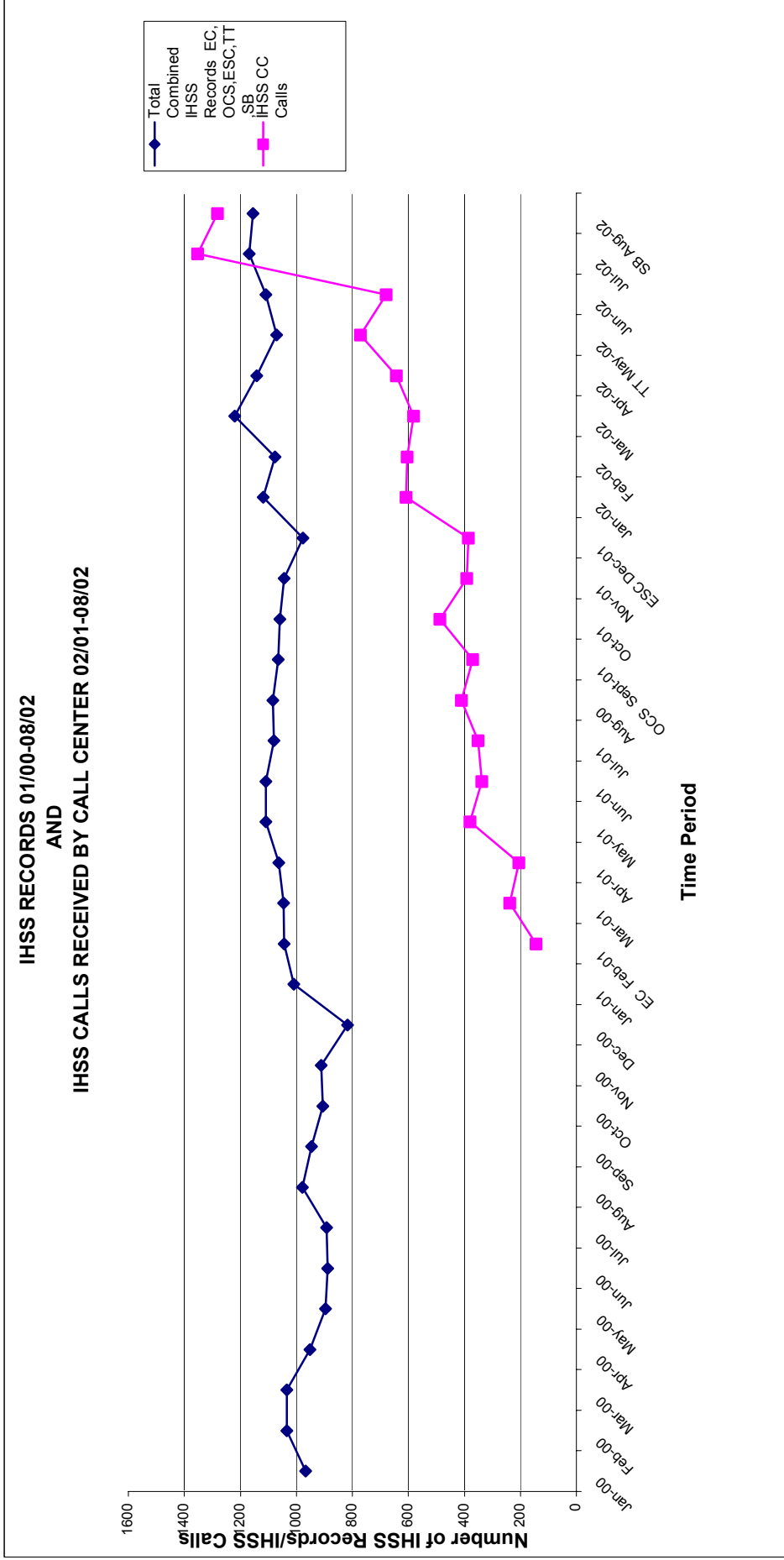
**Increase in Cases and Hours during FY 2001/2002:**

Cases authorized increased:	12.26%
Hours authorized increased:	16.56%

<sup>1</sup> EDS-Management Statistics Report

<sup>2</sup> EDS-Management Statistics Report

San Diego County



<b>01/00-08/02</b>	<b>Average Monthly IHSS Records</b>	<b>02/01-08/02 Average Monthly IHSS CC Calls</b>
El Cajon	246	538
Oceanside	91	
Escondido	122	
Trolley Towers	167	
South Bay (Includes 09-AIDS)	404	
<b>Total Combined Monthly Average</b>	<b>626</b>	

**El Cajon-04 and El Cajon-10 on board with Call Center February 2001**  
**Oceanside on board with Call Center September 2001**  
**Escondido on board with Call Center December 2001**  
**Trolley Towers on board with Call Center May 2002**  
**South Bay on board with Call Center August 2002**

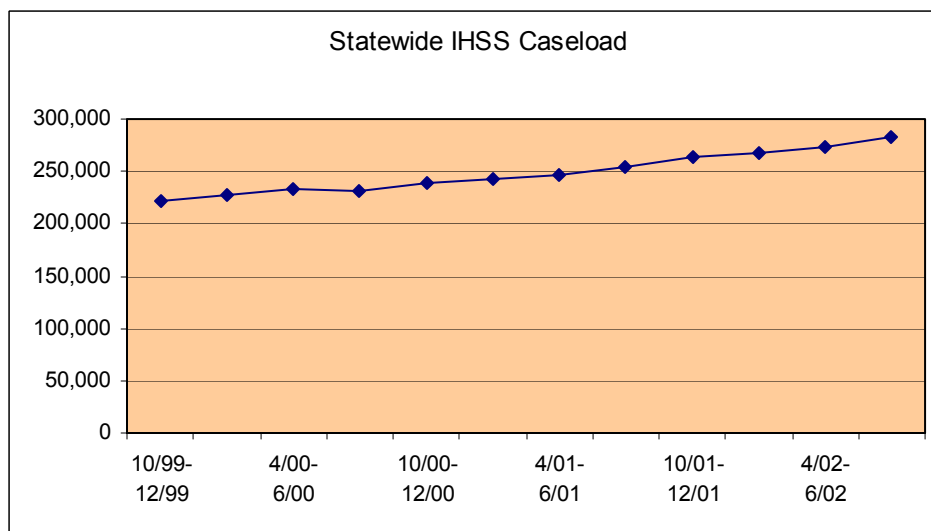
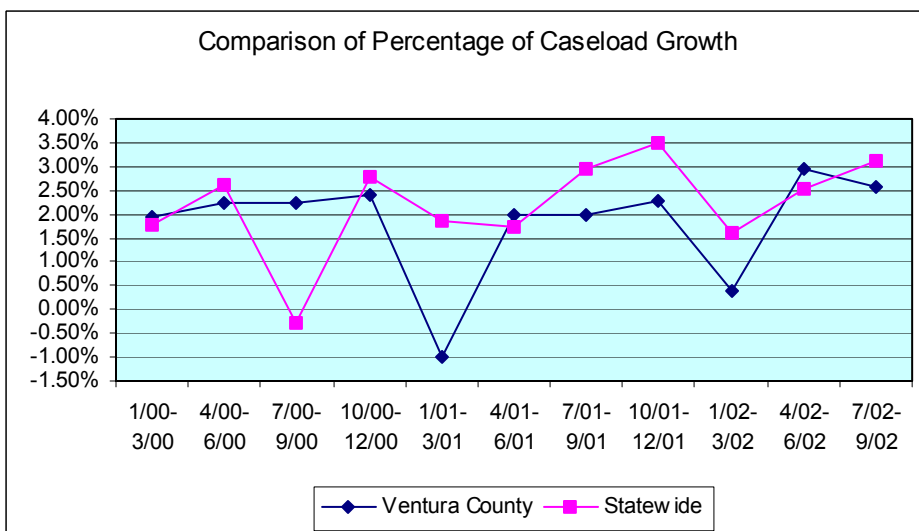
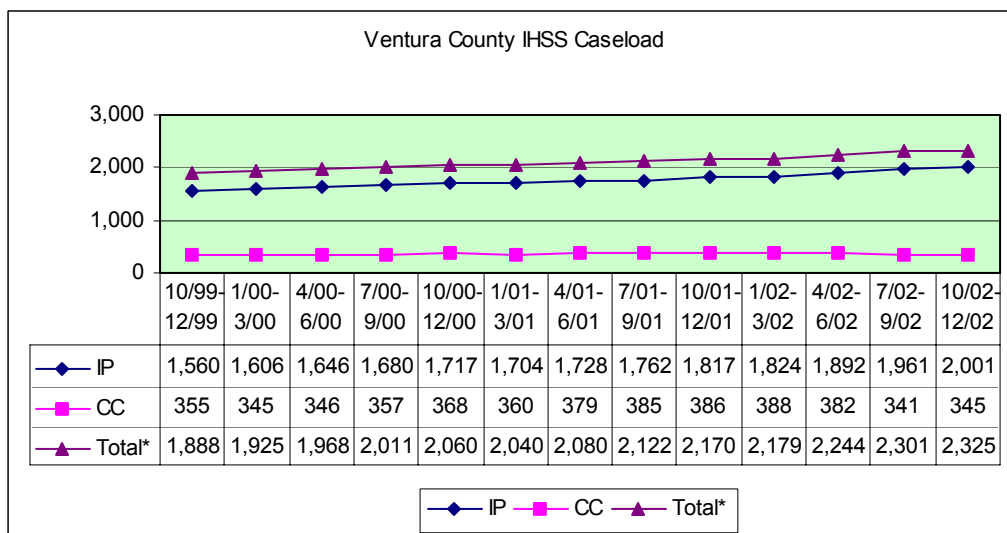
## San Diego County IHSS Costs

Year	Total Expenditures	IP Expenditures	Contract Expenditures
FY 90-91	\$ 61,866,363	\$ 55,619,071	\$ 6,247,292
FY 91-92	\$ 62,115,377	\$ 55,610,639	\$ 6,504,738
FY 92-93	\$ 59,189,342	\$ 52,666,486	\$ 6,522,856
FY 93-94	\$ 58,934,504	\$ 51,657,405	\$ 7,277,099
FY 94-95	\$ 56,320,257	\$ 48,196,013	\$ 8,124,244
FY 95-96	\$ 53,194,126	\$ 46,855,023	\$ 6,339,103
FY 96-97	\$ 55,884,302	\$ 48,914,040	\$ 6,970,262
FY 97-98	\$ 62,786,099	\$ 55,227,768	\$ 7,558,331
FY 98-99	\$ 75,046,089	\$ 66,789,686	\$ 8,256,403
FY 99-00	\$ 83,519,286	\$ 73,981,988	\$ 9,537,298
FY 00-01	\$ 91,875,137	\$ 81,719,100	\$ 10,156,037
FY 01-02	\$ 109,150,626	\$ 96,243,905	\$ 12,906,721

\*Estimated costs. The budgeted amount is \$73.7 million

Year	Total Cases	IP Cases	Contract Cases
FY 90-91	13,214	11,086	2,128
FY 91-92	13,993	12,151	1,842
FY 92-93	13,082	11,112	1,970
FY 93-94	13,593	11,475	2,118
FY 94-95	13,857	11,672	2,185
FY 95-96	13,537	11,812	1,725
FY 96-97	13,419	11,580	1,839
FY 97-98	13,834	11,875	1,959
FY 98-99	14,137	12,070	2,067
FY 99-00	14,893	12,705	2,188
FY 00-01	15,411	13,183	2,228
FY 01-02	16,443	14,087	2,356

Year	Cost Per Case Combined	IP Program Cost Per Case	Contracted Cost Per Case
FY 90-01	390	418	245
FY 91-92	376	388	294
FY 92-93	377	394	275
FY 93-94	361	375	286
FY 94-95	339	344	309
FY 95-96	327	331	306
FY 96-97	347	352	316
FY 97-98	419	448	277
FY 98-99	443	462	340
FY 99-00	467	485	363
FY 00-01	497	516	379
FY 01-02	553	569	456



**Total In Home Supportive Services from 1995-2003  
Santa Barbara County**

