

Department of Aging and Adult Services In-Home Supportive Services



FY 22-23

ANNUAL REPORT



PRESENTED TO
Children Seniors and Families Committee



The IHSS Program helps pay for services provided to recipients so that they can remain safely in their own homes.

The goal of the IHSS program is the prevention of premature or unnecessary placement of recipients in institutions, such as skilled nursing facilities, community care facilities, or hospitals.

SANTA CLARA COUNTY



SOCIAL SERVICES AGENCY



LETTER FROM THE LEADERSHIP

The In-Home Supportive Services (IHSS) Program presents the Fiscal Year (FY) 2022-2023 annual report, covering the period from July 1, 2022 to June 30, 2023. IHSS staff have been working harder than ever to improve services to the community. This report highlights how considerable progress has been made to reduce phone wait times to as low as one minute, increase lobby satisfaction, and allowing for in-person home visits at quicker rates.

IHSS has seen more growth in recipients receiving services and this trend will most certainly continue as the aging population increases in our county.

IHSS looks forward to continuous improvements and is humbled to offer services to the most vulnerable population in Santa Clara County. I would like to acknowledge and thank IHSS staff for their readiness to improve services by enhancing the customer experience.

Last but definitely not least, I would like to acknowledge and thank Veronica Marquez-Hothem and Elena Jimenez who co-authored this report. I truly appreciate your time, dedication and expertise.

Terri Possley

Terri Possley, LCSW
In-Home Supportive Services
Social Services Program Manager III

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ABOUT THE IHSS PROGRAM



To be eligible, recipients must be assessed and 65 years of age or older, blind or disabled (as determined by the Social Security Administration) and unable to remain safely in their own home without assistance. Recipients must also meet specific income requirements consistent with eligibility for Medi-Cal.

Housed within the Social Services Agency, IHSS is the largest of five programs, along with Adult Protective Services, Senior Nutrition, Office of the Public Administrator/Guardian/Conservator, and Seniors' Agenda, that together comprise the Department of Aging and Adult Services (DAAS). The IHSS program provides in-home care for persons who cannot safely remain in their own homes without such assistance.

IHSS is a state-mandated and regulated program that is operated at the County level in accordance with the California Welfare and Institutions Code. Both federal and state laws serve, effectively, to make IHSS an entitlement program. Interested individuals have a right to apply for IHSS services and are guaranteed services if they meet the financial and functional eligibility criteria. Consistent with all public entitlement programs, IHSS provides applicants certain rights: timely decision of eligibility, timely notice of change in eligibility or service, and an appeals process to dispute eligibility decisions.

County social workers perform an assessment to determine the number of hours and type of services to authorize an IHSS recipient. The recipient is responsible for hiring, training, supervising, and firing a provider. Based on the submittal of time sheets, IHSS providers are paid with a combination of state, federal and county funds.

Created in 1973, the core goal of the IHSS program remains the prevention of premature or unnecessary placement of recipients in institutions (skilled nursing facilities, community care facilities, or hospitals). IHSS is an entitlement program and all recipients found to be eligible and at risk of out-of-home placement are accepted.

Services offered include:

- domestic and related tasks, such as laundry, meal preparation, shopping, and light housecleaning
- personal care services and assistance with feeding, bathing, and ambulating
- transportation to and from medical appointments
- certain paramedical services ordered by a physician

The California State Department of Social Services (CDSS) and the counties share administrative responsibilities for the IHSS program. CDSS oversees the IHSS data and payroll system known as CMIPS II, serves as the payroll agent for the IHSS providers, and writes the IHSS regulations. Counties are responsible for the day-to-day administration of the IHSS program. County staff also determines recipients' program eligibility and the number of hours and type of services each recipient needs.

Eligibility

To be eligible for IHSS, a person must be aged, blind, or disabled and usually have monthly income at or below \$1,677.00 per month, for individuals. Those individuals with income in excess of this level may still be eligible for IHSS with a share of cost (SOC). An IHSS recipient with a SOC must make an out-of-pocket monthly payment toward the provider of IHSS services before the IHSS program pays the remainder of the cost of their services. Eligibility for Medi-Cal is generally limited to individuals with no more than \$130,000 in assets and couples with no more than \$195,000 in assets (with certain exclusions for such assets as homes and vehicles).

Application and Social Worker Assessment

When a prospective IHSS recipient applies for the program, the determination of their eligibility is a two-step process that considers both their income and need for services. Once verified that an individual is financially eligible for IHSS, a social worker visits the home to determine whether there is a need for services. To perform this assessment, the social worker uses a uniform assessment tool to determine the number of hours for each type of IHSS service for which recipients qualify to remain safely in their own homes. The uniform assessment tool, known as the Hourly Task Guidelines (HTG) assists the social worker in ranking the recipient's impairment level on a five-point scale known as the Functional Index (FI) ranking. Figure 1 on the next page shows each of the potential FI rankings that may be assessed by a social worker and what they mean for the impairment level of the recipient.

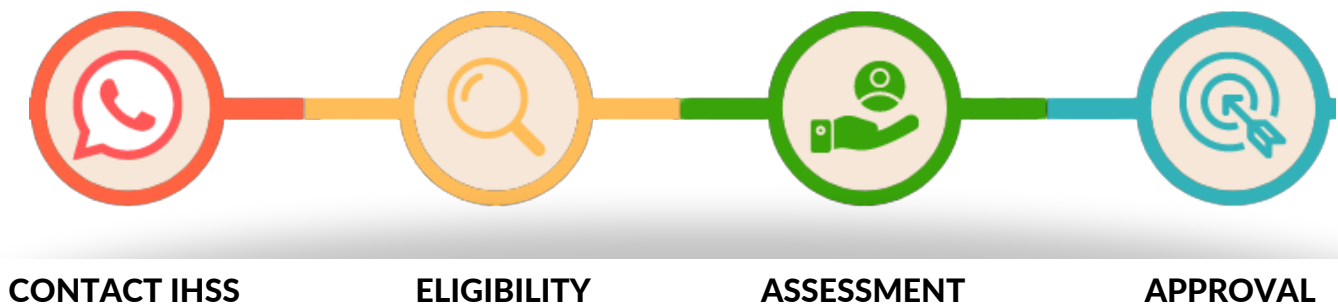


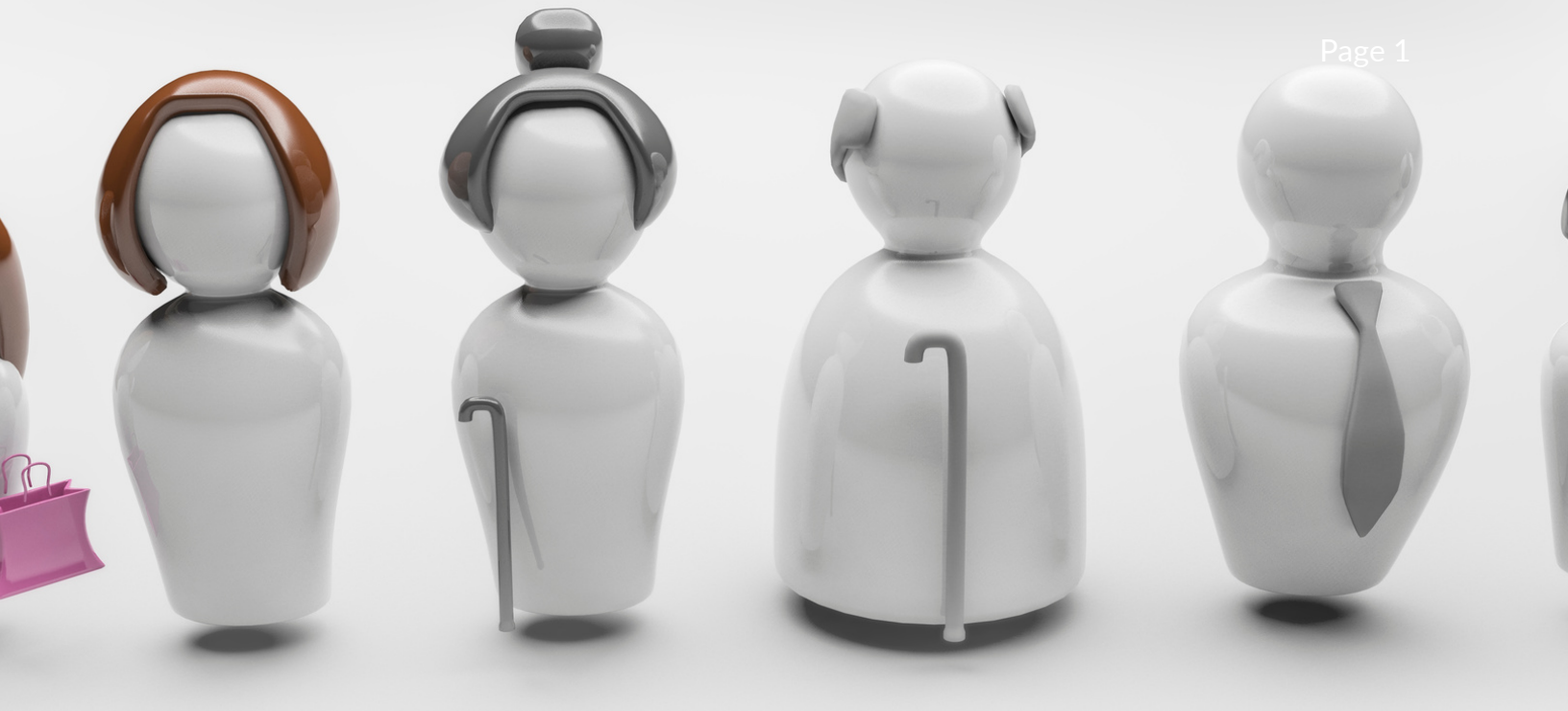
Figure 1

Functional Index	Impairment Implications
1	Able to perform function without human assistance (independent)
2	Able to perform function, but needs verbal assistance (reminding, encouraging)
3	Able to perform function with some human physical assistance
4	Able to perform function with substantial human assistance
5	Cannot perform function with or without human assistance



IHSS RECIPIENT AND PROVIDER DEMOGRAPHICS

Page 1



32,105

Total IHSS Recipients



59%

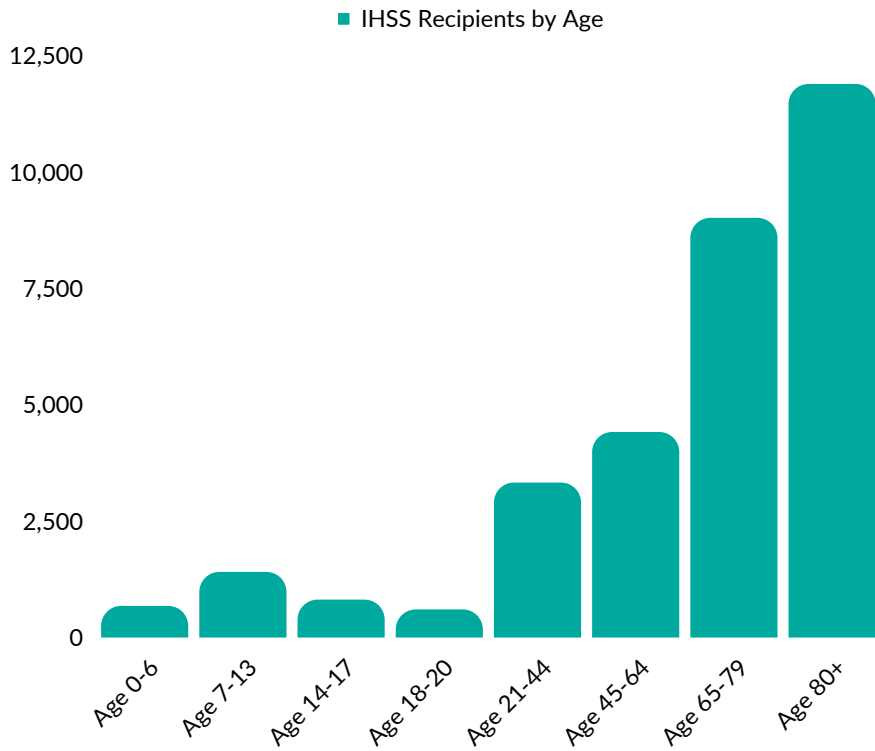
Female
Recipients



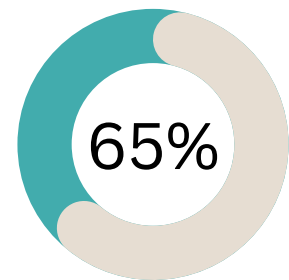
41%

Male
Recipients 4

IHSS RECIPIENT AND PROVIDER DEMOGRAPHICS

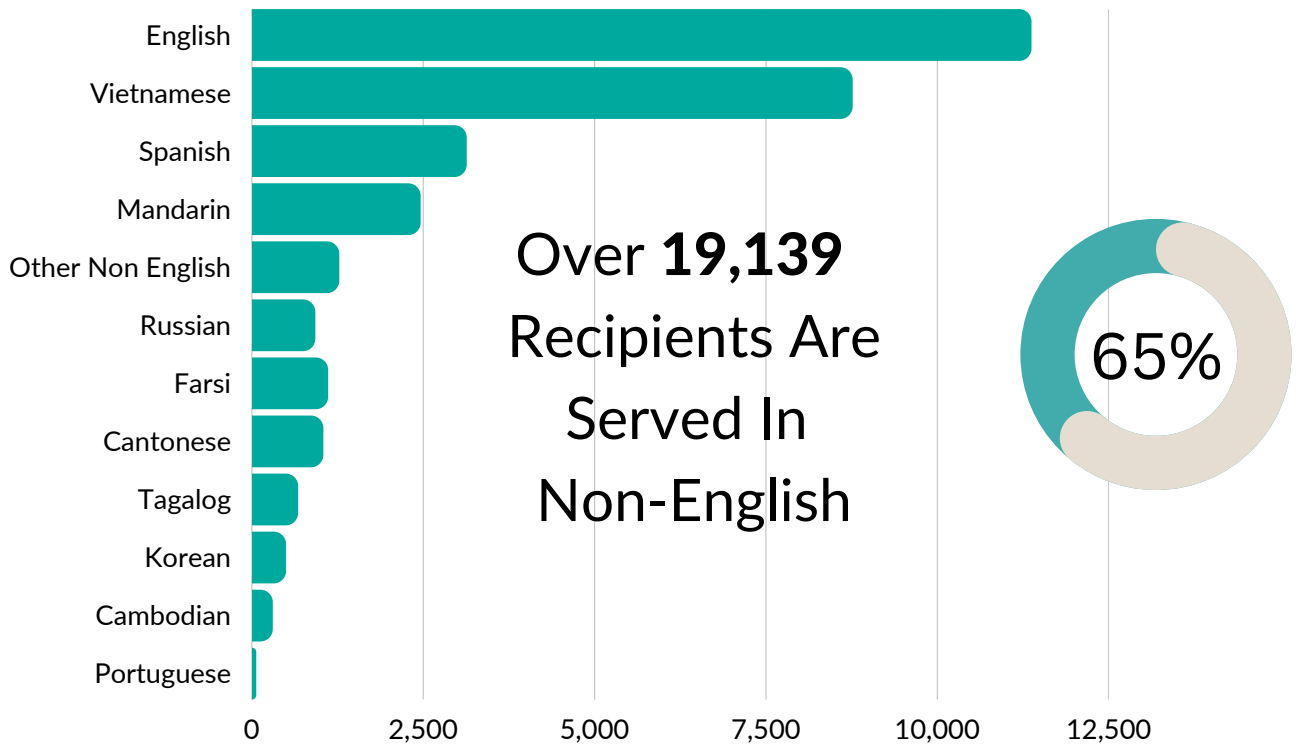


20,715
Recipients Are
Age 65 Or Over

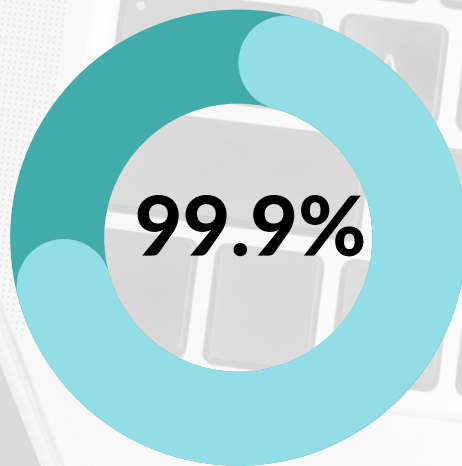


31,766 Providers
Serving
32,105 Recipients

IHSS RECIPIENT AND PROVIDER DEMOGRAPHICS



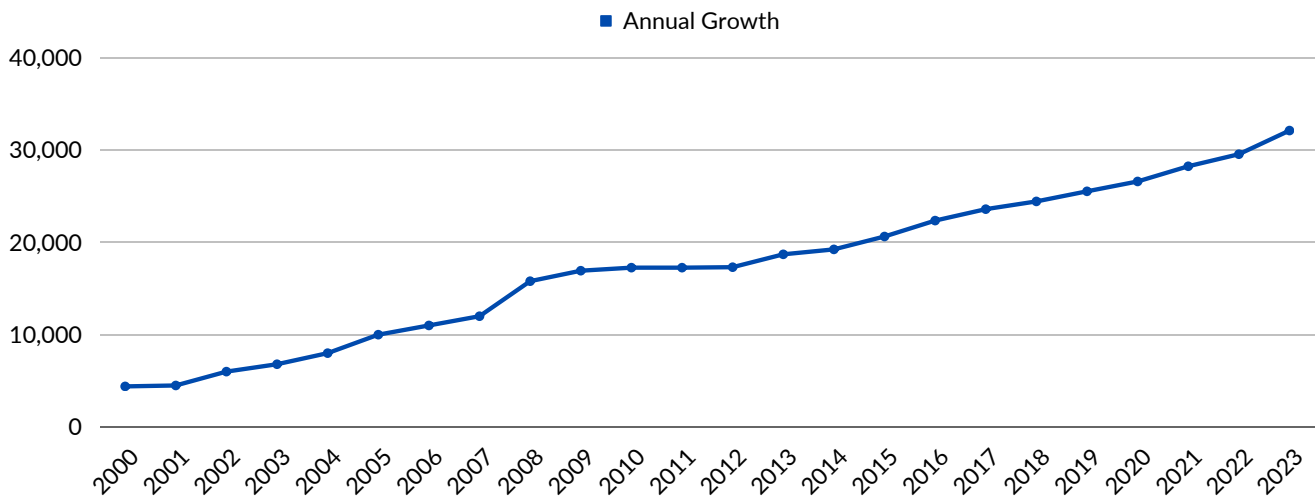
Recipient and Providers Enrolled in Electronic Timesheets



IHSS PROGRAM AT A GLANCE

Program Growth

Since the last report to Children, Seniors, and Families Committee (CSFC), the county's IHSS caseload has increased from 29,542 to 32,105, a 7.98 % annual growth increase. This data covers the period of September 2022 through June 2023.



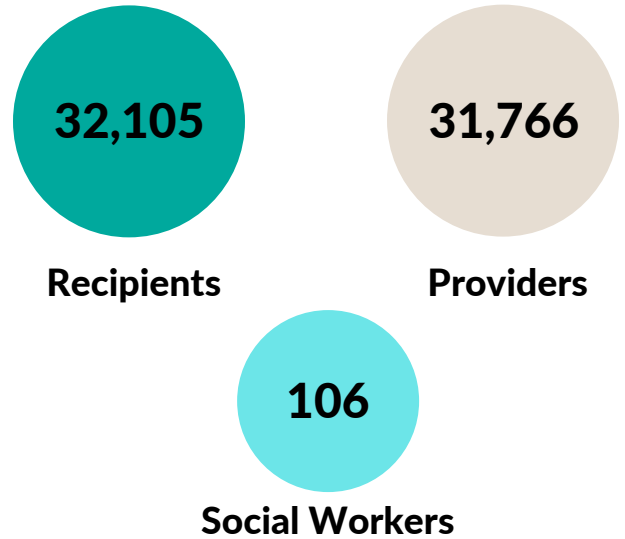
Projections of the aging population for those ages 65 and older in Santa Clara County have been steadily increasing since 2012. Future projections show that by 2030, just seven years from now, the older adult population will make up 20% of the total population in the county. By 2046, nearly 25% of Santa Clara County residents will be age 65 and above. While growth is expected for elders 65 to 79 years old in the coming decade, a greater increase is expected among elders 80 years and older between 2026 and 2036. With these trends, IHSS program growth will continue to increase with each passing year.



Staffing

In-Home Supportive Services currently has a **total of 191 staff** - just 106 Social Workers serving over 63,000 IHSS recipients and providers throughout the entire County of Santa Clara. The current structure of the IHSS program includes:

- **13** Case Management Units - consisting of **13** Supervisors and **106** Social Workers
- **1** Payroll Unit
- **1** Call Agent Unit
- **1** Clerical Unit
- **1** Application Readiness Unit
- **1** Quality Assurance / Program Integrity Unit
- **2** Management Analysts
- **3** Administrative Assistants
- **6** Managers



Disaster Service Workers (DSW)

As is well known, the County of Santa Clara has been front and center in meeting community needs for COVID-19 response. At its peak, IHSS activated as many as 31 DSW staff at one time. Almost all units, including call agents, provider payroll, home visit assessments, intake assessments, provider overtime, and forms scanning, were impacted by the loss of 31 staff. The remaining IHSS staff returned from DSW status in February 2023.

IHSS Lobby Satisfaction Survey

In late 2021, the IHSS lobby began utilizing lobby kiosk which allows lobby visitors to enter the reason for their visit and to receive a number from the kiosk to be called to a lobby window. When lobby traffic began to pick up again following the pandemic, data was collected from QMatic to analyze trends.

Beginning in January 2023, the Management Analyst began pulling reports from QMatic and sending it to the Managers who oversee the lobby receptionists. The reports have indicated consistently that most visitors are providers inquiring about payment activity. The reports also reveal that an average of 96% lobby visitors rated their service at the lobby window as either good or excellent.

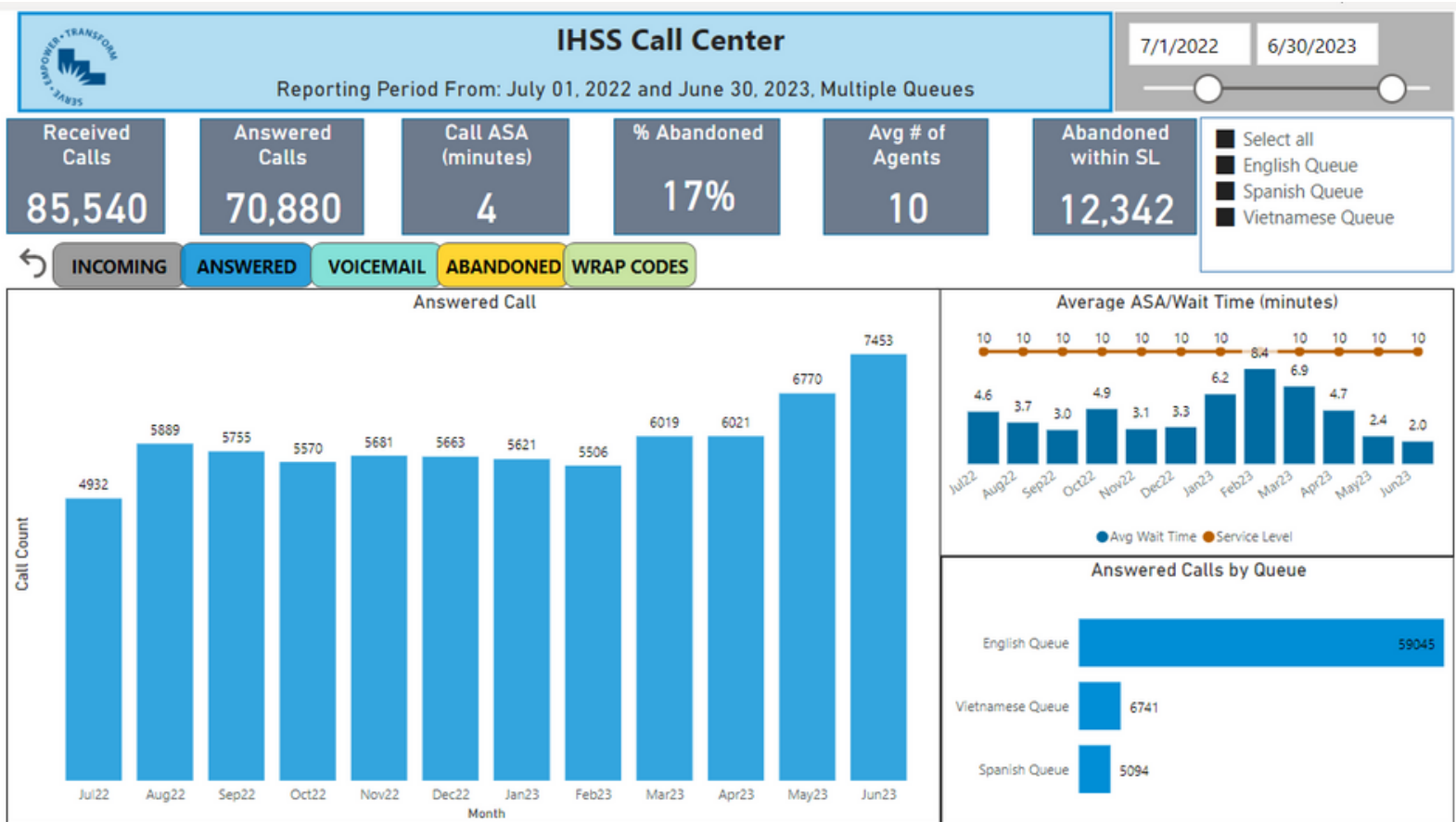
”

“Thank you to your front desk team at 353 Julian! I wanted to take a moment to thank [staff] who were working the front desk at 353 Julian earlier this afternoon. While I thanked them personally after the show for the help and the interruption, I wanted you to be aware of their assistance to me and our team.”

”



IHSS CALL CENTER



Phase I of IHSS Call Center Dashboard went live on July 1, 2022. With the support of Executive Leadership, IHSS collaborated with TSS to create a Call Center Dashboard. TSS utilized existing data already shared with IHSS to create data visualizations that are presented on the new dashboard in a user-friendly way, allowing leadership to view trends for call volume, abandoned calls, average number of call agents, duration of calls, average wait time, etc. Data can also be captured daily, weekly, monthly, and annually to identify trends and outcomes.

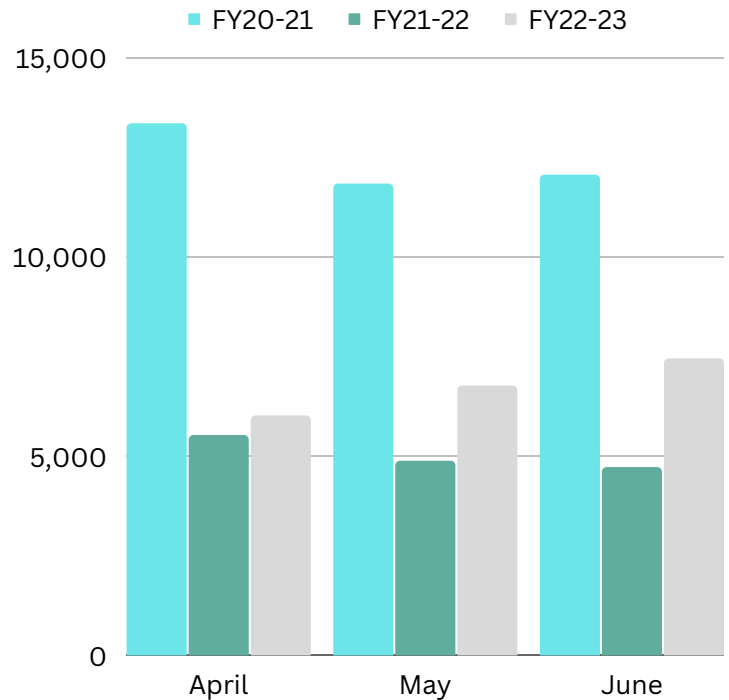
Phase II of the IHSS Call Center Dashboard went live June 2023. Phase II drills down on data sets related to call agent performance, availability, call peak times, and more. Data derived from the dashboard allows for data-informed decision-making related to call agent staffing and scheduling and is used to continue improving IHSS service delivery to residents of Santa Clara County.

In the short time we have been working with TSS on the dashboard, performance measures have improved. Call wait times have been reduced to as low as one minute. This is a vast improvement even from last year when call wait times were up to 10 minutes.

Incoming Calls

A comparison of fourth quarter data from the past three years indicates incoming call volume had been consistently decreasing. The past year, however, reveals an increase in phone calls. The change in trajectory may be attributed to:

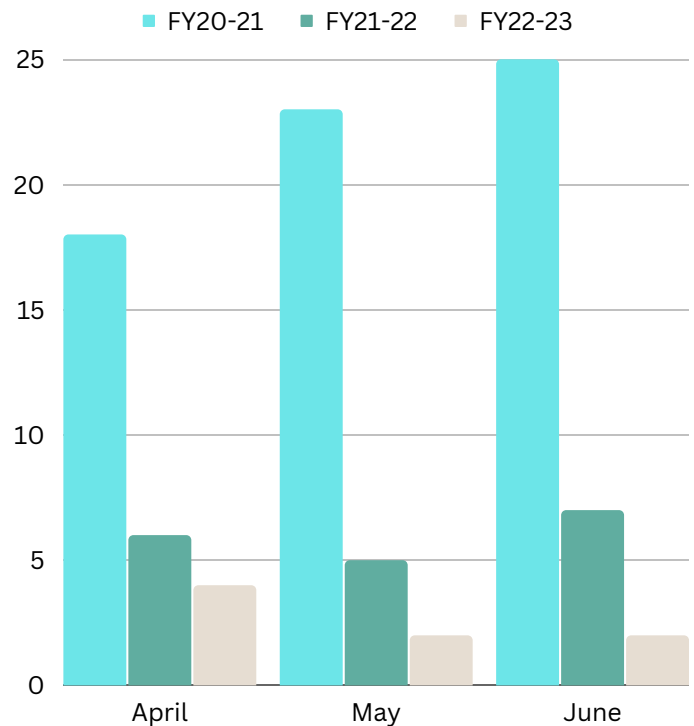
- approximate 8% increase in recipients and providers in last FY
- anticipated statewide implementation of Electronic Visit Verification effective July 1, 2023.



Caller Wait Time

A comparison of fourth quarter data from the past three years indicates average caller wait time to be connected to a Call Agent has been significantly reduced. Reduced wait time (in minutes) may be attributed to:

- efforts by IHSS management and staff to improve customer service and experience
- efforts by IHSS management and staff to increase use of technology to reduce call volume and provide callers with alternate methods of communication and information sharing
- filled call agent vacancies
- Note: FY20-21 shows the impact of IHSS staff being activated as DSW workers during COVID-19 pandemic.



Call Center Enhancements

The Payroll Manager, Clerical Manager, and clerical lead are working with TSS to modify the selections of the phone tree. Ultimately, callers will have fewer buttons to push prior to speaking to a call agent. Fewer selections will lead to shortened phone wait times and will likely increase satisfaction of callers. Various IHSS staff have volunteered to record the shortened phone greeting in English, Spanish, and Vietnamese.

A highly anticipated enhancement of the call center that is being developed by TSS is the call back feature. This will allow callers to have the option to hang up, enabling the system to call the caller back without losing their place in queue. It will be enabled once callers wait ten minutes or more.

Recording calls for quality assurance and training purposes has begun. The Office Management Coordinator selects calls at random and uses them for training purposes during meetings and supervision sessions to highlight excellent customer service and service that could be improved.



Public Email Address - IHSS.SCC@ssa.sccgov.org

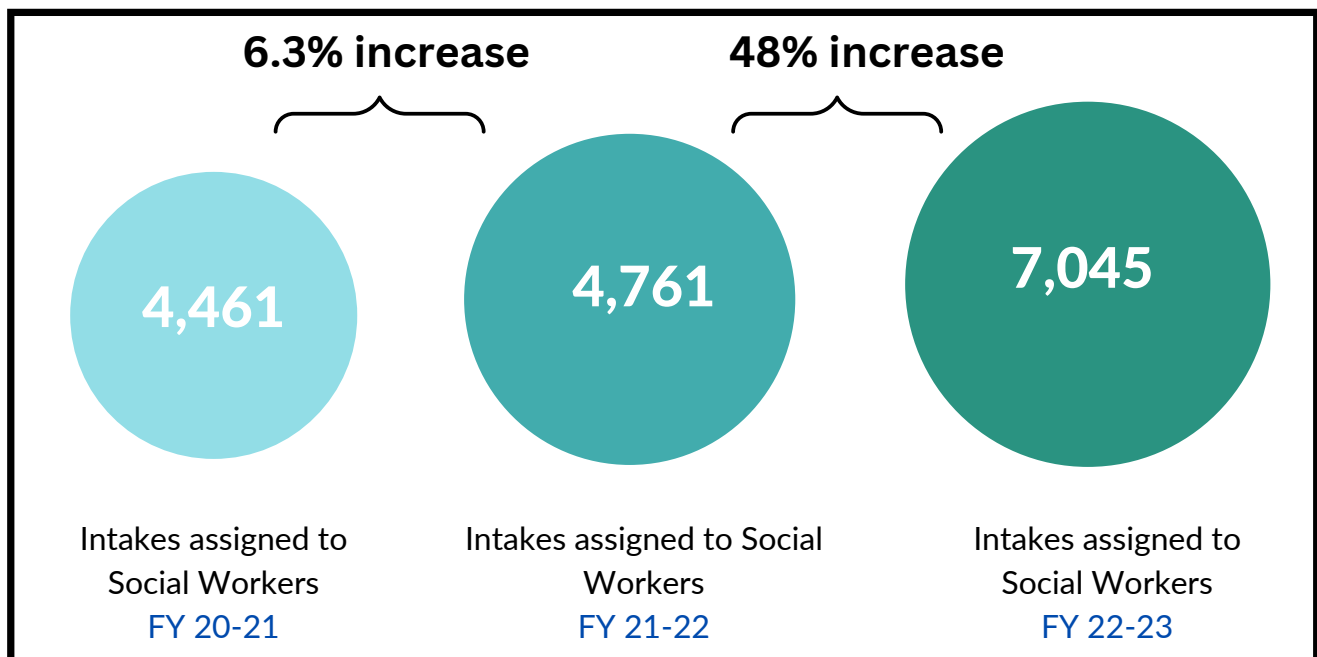
Beginning February 2023, IHSS enabled the public email address with the goal of reducing call volume and call wait times. This email address is still new and it is not widely used yet. Management has taken note that most times emails are received at this account are after hours or on the weekends when callers are not able to reach an agent. It is too soon to conclude why this is happening, but it is possible that recipients and providers prefer to speak to a live call agent.

APPLICATION PROCESSING

Timely Intake Assignments

With the June 29, 2022 implementation of the Automated Intake Distribution Tool, IHSS is able to work on more efficient business processes in order for more intakes to be assigned timelier. Effective October 3, 2022, IHSS began assigning intakes pending receipt of the SOC 873 Health Care Certification Form (HCC). This form is required in order to receive IHSS services and contains the licensed health care professional's signature and agreement that without IHSS services, the applicant would be unable to remain safely in his or her own home. Essentially, IHSS is able to process more applicants through the intake process without delays of waiting for the required HCC form to be returned to IHSS. This is a significant change and we have doubled, one month tripling, the number of applicants who are assigned to social workers each month. Applicants are now seen in a matter of weeks instead of months.

Data shows a steady increase in the number of intakes over the past three years.



Application Processing Compliance

IHSS has been successful in achieving compliance in the area of timely processing of applications for FY23 by meeting the CDSS requirement that at least 80 percent of total applications be processed within 90 days. Santa Clara County IHSS averaged 87.56 percent compliance during this time period. IHSS reached compliance with CDSS by changing the business process of completing intake assessments while pending receipt of the SOC 873 form.

Santa Clara		
Large Size County FY 2022-2023		
State Ranking	Applications Processed within 90 Days*	
39	87.56%	
Applications Processed within 90 Days (by Month)		
July 2022	August 2022	September 2022
85.14%	83.66%	79.97%
October 2022	November 2022	December 2022
85.36%	87.89%	95.28%
January 2023	February 2023	March 2023
89.12%	88.51%	90.04%
April 2023	May 2023	June 2023
87.85%	89.87%	87.92%

Applications Processed within 90 Days (Comparison)	
Santa Clara	87.56%
Large Sized Counties	91.15%
Statewide	91.05%

“

“I want to give positive feedback with the process so far. I was told the wait time could take forever but want to say how much I really appreciate your team’s quick turnaround time with getting my dad the help he truly needs at this stage...I want to say how impressed I have been with the fact [staff] reached out to my folks right away and started getting them set up with all the forms, etc. SO THANK YOU FOR THAT!”

”

Annual Overdue Reassessment Compliance

CDSS requires that counties conduct face-to-face annual reassessments with at least 80% of the county's ongoing IHSS recipients. This is in addition to initial intake assessments for new IHSS recipients. Unfortunately, we are out of compliance for FY23, landing at 70.08% compliance. The reasons include:

- a shortage of social worker codes to serve continuously increasing numbers of IHSS recipients;
- union contract workload limitations.

Santa Clara (L)		
State Ranking	Fiscal Year 2022-23 Average CFCO Reassessment Compliance Rate	
55	75.28%	
MONTHLY CFCO COMPLIANCE RATE BASED ON CFCO REASSESSMENT DUE DATES (FY 2022-23)		
July 2022	August 2022	September 2022
77.26%	76.47%	75.84%
October 2022	November 2022	December 2022
75.33%	75.52%	75.66%
January 2023	February 2023	March 2023
75.84%	75.99%	74.21%
April 2023	May 2023	June 2023
74.21%	73.6%	73.4%

The chart to the left shows Community First Choice Options (CFCO) federally funded cases which require a compliance rate of 90% minimally. We fall short at 75.28% compliance. CDSS has asked that counties prioritize scheduling CFCO cases over non-CFCO cases which is why our compliance is higher with these cases.

Santa Clara (L)		
State Ranking	Fiscal Year 2022-23 Average Reassessment Compliance Rate	
50	73.23%	
MONTHLY COMPLIANCE RATE BASED ON REASSESSMENT DUE DATES (FY 2022-23)		
July 2022	August 2022	September 2022
70.89%	71.45%	72.12%
October 2022	November 2022	December 2022
72.34%	73.27%	73.94%
January 2023	February 2023	March 2023
74.42%	75.02%	74.17%
April 2023	May 2023	June 2023
74.24%	73.69%	73.21%

It is important to note that reassessment compliance improved by 5% over a period of 8 months even though we had several vacancies and a few extended leaves of absence. In those eight months of the FY, IHSS was able to demonstrate stability while losing staff.

“Thank you for all your efforts and kindness to make life easier for people like me who are in pain and in needs. Thank you again.”



“I am so grateful for IHSS and especially our former Social Worker who went above and beyond. IHSS made the difference between my kids being able to go to school with their peers and receive social skills classes and now they will be able to go to college in the future.”

“A week ago we had a family meeting with my three children, we decided I should stay at this mobile home. Each month I pay the rent, living expenses, but food stamps and IHSS have provided me with a stable life, without being a huge burden for my children. Before, I can only stay around the house with a radio, and an Ipad. Today, I am able to get to places I have always wished to go to...”



IHSS QUALITY ASSURANCE

The IHSS Quality Assurance Unit (QA) analyzes the quality of services offered to IHSS recipients by conducting several quality assurance and quality improvement efforts throughout each fiscal year. QA conducts internal Desk Reviews and Home Visit Reviews to ensure cases are compliant with State regulations and County policies/procedures.

There are many other internal QA efforts completed throughout the year. Some efforts focus on a specific program issue or element identified for needed improvement (Targeted Review Effort), while others focus on an ongoing issue (Paid Claims Effort) related to possible overpayments identified through data matches, such as when an IHSS recipient receives in-patient services while simultaneously receiving IHSS services.

In addition, the California Department of Social Services (CDSS) conducts a detailed annual review of the IHSS program, a process known as the CDSS Monitoring Review.

CDSS Monitoring Review

CDSS oversees the administration of social service programs for each county within the State of California. In order to verify counties have complied with regulations and program requirements, documentation is a key element of the monitoring process conducted by the CDSS Quality Assurance (QA) Unit. The goal is to improve service delivery and ensure uniformity in the authorization of services so that IHSS recipient needs are assessed appropriately at a level that allows them to remain safely in their own homes. This involves a multi-step process (below and continued on next page).





- Remediation cases identified and assigned to Social Workers for follow-up
- Cases in need of remediation due within 45 days of assignment



- County QA staff complete final review of cases to ensure correct remediations
- CDSS verifies all cases were remediated correctly



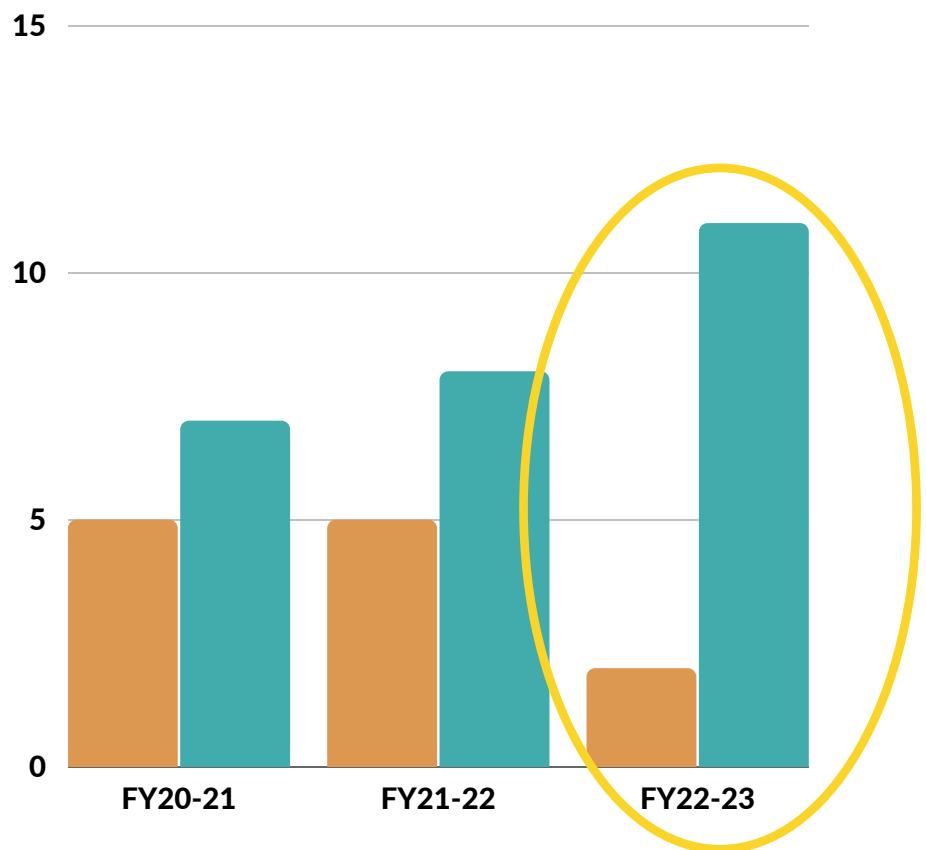
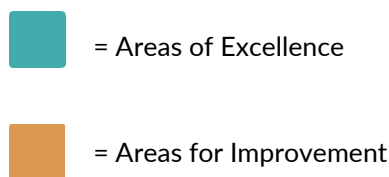
- IHSS receives Final Letter from CDSS
- IHSS QA staff and management review findings
- IHSS QA staff prepare to share information and conduct training for all staff

Once the review process is completed by CDSS, IHSS QA staff and management analyze the **Final CDSS Monitoring Review and Summary letter**.

- The letter includes data on the performance outcome in various areas of focus, including areas of 100 percent compliance (Areas of Excellence) and areas below 80 percent compliance (Areas for Improvement) - see page 17.
- IHSS QA manager reports back information and completes training at following All Staff Meeting. Findings are also used as a guide and incorporated into future quality improvement efforts.



The most recent CDSS Monitoring Review was conducted in December 2022. A comparison of data collected over the past three years indicates IHSS ratings have consistently increased in "areas of excellence" while the number of "areas for improvement" have significantly decreased, per CDSS standards and sampling.



CDSS Monitoring Review FY22-23



Areas of Excellence

- Assessment Statistics
- Household Living Situation
- Minor cases regulations
- Denied cases documentation
- Respiration documentation
- Domestic and Related Services documentation
- Alternative Resources documentation
- Needs Assessment of narrative
- Protective Supervision assessment & documentation
- IHSS Forms- SOC 295, SOC 864, SOC 873
- County QA Desk Reviews

Areas for Improvement

- Authorized Representative Form (SOC 839)
- Paramedical Services Form (SOC 321)

QUALITY IMPROVEMENT

Quality Improvement (QI) efforts are conducted when program issues or needed systemic improvements are identified through on-going QA activities, state audits or due to the release of new All County Letters (ACLs) or All County Information Notices (ACINs) containing new or updated instructions and information from the State. QI efforts focus on addressing and resolving the identified issues or needs by conducting system improvement projects which may include:

- developing, updating or conducting staff trainings,
- creating job aids, tools or forms,
- developing, updating or implemented policies and procedures.

This past year numerous QI efforts were completed to improve the quality of the program and the delivery of services. Several trainings were conducted, tools were updated, and policy and procedure handbooks were updated. The activities focused on improving the uniformity of assessments, refining the standardization of processes and enhancing the efficiency of our service delivery.

Trainings





The QA unit completed virtual and in-person trainings for IHSS staff this past year. One of the most notable trainings was the one conducted during Case Management Unit meetings at IHSS. QA staff first trained social work supervisors and later social workers during unit meetings throughout the year. The trainings focused on clarifying the purpose and process of case reviews, the different areas that are evaluated and the expectations. The trainings incorporated a section for Questions and Answers, which allowed staff the opportunity to ask more in-depth questions and get clarification on certain points and topics. All trainings have been made available on the IHSS website.



Job Aids, Tools or Forms

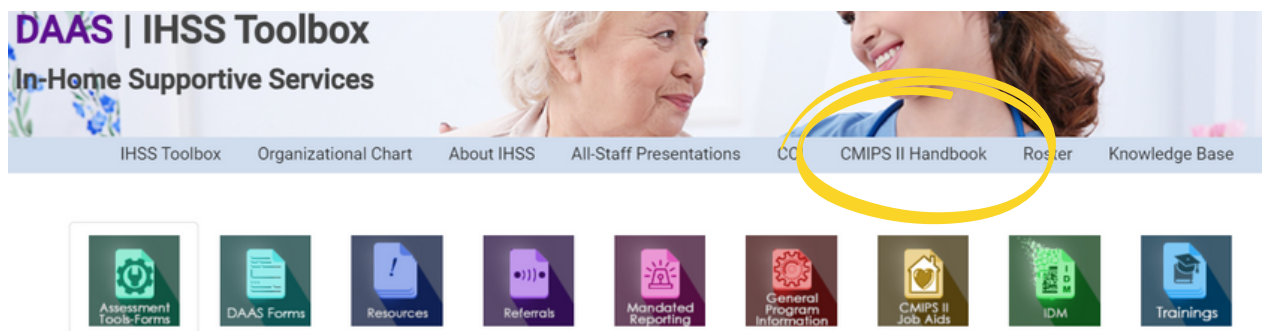
Assessment tools and forms are regularly updated or developed to assist social work staff as reference guides to ensure uniformity when conducting social work assessments. One example of a recently updated tool is the "Medical Verification for A&A Spouse" Form. This document helps social workers to accurately assess cases when IHSS recipients have a spouse and information needs to be requested from a doctor regarding the spouse's ability and/or inability to perform certain IHSS services.

Assessment Tools-Forms

-  [Medi-Cal Common Aid Codes](#)
This is a listing of the most common Medi-Cal aid codes used in IHSS.
-  [Medi-Cal MAGI Aid Codes](#)
-  [Medical Verification for A&A Spouse](#) Updated!
-  [Non-Parent IP Letter](#)
This letter may be mailed out along with a NOA on minor cases to explain when a non-parent provider should not claim all the authorized hours. [Spanish](#)

CMIPS Handbook

The Case Management, Information and Payrolling System (CMIPS) Handbook is a users manual that describes and defines the processes and procedures implemented to support IHSS staff with the Case Management System. Additionally, certain chapters incorporate specific internal policies and State's regulations that guide staff actions and decisions. The objective is to provide staff with a rulebook to ensure a high standard of professionalism while delivering excellent customer service. This year chapters 21, 22 and 24 of the CMIPS Handbook were updated.



COMING SOON

In the next FY, IHSS will continue to work with TSS to develop and utilize an optional phone survey for interested callers at the end of the call with the agent. IHSS is committed to learning more about the customer experience and will make adjustments based on survey feedback.

Electronic Forms, also known as E-Forms, are being developed by CDSS which will enable social workers the ability to send required forms electronically to applicants, recipients, and providers. This would replace the paper form process that currently exists. It is expected CDSS will implement E-Forms on an optional basis as early as the Spring of 2024. E-Forms could help shorten the process it takes to open an IHSS case or annually reassess a case.

Counties are awaiting the finalized All County Letter (ACL) which implements the new Telehealth Reassessment Option for eligible IHSS recipients with stable care needs. The telehealth reassessment option gives counties the ability to perform face to face reassessments every 3 years for qualifying recipients. Virtual or phone reassessments would take place in the years between. Preliminary analysis revealed that as many as 40% of our recipients would qualify. If 40% of our recipients were seen face to face every three years, we would expect to see an increase in our overdue reassessment compliance with CDSS.

Attachments

Attachment 1: Quality Assurance Monitoring Review Summary