

ASSEMBLY THIRD READING

AB 1005 (Alvarez)

As Amended May 18, 2023

Majority vote

SUMMARY

Permits patients diagnosed with a terminal illness to request an expedited In-Home Supportive Services (IHSS) application process.

Major Provisions

- 1) Permits, if a patient who is diagnosed with a terminal illness and seeks to apply for services under the IHSS program and receive a healthcare certification form, as specified, the patient may request to have their application process expedited by the county.
- 2) Requires, to the extent feasible, counties to consider expediting the applications of patients who have been diagnosed with a terminal illness and who have requested that their application be expedited.
- 3) Permits CDSS to implement, interpret, or make specific, certain provisions of this bill by means of all-county letters or similar instructions, until regulations are adopted.
- 4) Requires the provisions of this bill pertaining to a streamlined IHSS application process for individuals diagnosed with a terminal illness be implemented only to the extent that any necessary federal approvals are obtained and federal financial participation is available for the purposes of providing IHSS.

COMMENTS

In-Home Supportive Services Program. Eligible low-income individuals in California who are at least 65 years old, living with disabilities, or blind, may access services through the IHSS program that enable them to remain in their own homes. IHSS program providers are paid to assist with personal care services (such as bathing, toileting, and grooming), domestic and related services (meal preparation, housecleaning, and the like), paramedical services, and protective supervision. There are currently over 593,000 Californians who receive IHSS; over 98% of these individuals receive IHSS services as a Medicaid benefit.

CDSS oversees the IHSS program, but it is administered at the county level. Once individuals apply for IHSS, they are assessed by a county social worker for eligibility and need. If an individual is determined to be eligible for IHSS, they are authorized for certain services and for a specified number of hours of care. IHSS clients self-direct their care, which allows them to choose and hire their own provider, including friends and family.

When an individual is determined eligible for IHSS services by a county social worker, they are authorized for a certain number of hours of care per week. IHSS recipients are responsible for hiring, firing, directing, and supervising their IHSS workers. These responsibilities include some administrative duties, such as scheduling and signing timesheets; however, the state handles payroll. Providers must complete an enrollment process, including submitting fingerprint images for a criminal background check and participating in a provider orientation prior to receiving payment for services.

Prospective IHSS providers are also required to participate in an on-site orientation developed by CDSS and the counties prior to receiving payment for services. As of February 2023, there were 613,410 IHSS providers in California; 95.5% of providers are a relative, spouse, or parent of the recipient, and 55.6% of providers live in the same residence as the recipient, according to data provided by CDSS.

One of the eligibility criteria for receiving IHSS is submission of a completed Health Care Certification Form (referred to as a SOC 873) with information provided by the individual's licensed healthcare professional. The exception to this requirement is if a county determines that an applicant is at imminent risk of out-of-home placement; applicants who are granted this exception may be temporarily authorized to receive IHSS pending the county's receipt of the SOC 873.

Hospital discharge planning. State law requires that every hospital have a written discharge planning policy and process. Hospitals are required to make arrangements for post-hospital care which includes care at home, in a skilled nursing facility, or intermediate care facility, and made prior to discharge for patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning. The discharge planning is not typically done with the diagnosing physician as prescribed in this bill; instead, a discharge planner who is knowledgeable in programs such as IHSS helps with this planning. Current law also requires that patients are allowed to identify one family caregiver who may assist in post-hospital care. The discharge information that is required to be given includes if someone is discharged and might be eligible for IHSS services.

Equity Implications: The IHSS program serves people who are low-income and enables them to remain independently in their home. By requiring patients diagnosed with a terminal illness be given information about IHSS eligibility criteria before the patient is discharged, the provisions of this bill seek to ensure that individuals who are low-income and who have been diagnosed with a terminal illness have access to the supportive services provided through the IHSS program. Additionally, this bill seeks to ensure equity for individuals diagnosed with a terminal illness by ensuring this vulnerable population can access adequate, dignified end-of-life care in a timely manner.

According to the Author

“Receiving a terminal diagnosis is a challenging moment for the patient and their friends and family. Recognizing this difficulty, the state offers resources and support to ensure that patients’ end of life care makes them as comfortable as possible. One of these resources is the In-Home Supportive Services program, in which an eligible patient is assigned an IHSS provider who assists them with daily tasks. This important resource is offered to terminal and non-terminal patients. Despite having radically different timelines, terminal and non-terminal patients are put through the same process. [This bill] expedites the process for terminal patients so that we mitigate the possibility of the process outliving them.”

Arguments in Support

According to UDW/AFSCME Local 3930, “The IHSS program is a critical lifeline for many Californians who are elderly, disabled, or have a chronic medical condition. The program provides much-needed support to individuals who want to remain in their own homes rather than being placed in out-of-home care. However, many individuals who could benefit from the program are not aware of it or face significant barriers to enrollment. By requiring healthcare

providers to inform patients about the IHSS program and the option to enroll as a provider, AB 1005 would help to ensure that more Californians can access the support they need to remain in their homes.”

Arguments in Opposition

None on file

FISCAL COMMENTS

According to the Assembly Appropriations Committee on May 18, 2023, local costs to counties, likely minor, to consider expediting IHSS applications for terminally ill patients who request an expedited process. These costs are unknown, but are potentially reimbursable by the state, subject to a determination by the Commission on State Mandates.

VOTES**ASM HUMAN SERVICES: 7-0-1**

YES: Jackson, Sanchez, Alanis, Arambula, Bonta, Bryan, Calderon

ABS, ABST OR NV: Garcia

ASM APPROPRIATIONS: 12-0-4

YES: Holden, Bryan, Calderon, Wendy Carrillo, Mike Fong, Hart, Lowenthal, Mathis, Papan, Pellerin, Weber, Ortega

ABS, ABST OR NV: Megan Dahle, Dixon, Robert Rivas, Sanchez

UPDATED

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