
SENATE COMMITTEE ON APPROPRIATIONS

Senator Anthony Portantino, Chair
2023 - 2024 Regular Session

AB 1005 (Alvarez) - In-home supportive services: terminal illness diagnosis

Version: June 21, 2023

Policy Vote: HUMAN S. 5 - 0, HEALTH
12 - 0

Urgency: No

Mandate: Yes

Hearing Date: August 14, 2023

Consultant: Agnes Lee

Bill Summary: AB 1005 would require that a patient diagnosed with a terminal illness be provided with certain information about the In-Home Supportive Services (IHSS) program prior to being discharged from a hospital. The bill would also require counties to consider expediting the IHSS applications of patients who have been diagnosed with a terminal illness and who have requested that their application be expedited.

Fiscal Impact: Unknown, ongoing General Fund cost pressures to reimburse counties for IHSS county staff to expedite cases. Cost to counties for administration would be potentially reimbursable by the state, subject to a determination by the Commission on State Mandates.

Background: The IHSS program provides supportive services to low-income individuals who are aged, blind, or living with disabilities, and who are unable to perform the services themselves or remain safely in their homes without receiving these services. County social workers determine IHSS eligibility and perform case management after conducting a standardized in-home assessment of an individual's ability to perform activities of daily living.

Discharge planning is the process of supporting a patient's transition from one level of care to the next. The discharge planning processes must address the individual patient's goals, needs and treatment preferences, and provide an opportunity for the patient and/or designated caregiver to engage in the discharge planning process. State law requires every hospital to have a written discharge planning policy and process. In the hospital setting, discharge planning must include an evaluation of a patient's likely need for post-hospital services, including post-acute medical care, extended care services, and non-health care services. The discharge planning evaluation must also include a determination of the availability of appropriate services and the patient's ability to access those services. The discharge planner is typically someone who is knowledgeable about post-hospital care programs, such as IHSS.

Medi-Cal beneficiaries who need assistance with certain activities in order to remain at home may be able to receive IHSS. In these cases, hospital-based case managers/discharge planners will provide information about the IHSS program including the application and county contact information, and may facilitate the patient's communication with their primary care physician or other qualified provider to complete required documentation.

Proposed Law: Specific provisions of the bill would:

- Require that before the discharge from an acute care hospital of a Medi-Cal beneficiary diagnosed with a terminal illness, the hospital's designated case manager or discharge planner must evaluate the patient's likely need for post-hospital services and their ability to access those services; for patients anticipated to need in-home personal care, the hospital case manager or discharge planner must ask if the patient is interested in receiving information about IHSS; if the patient is interested, the hospital case manager or discharge planner must provide information to the patient, including how to initiate the application process and the option for a family member to provide care as an IHSS provider, as specified.
- Require that if the patient seeks to apply for the IHSS program, the hospital case manager or discharge planner must communicate to the patient's primary care physician to support the timely completion of the health care certification form, as specified.
- Require that if a patient diagnosed with a terminal illness seeks to apply for the IHSS program, the patient may request to have their application expedited by the county; and require that to the extent feasible, counties must consider expediting the applications of patients who have been diagnosed with a terminal illness and who have requested that their application be expedited.

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