A coalition of Californians
dedicated to preserving
in home care for seniors
and people with disabilities

In-Home Supportive Services (IHSS) Myths vs. Realities:

Governor Ronald Reagan created the In-Home Supportive Service (IHSS) to enable seniors and people with disabilities, mental health needs and developmental disabilities to live safely and independently in the community in their homes. It is the largest publicly funded non-medical personal assistance service in the nation to help persons of all ages, with limited resources, stay at home. Approximately 408,000 seniors and people with disabilities rely on care through the IHSS program. IHSS by its very nature is a consumer-driven program. The goal of IHSS is to maintain consumers' quality of life by providing assistance that enables them to remain safely in their own homes and avoid or delay institutionalization. This right to remain in a community environment versus institutionalization was set forth in the Olmstead Decision by the Supreme Court.

Consumers receive a variety of basic services, including: domestic assistance such as housecleaning, meal preparation, laundry, and shopping; personal care, such as feeding and bathing; transportation; protective supervision; and certain paramedical services ordered by a physician. At the core of the program is a philosophy that recognizes the dignity of the consumers by acknowledging their right to self-determination whereby the consumer can hire, supervise, and fire the caregiver of their choice.

MYTH vs. REALITY:

MYTH#1: The growing cost of the IHSS program is out of control and is adding to California's budget crisis.

REALITY: The challenges to fund IHSS are best viewed in the context of California's changing demographics. Currently, the State has 3.9 million people over the age of 65 - the largest older adult population in the nation numerically. This figure is projected to increase by 172% over the next 40 years with most of the growth occurring in the next 20 years[i]. As the population ages and individuals become less able to care for themselves, there will be an increasing demand for personal assistance services.

It is widely understood that the IHSS program is experiencing rapid caseload growth. As California's population ages, pressures to provide services to seniors will continue to increase program costs. Close to half of the consumers that the IHSS program serves are aged recipients; California demographics show that current and anticipated population growth will continue most significantly in the age categories over 45. Caseload growth is one of the significant drivers fueling increased program costs.

MYTH #2: The IHSS program is the fastest growing program in the social services arena; California cannot afford the increasing costs of the program.

REALITY: IHSS is a budget solution; alternative forms of care such as nursing homes cost six to eight times more than IHSS. California cannot afford the costs that would be associated with undermining this critical program. The annual cost of IHSS is under $10,000 per consumer vs. $60,000-$80,000 to pay for care in a nursing facility.[ii]

REALITY: Nursing home use and bed supply per population is low in 2008. California ranks 45th in the nation in bed supply—in part because of the success of the IHSS program. California nursing home occupancy rates are only 78 % and have been declining steadily over the years. We think this is partially related to the success of the IHSS program.[iii]

MYTH #3: It is wrong to pay people to take care of family members.

REALITY: Many IHSS providers give up income from other, better-paid employment in order to provide care to their family member.

REALITY: When a parent is the IHSS provider for her/his child, IHSS services are provided by a person having the legal duty to provide for the care of his or her child, the provider will receive payment for IHSS only when that person leaves full-time employment or is prevented from obtaining full time employment because no other suitable provider is available, and, if care is not given by that person, the child may be subject to inadequate care or inappropriate placement.

REALITY: Relatives often do a better job of providing care to their loved ones that anyone else. The IHSS program keeps families together by paying for parents and spouses to care for their child, husband/wife.

REALITY: In rural counties in California, often the only available person is a family member.

MYTH #4: Even if the consumer's hours and provider's pay is reduced; those family member providers should and will do the work for free.

REALITY: Almost half (42%) of care workers are not relatives.[iv]

REALITY: While the IHSS providers may be family members, they may be grandchildren, aunts, nieces and others who have no legal duty to provide care. They do not necessarily live with the IHSS consumer.

MYTH #5: Homecare is not a real profession.

REALITY: Providers play an integral role in ensuring a high quality of care of IHSS consumers. Caregiver training is an integral part of the employer of record legislation. Specific training that addresses the diversity and health care issues of consumers improves the quality of care for consumers.

The most important training a caregiver can receive is training by the consumer of his or her own particular needs and procedures. While training classes are useful to teach basic techniques, the unique needs of individual consumers, who posses a vast range of disabilities makes it impossible for classes to cover everything. Often the only ones that can teach a newly hired caregiver about the critical needs of an individual consumer are the consumer and his/her current caregivers. The value of this unique, individual training should be recognized.

Access to training for IHSS providers has improved since the enactment of AB 1682 which required counties to establish an employer of record. 56 out of 58 counties have set up an IHSS Public to fulfill the AB 1682 mandate. Public Authorities are required to provide access to training for IHSS providers and consumers. There are other avenues for providers to receive training, including: education from their consumers, classes at community colleges, and other training opportunities sponsored by the unions.

REALITY: Training Options in California are varied. Options include: Consumer Education, Independent Training, Public Authority Training, Community College Classes, and Union training.

MYTH #6: Cutting domestic and related services are not as bad as cutting personal care services. IHSS providers will continue to provide domestic and related services without compensation so "This reduction will have minimal impact on consumers" (quoted from Department of Finance Budget Proposal, FY 08-09).

REALITY: Domestic services are crucial to the health and safety of IHSS consumers. An 18% cut means that consumers will have to choose which day not to have a hot meal; which day to leave the kitchen dirty; which day to remain in a bed with soiled linens.

REALITY: The sole source of income for 63% of providers is from the IHSS program. Because of the loss of hours, IHSS providers would lose income and may seek work elsewhere. IHSS providers who are living near or below the poverty level will be severely impacted by these cuts. Many providers are eligible for food stamps, and few have access now to health insurance. Many IHSS providers will lose their health benefits because the cut in hours could put them below the eligibility levels to qualify for health benefits through their Public Authority.

REALITY: The Governor is trying to cut domestic and related services because of the misconception that these are not vital services to keep people in their homes. This policy puts care workers in a difficult position both professionally and emotionally. If their hours are cut, the belief is that the worker will provide services anyway.

MYTH #7: Across the board cuts of 10% are a fair way to "spread the pain" to resolve the budget crisis.

REALITY: **The proposed reductions for IHSS are 18% —not 10%.** The IHSS program is funded with a combination of state, federal and county dollars. So a cut of 10% translates into an 18% cut in IHSS domestic and related services. As a result of reducing the General Fund appropriation, California would lose $168 million from the federal government. The counties match the federal and state dollars that are spent on IHSS; so we would lose another $59 million if this cut were approved. The state General Fund cut of $109 million actually results in a TOTAL cut of $336.6 million ($168 million from the federal government and $59 million from county coffers)[v]. It is simply inconceivable that California would walk away from federal funds for these essential homecare services.

MYTH #8: The Budget Crisis Can Be Solved by Cuts Alone.

REALITY: Deep cuts have already been made; the mid-year cuts to healthcare and suspension of the SSI/SSP COLA will cause tremendous difficulties for seniors and people with disabilities. Massive permanent cuts have been made already to regional center community based services (amounting to over $329 million) and also the over $1 billion of Medical permanent 10% provider rate cuts to go into effect July 1, 2008.

REALITY: Other proposed cuts include: $500 billion cut to special ed-many of these kids with special needs also receive IHSS.

REALITY: Californians are struggling with escalating costs of gas, housing and food. Taking away vital services that IHSS families depend on is the wrong thing to do at this time.

Frances Gracechild, Co-Chair of the Quality Homecare Coalition and Executive Director of Resources for Independent Living summarized our concerns: "We need a fair balancing of this avoidable deficit crisis with a combination approach that includes raising revenue. These across-the-board cuts are callous. When it comes to valuable programs like IHSS, state officials should stop blaming it on overspending. Increases in IHSS are largely pushed by demographic changes – California is growing and more people are living longer."

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[i] Source: California Department of Aging

[ii] Source: California Budget Project

[iii] Source: http://www.pascenter.org/news/calongtermcare.php

[iv] Source: Legislative Analyst Reporter 2008 www.lao.ca.gov

[v] Source: Department of Finance