

PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

California –Local Programs Providing Back-Up Assistance

Issue: Back-up Support when a Person's Attendant Is Absent

Summary:

A major challenge in self-directed support is providing back-up support when a participant hires his or her own worker and that worker is absent. Alameda County and San Francisco County are two of several counties in California that offer temporary back-up services to individuals with disabilities that direct their own care. These counties provide examples of contrasting models for providing back-up support. In a comprehensive evaluation of the original Alameda County program, participants reported that backup services are important, easy to obtain, and available quickly upon short notice. The San Francisco County program has not been subject to an evaluation, but provides similar services.

Introduction

Many states are improving opportunities for participants to select and supervise their attendant, in response to demand from participants, family members, and advocates for more participant choice and control. A common challenge when participants hire their own providers is locating back-up support when necessary. Lack of back-up support can compromise participant safety and independence, and result in increased use of expensive emergency services.

This report describes two models developed by Public Authorities in California to provide back-up support. The models were developed in Alameda County, which includes Oakland, and in San Francisco County. This report is based on interviews with people who implemented and are operating the two models, an article about Alameda County's pilot in the Fall 2000 issue of the journal *Generations*, and an evaluation of Alameda County's pilot.

Background

Both emergency back-up attendant models serve people using California's In-Home Supportive Services (IHSS) program. IHSS serves 240,000 people each year, a majority of whom direct their own support. IHSS includes

California's Medicaid personal care program and a state-funded component for people whose services are not covered by Medicaid. To qualify for IHSS, one must reside in one's own home and qualify for Supplemental Security Income (SSI). Covered services include personal care, household and related chores, and transportation to medical appointments.

A common challenge is locating back-up support when necessary.

People can receive IHSS services from provider agency employees or hire their own attendants. When using independent providers, the participant recruits, hires, trains and supervises the attendant. The attendant can be a family member or friend (spouses are only paid under the state-funded component), and no formal training or certification is required.

In 1992, California's legislature authorized counties to establish IHSS Public Authorities to work in partnership with the county to assist people who hire their own attendants. Public Authorities act as an employer of record for workers participants hire under IHSS. Public Authorities provide a wide variety of assistance for participants, including a directory of attendants, attendant recruitment, and participant and attendant training. Alameda

County and San Francisco County were two of the eight counties in California to establish Public Authorities between 1995 and 2001. California required all counties to have a Public Authority or similar entity in place by January 1, 2003.

Intervention: Alameda County

Alameda County's Public Authority initially provided back-up assistance through a pilot program called Rapid Response. The pilot program was funded by a \$300,000, three-year grant awarded in 1997 from the Independent Choices program. Independent Choices was funded by the Robert Wood Johnson Foundation and administered by the National Council on Aging, Inc.

The project provided home care workers on a short-notice and emergency basis for IHSS participants living in Oakland. Using the project, the Public Authority planned to provide non-medical emergency workers whenever participants requested services, with workers available 24-hours a day. While the replacement service was free to the IHSS participants, the county reduced the hours of back-up assistance a participant used from that person's regular monthly allotment of service hours under the IHSS program.

The back-up service was free, but counted toward a person's authorized hours of support.

Under the pilot project, the Public Authority contracted with a community service agency to offer assistance. The agency employed eight home care attendants, a supervisor, and a dispatcher. In order to ensure that workers would be available at any time, the workers received \$3.50 per hour for the hours they were on-call, in addition to payment for the hours in which they provided support. The Public Authority expected a replacement worker to arrive at a participant's home within one hour of a telephone request. Visits were limited to three hours, and participants could not use back-up assistance more than four times per month.

When it first began, the Public Authority publicized Rapid Response by sending flyers to IHSS participants' homes. However, 71 percent of people who used the pilot learned about it from a service professional, usually an IHSS social worker or a case manager who was helping the participant arrange services.

The pilot model was expensive for the hours of support actually provided, in part because demand that was lower than expected. About three-fourths of the paid hours were for on-call hours, an average of 705 hours per month. The program cost more than \$110 per hour of actual support provision in the last several months of the pilot.

After the pilot, the Alameda County Public Authority revised the model to establish a regular program for back-up support. Instead of ensuring a response to all requests, the Public Authority changed the program to meet the needs of most callers in a less expensive manner. The Public Authority increased the time limit for a visit from three hours to four hours, and exceptions are available if needed.

Under the new model, which began September, 2002, the county pays an agency on a fee for service basis, with no payment for on-call hours. The county will pay \$24/hour for routine service calls and up to an additional \$12/hour when a worker arrives within 2 hours of an urgent call, with the worker receiving most of the additional money. The cost savings will enable Alameda County to expand the back-up assistance from Oakland to all of Alameda County, which is planned this spring.

Intervention: San Francisco County

The San Francisco Public Authority's On-Call Workers program created a pool of attendants willing and able to meet most emergency needs. The attendants are not on-call. The Public Authority, which employs the attendants directly, only pays for hours in which the attendants provide back-up support. Currently 15 to 20 workers are available for back-up support. They receive \$14 to \$15 per hour, including reimbursement for travel costs. San Francisco's program does not limit the length or frequency of visits under this back-up program.

Participants access back-up support by calling the Public Authority. Public Authority staff then call the attendant pool until they reach someone willing to serve the participant. Participants calling after business hours leave a message. Public Authority staff check messages each night during the week and on weekend and holiday mornings. Two Public Authority staff receive \$150 per month each to check the messages and to call the worker pool.

The Public Authority spends about 5 hours per week to recruit, screen, and train individuals for the on-call pool. In addition to the usual criteria for being on the Public Authority's registry list, the Public Authority recruits workers using the following criteria: experience providing home care; recommended by one or more IHSS recipients; generally available to work the hours when emergency coverage is most likely to be needed; and able to arrive at a person's home within one hour.

The San Francisco program also expanded its coverage to include non-emergency situations, in which participants call in advance to cover planned absences of regular workers. Public Authority staff said it was difficult to distinguish between emergencies and situations when participants needed to arrange for scheduled absences.

Initially, participants learned about the back-up support through a letter. The Public Authority mailed this letter in several waves so it could solve logistical problems before receiving calls from its entire service area. Currently, the Public Authority notifies participants through its annual newsletter.

Discussion Questions:

What outreach methods may increase awareness of back-up assistance programs?

How can state or local agencies measure the effect, if any, of back-up assistance on participants' use of emergency room or other services?

Impact

The evaluation of the Alameda County Rapid Response pilot indicated participants that used the program found it valuable. Ninety-one percent of pilot participants considered the type of support offered very important. Sixty percent said they would highly recommend the program to other participants.

During the pilot, 221 participants used back-up assistance between June 1999 and June 2000. These people received 900 back-up assistance visits, over half of which were for replacement of regularly scheduled workers. According to the pilot's evaluation, utilization was lower than expected, possibly due to lack of knowledge of the program, and a common belief among people aware of it that it was for emergencies only.

The San Francisco County back-up assistance program currently averages 260 hours of support per month. The average cost of back-up assistance for this program is \$20 per hour.

Contact Information

For more information on the Alameda County program, contact Charles Calavan, Executive Director of the Public Authority for IHSS in Alameda County, at (510) 567-8075 or at charles@ac-pa4ihss.org. For more information about the San Francisco County program, contact Donna Calame, Executive Director of the Public Authority for IHSS in San Francisco County, at (415) 342-4477, extension 303, or at Donna@sfihsspa.org.

Joelyn Malone of Malone Consulting co-wrote this report with Medstat staff. This is one of a series of reports by Medstat for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series is available online at CMS' web site, <http://www.cms.hhs.gov>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.