COLORADO
Department of Health Care Policy & Financing

1570 Grant Street
Denver, CO 80203

January 3, 2023

The Honorable Rhonda Fields, Chair
Senate Health and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Senator Fields:

Enclosed please find a legislative report to the Senate Health and Human Services Committee from the Department of Health Care Policy and Financing on In-Home Support Services (IHSS).

Section 25.5-6-1206, C.R.S. requires the Department to submit a report annually to the Joint Budget Committee of the General Assembly, the Health and Human Services Committee of the Senate, and the Public Health and Human Services Committee of the House of Representatives on the implementation of IHSS.

The report provides information on IHSS, a service delivery option available under three Home- and Community-Based Services (HCBS) waivers. The report includes data on the cost and utilization of IHSS and the Department's efforts to conduct further data analysis. Finally, the report includes the strategies the Department is implementing to improve this service delivery option both programmatically and financially.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Jo Donlin, at Jo.Donlin@state.co.us or 720-610-7796.

Sincerely,

Kim Bimestefer
Executive Director

Enclosure(s): FY 2021-2022 In-Home Support Services Legislative Report

Cc: Senator Joann Ginal, Vice Chair, Senate Health and Human Services Committee
Senator Janet Buckner, Senate Health and Human Services Committee
Senator-Elect Lisa Cutter, Senate Health and Human Services Committee
Senator Sonya Jaquez Lewis, Senate Health and Human Services Committee
Senator-Elect Kyle Mullica, Senate Health and Human Services Committee
Senator Jim Smallwood, Senate Health and Human Services Committee
Senator-Elect Janice Rich, Senate Health and Human Services Committee
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Cristen Bates, Medicaid and CHP+ Behavioral Health Initiatives and Coverage Office, HCPF
Ralph Choate, Medicaid Operations Office Director, HCPF
Charlotte Crist, Cost Control & Quality Improvement Office Director, HCPF
Adela Flores-Brennan, Medicaid Director, HCPF
Thomas Leahey, Pharmacy Office Director, HCPF
Rachel Reiter, Policy, Communications, and Administration Office Director, HCPF
Bettina Schneider, Finance Office Director, HCPF
Bonnie Silva, Office of Community Living Director, HCPF
Parrish Steinbrecher, Health Information Office Director, HCPF
Jo Donlin, Legislative Liaison, HCPF

COLORADO
Department of Health Care Policy & Financing
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1570 Grant Street
Denver, CO 80203

January 3, 2023

The Honorable Dafna Michaelson Jenet, Chair
House Public & Behavioral Health & Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative Michaelson Jenet:

Enclosed please find a legislative report to the House Public & Behavioral Health & Human Services Committee from the Department of Health Care Policy and Financing on In-Home Support Services (IHSS).

Section 25.5-6-1206, C.R.S. requires the Department to submit a report annually to the Joint Budget Committee of the General Assembly, the Health and Human Services Committee of the Senate, and the Public Health and Human Services Committee of the House of Representatives on the implementation of IHSS.

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Sincerely,

Kim Bimestefer
Executive Director

Enclosure(s): FY 2021-22 In-Home Support Services Legislative Report

Cc: Representative Mary Young, Vice Chair, House Public & Behavioral Health & Human Services Committee
Representative Judy Amabile, House Public & Behavioral Health & Human Services Committee
Representative-Elect Regina English, House Public & Behavioral Health & Human Services Committee
Representative Serena Gonzalez-Gutierrez, House Public & Behavioral Health & Human Services Committee
Representative-Elect Eliza Hamrick, House Public & Behavioral Health & Human Services Committee
Representative Iman Jodeh, House Public & Behavioral Health & Human Services Committee
Representative Tammy Story, House Public & Behavioral Health & Human Services Committee
Representative Richard Holtorf, House Public & Behavioral Health & Human Services Committee
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COLORADO
Department of Health Care Policy & Financing
Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

January 3, 2023

The Honorable Rachel Zenzinger, Chair
Joint Budget Committee
200 East 14th Avenue, Third Floor
Denver, CO 80203

Dear Senator Zenzinger:

Enclosed please find a legislative report to the Joint Budget Committee from the Department of Health Care Policy and Financing on In-Home Support Services (IHSS).

Section 25.5-6-1206, C.R.S. requires the Department to submit a report annually to the Joint Budget Committee of the General Assembly, the Health and Human Services Committee of the Senate, and the Public Health and Human Services Committee of the House of Representatives on the implementation of IHSS.

The report provides information on IHSS, a service delivery option available under three Home- and Community-Based Services (HCBS) waivers. The report includes data on the cost and utilization of IHSS and the Department's efforts to conduct further data analysis. Finally, the report includes the strategies the Department is implementing to improve this service delivery option both programmatically and financially.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Jo Donlin, at Jo.Donlin@state.co.us or 720-610-7795.

Sincerely,

Kim Bimestefer
Executive Director

Enclosure(s): FY 2021-22 In-Home Support Services Legislative Report

Cc: Representative Shannon Bird, Vice Chair, Joint Budget Committee
Representative Rod Bockenfeld, Joint Budget Committee
Senator Jeff Bridges, Joint Budget Committee
Senator Barbara Kirkmeyer, Joint Budget Committee
Representative Emily Sirota, Joint Budget Committee
Carolyn Kampman, Staff Director, JBC
Eric Kurtz, JBC Analyst
Lauren Larson, Director, Office of State Planning and Budgeting
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Parrish Steinbrecher, Health Information Office Director, HCPF
Jo Donlin, Legislative Liaison, HCPF

In-Home Support Services (IHSS) Report

Pursuant to section 25.5-6-1206, C.R.S.

January 1, 2023

Submitted to: The Senate Health and Human Services Committee, House Health and Insurance Committee, House Public Health Care and Human Services Committee, & The Joint Budget Committee

COLORADO
Department of Health Care Policy & Financing

Contents

The Colorado Department of Health Care Policy & Financing (the Department) is pleased to submit this report pursuant to section 25.5-6-1206, C.R.S., regarding In-Home Support Services (IHSS) provided in the state of Colorado. Per the statutory requirement, this report addresses:

- The cost-effectiveness of providing IHSS to the elderly, blind, and disabled, to persons with spinal cord injury, and to eligible disabled children;
- The number of persons receiving such services; and
- Any strategies and resources that are available or essential to assist more people in staying in their homes through the utilization of IHSS.

I. Introduction

IHSS was authorized in Home-and Community-Based Services (HCBS) waivers by SB 02-027 in 2002. IHSS is a participant-directed service-delivery option that allows participants to direct services accessible through the following waivers: HCBS – Elderly, Blind, and Disabled (HCBS-EBD), Children's HCBS (CHCBS), and Complementary and Integrative Health (HCBS-CIH) (formerly the Spinal Cord Injury or HCBS-SCI waiver).

IHSS implementation is a collaborative effort between the participant, their IHSS agency, and their case manager. The case manager is responsible for initiating a referral to the IHSS agency and authorizing appropriate services. The participant or their Authorized Representative (AR) has flexibility and control over their services and is encouraged to select, train, and manage attendants. The IHSS agency is the employer of record for attendants and is responsible for providing back-up care, nursing oversight and supervision, and the financial management of services. IHSS is similar to Consumer Directed Attendant Support Services (CDASS), where a participant or their AR selects and trains the attendant; however, it differs in that the IHSS agency is the employer of record, not the participant or their AR. The primary differences between the three service delivery options are detailed below:

Table 1 - Service Delivery Options		
Traditional Agency-Based Care	**IHSS**	CDASS
Agency selects, employs, and trains attendants Agency manages financial aspects of service delivery	**Participant or AR selects and trains attendants** **IHSS agency employs attendants and manages financial aspects of service delivery**	Participant or AR selects, employs, and trains attendants Participant or AR manages annual allocation

A. Participant Eligibility

As set forth at 10 C.C.R. 2505-10 section 8.552.2, a participant is eligible for IHSS when the following three criteria are met:

- The participant is enrolled in an HCBS waiver approved to offer IHSS (currently the EBD, CIH, and CHCBS waivers);
- The participant's physician documents that the member has sound judgment and the ability to direct their own care, or they have elected an Authorized Representative to assist in directing their care; and
- The participant demonstrates a current need for covered attendant support services.

B. Available Services

Services are based on the member's needs and functional assessment, conducted by the case manager. Adults enrolled in the HCBS-EBD or HCBS-CIH waivers may be eligible to receive health maintenance activities, homemaker services, and personal care services. A child enrolled in the CHCBS waiver may be eligible to receive health maintenance activities. Personal Care includes non-skilled assistance with activities such as bathing, dressing, or eating. Homemaker Services include assistance with general household activities needed to maintain a healthy and safe living environment, such as housekeeping, meal preparation, and laundry. Health

Maintenance Activities (HMAs) are defined as routine and repetitive skilled health-related tasks, which are necessary for health and normal bodily functioning, that an individual with a disability would carry out if they were physically able, or that would be carried out by family members or friends if they were available. HMA includes services such as wound care, ventilator care, and tracheostomy care. Tasks that require the clinical assessment and judgment of a licensed nurse are not performed in IHSS.

IHSS participants also have access to other services available through the Medicaid State Plan benefit and their HCBS waiver. State plan services include all other Medicaid benefits that are not provided by the HCBS waivers, which may include physician visits, medications, hospitalizations, and durable medical equipment. HCBS waivers offering IHSS include the below services:

Table 2 – Other HCBS Services by Waiver

EBD/CIH	CHCBS
• Adult Day Services • Alternative Care Facility (ACF) (EBD ONLY) • Consumer-Directed Attendant Support Services (CDASS) • Complementary and Integrative Health Services (CIH ONLY) • Home Delivered Meals • Home Modification • Homemaker Services • Life Skills Training • Medication Reminder Systems • Non-Medical Transportation • Peer Mentorship • Personal Care • Personal Care/Remote Supports • Personal Emergency Response Systems (PERS) • Respite	• Case Management

• Transition Set Up	

In accordance with section 25.5-6-1203(3), C.R.S., the following sections of the Nurse Practice Act and Nurse Aide Legislation do not apply to IHSS:

- 12-255-104(7) Definition of Practical Nurse;
- 12-225-104(11) Definition of Registered Nurse;
- 12-255-124 Penalties for practicing without a license;
- 12-255-104(3.3) Definition of Nurse Aide; and
- 12-255-214(1)(b) Limitation of duties of Nurse Aide.

Because they are not required to work with licensed or certified health professionals, an IHSS participant has more flexibility and control over their services and supports. The participant may choose to hire a neighbor, friend, or family member to provide both skilled and unskilled care. Attendants are employed by an IHSS agency that provides twenty-four-hour backup services and supervision by a Registered Nurse (RN). This is particularly valuable to participants with complex medical needs who reside in rural areas of Colorado, where access to care and services is a concern. IHSS is often used to support members transitioning from nursing facilities (NF), Hospital Back-up Units (HBU), or members at risk of institutionalization.

C. IHSS Agencies

An IHSS agency must be a licensed home care agency, certified by the Colorado Department of Public Health & Environment (CPDHE), and enrolled as a Medicaid provider with the Department. There are enrolled IHSS agencies serving the entire state of Colorado. IHSS agencies are required to provide the following in accordance with 10 C.C.R. 2505-10 section 8.552.6.A:

- Independent Living Core Services (information and referral services, independent living skills training, peer and cross-disability peer counseling, individual and systems advocacy, transition services or diversion from

nursing homes and institutions to home- and community-based living, and transition services upon leaving secondary education);

- Attendant training, oversight, and supervision by a state-licensed Registered Nurse (RN); and
- Twenty-four-hour back-up services for scheduled visits.

Table 3 – Number of IHSS Agencies					
FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
78	130	157	165	189	198

II. Cost Effectiveness of IHSS

IHSS generates cost savings compared to providing services in an institutional setting for adults. While children on IHSS have higher per-participant costs, these services are instrumental in preventing institutionalization. While IHSS continues to be more expensive than traditional agency-based care, IHSS provides higher acuity services where necessary. IHSS is an optimal choice for medically complex members to receive services in the community.

Table 4 - IHSS Per-Participant Cost versus Institutional Per-Participant Cost FY 2021-22							
Waiver	IHSS Cost per Participant	Other HCBS Cost per Participant [1]	State Plan Cost per Participant [2]	**Total Cost per Participant - HCBS**	Adjusted Institutional Cost per Participant [3]	Adjusted State Plan Cost per Participant [2]	**Total Cost per Participant - Institutionalization**
EBD/CIH	$24,317	$2,520	$11,287	$38,123	$78,162	$8,131	$86,293
CHCBS	$70,487	$951	$31,468	$102,906	$87,729	$16,160	$103,889

[1] Other HCBS Costs are the costs for the services listed in Table 2 – Other HBCS Services by Waiver.
[2] State Plan Costs include all other Medicaid benefits that are not provided by the HCBS waivers, which may include long-term home health, in-home therapies, physician visits, medications, hospitalizations, and durable medical equipment.
[3] Adjusted Institutional Costs are the average costs of services provided in an institutional setting.

Table 5 - IHSS Per-Participant Cost Percentage Change						
	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
EBD/CIH[4]	-0.19%	+9.08%	+9.08%	+15.95%	-2.37%	+4.47%
CHCBS	-3.66%	+3.76%	+15.60%	+8.56%	+14.70%	+18.54%

The increase in the per-participant costs for children on the CHCBS waiver is related to increased enrollment in IHSS, rate increases, and an increase in serving members with more complex medical needs. Many families with children on the CHCBS waiver have transitioned some or all of their care from state plan Long-Term Home Health (LTHH) and/or Private Duty Nursing (PDN) to IHSS. Staffing and workforce shortages are a challenge; however, the flexibility of IHSS and the agency-required backup care makes IHSS a good alternative for members and families needing skilled care. For both adults and children, utilization management and review of skilled care needs—discussed in more detail below—has helped control per-participant cost increases.

The inherent flexibility of IHSS is extremely beneficial for participants with medically complex needs; several members have transitioned out of institutional settings to their homes with the support of IHSS agencies. The spectrum of participants on IHSS varies from those receiving homemaker services a few times per week to technology-dependent adults and children receiving life-sustaining health maintenance activities.

[4] Due to a small population size for participants on the HCBS-CIH waiver, HCBS-EBD and HCBS-CIH data has been combined to protect HCBS-CIH participants' private health information (Safe Harbor Regulations - Office of the Inspector General). {Does this footnote need to appear earlier? It seems relevant to Table 4, not just Table 5.}

III. Increased Participation in IHSS

Similar to other state plan skilled services like Long-Term Home Health (LTHH) and Private Duty Nursing (PDN), IHSS permits family members to provide skilled health maintenance activities to participants with a documented and demonstrated need. Pursuant to a legislative change made in 2014 by HB 14-1357, family members, including spouses, are allowed to provide up to forty hours per week of personal care services to adults. Because of these flexibilities, approximately 75% of members receiving IHSS have family members or live-in attendants providing their health maintenance activities or personal care services. In high acuity cases, IHSS can be authorized in conjunction with non-duplicative PDN or LTHH services. Additionally, IHSS requires an agency to have back up care, ensuring services are rendered to the participant. This is not required in the PDN and LTHH benefits. In many instances, families choose IHSS as an alternative to PDN or LTHH. As a result of these flexibilities and the requirement for back up care, the number of IHSS participants (Tables 6 and 7) and total IHSS expenditures (Tables 8 and 9) continue to increase.

There has also been a corresponding increase in the number of IHSS agencies throughout the state, allowing increased access to the service (Table 3). Moreover, the Department has instituted mandatory provider training covering the principles of self-direction; initial and ongoing provider training helps improve agency administration and service provision for participants. This provider training has aided providers in their administration efforts and allowed for growth of agencies and therefore increase capacity to serve more participants.

Table 6 - IHSS Participant Count

	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
EBD/CIH	2359	3491	4201	4690	5637	6063
CHCBS	406	578	763	953	1183	1440
Total	2765	4069	4964	5643	6820	7503

Table 7 - IHSS Percent Change in Participation						
	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
EBD/CIH	+66.71%	+47.99%	+20.34%	+11.64%	+20.19%	+7.56%
CHCBS	+42.46%	+42.36%	+32.01%	+24.90%	+24.13%	+21.72%
Total	+62.65%	+47.16%	+22.00%	+13.68%	+20.86%	+10.01%

Table 8 - IHSS HCBS-EBD/CIH (Adults) Total Expenditures						
	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Health Maintenance	$41,824,093	$60,011,210	$69,631,194	$81,378,639	$92,752,021	$100,036,085
Homemaker	$3,474,425	$6,575,568	$11,019,541	$16,092,053	$21,447,910	$27,768,526
Personal Care	$4,486,683	$11,103,409	$24,456,533	$39,311,538	$14,352,938	$19,627,599
Relative Personal Care	n/a	n/a	n/a	n/a	$43,366,216	$89,869,196
Total Cost	$33,897,549	$56,401,927	$91,043,311	$119,962,273	$155,289,846	$237,301,406

Table 9 - IHSS CHCBS (Children) Total Expenditures						
	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Health Maintenance (Total Cost)	$16,165,282	$23,878,144	$36,438,607	$49,408,687	$70,346,846	$101,501,213

IV. Programmatic Updates

With the continuation of the Public Health Emergency (PHE) and the passage of the American Rescue Plan Act (ARPA), two initiatives impacted IHSS. First, the Department implemented the $15 Base Wage, effective January 1, 2022, to support the direct care workforce by significantly increasing reimbursement rates and requiring providers to increase direct care worker wages. The Joint Budget Committee extended this initiative in 2022, ensuring the continuation of reimbursement rates for providers. The Department spent an additional $11,664,803 on IHSS through rate increases approved through ARPA in FY 2021-22. This specific initiative increased IHSS expenditures over the prior year by 22.6%. Secondly, the Department approved a recommendation by the Participant-Directed Programs Policy Collaborative (PDPPC) to reduce the minimum attendant age to 16 years to improve recruitment of direct care workers. PDPPC is a collaborative group of stakeholders that includes members, advocates, agencies, and Department staff; the group meets monthly to review participant-directed programs and policy in Colorado. This change has been positive, especially for providers serving rural Colorado, where staffing has been a significant concern for home care agencies.

The Department has made great strides in ensuring participants receive the appropriate level of service based on their medical and functional conditions. In 2020, the Department received funding through its R13 Budget Request to enhance the scope of work of the Long-Term Care Utilization Management (LTC UM) contract. The goal of the R13 Budget Request was to develop a robust and thorough UM program with oversight of IHSS and CDASS, ensuring case managers authorize appropriate services for participants who choose to receive their health maintenance activities through self-directed delivery options. With the additional programmatic funding, the Department has been able to contract with the Utilization Review/Utilization Management (UR/UM) vendor, Telligen, for skilled health maintenance activities (HMA) reviews to determine the appropriate clinical skill level. Telligen initiated HMA reviews in March 2021; as of March 2022, all participants with IHSS HMA have had at least one UR/UM review.

As a result of the reviews, the data has shown that some requests for higher-level skilled services are not always justified by the member's functional or medical conditions. In some cases, skilled services requested overlapped with

private duty nursing or long-term home health services already in place. UR/UM activities have resulted in shifts from skilled HMA to unskilled personal care for some members with lower acuity and care needs. Reviewing the proportion of all IHSS units, HMA is no longer the dominant service for adults in IHSS. Consistent service plan reviews ensure that members with a documented medical or functional need for skilled services can effectively obtain these through IHSS.

Table - 10 IHSS HCBS-EBD/CIH (Adults) Percentage of Authorized Units by Service & Acuity Level						
	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Health Maintenance	74.2%	65.9%	58.0%	52.4%	48.1%	42.2%
Homemaker	6.2%	7.2%	9.2%	10.4%	11.1%	11.7%
Personal Care	19.7%	26.9%	32.8%	9.2%	8.8%	8.3%
Relative Personal Care	n/a	n/a	n/a	28.0%	31.9%	37.9%
Total Percent Skilled	74.2%	65.9%	58.0%	52.4%	48.1%	42.2%
Total Percent Unskilled	25.8%	34.1%	42.0%	47.6%	51.9%	57.8%

Table - 11 IHSS HCBS-EBD/CIH/CHCBS (Adults and Children) Percentage of Authorized Units by Acuity Level*						
	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Total Percent Skilled	79.9%	73.0%	67.8%	63.9%	62.0%	59.5%
Total Percent Unskilled	20.1%	27.0%	32.2%	36.1%	38.0%	40.5%

*CHCBS participants only have access to skilled services in IHSS.

The Training and Operations Vendor, Consumer Direct of Colorado (CDCO), has several IHSS deliverables outlined in its contract. CDCO's role is to provide training and support to participant-directed programs stakeholders. In the past fiscal year, CDCO has conducted the following:

- Case management training
  - ✓ 23 trainings were conducted with 649 case managers participating.
- Case mediation services
  - ✓ 2 case mediations were facilitated.
- Resources and support for new and existing IHSS participants
  - ✓ 1,759 IHSS Participant Guides were distributed; and
- Mandatory provider training for new and existing IHSS agencies
  - ✓ Twenty trainings were conducted with 522 agency administrators in attendance.

The Department has worked with CDCO to build upon the current training curriculum for case managers and IHSS agencies. One initiative in development is an interactive online IHSS Member/Authorized Representative training course. The course will provide members with the education and tools to participate more fully in the development and management of their services; it will be available in the winter of 2022.

V. Strategies and Resources

The Department works proactively with stakeholders to develop strategies and resources that improve implementation, support the growth of and interest in IHSS, and ensure sound stewardship of public funds. Specifically, the Department:

- Engages in regular stakeholder meetings, including the Participant-Directed Programs Policy Collaborative (PDPPC), the IHSS Subcommittee, and workgroups to increase awareness of IHSS and to solicit IHSS stakeholder feedback in policy development;
- Works proactively with new and existing IHSS agencies, providing resources and support for billing, training, and dispute resolution;
- Ensures sound stewardship of public funds through case reviews, audits, and training initiatives;
- Promotes the principles of self-direction in developing training and information for members, case managers, and agencies;
- Monitors provider reimbursement and cost controls while promoting the participant's choice of attendants and services;
- Develops policy and programmatic updates necessary to maintain and enhance the effectiveness of service authorization and delivery;
- Maintains a list of current IHSS agencies for the use of participants, families, and case management agencies;
- Provides resources for IHSS through Department communications, web-based training and resources, reference documents, and fact sheets; and
- Revises and submits waiver amendments to the federal Centers for Medicare & Medicaid Services (CMS) to allow greater participant-directed options when approved by the general assembly.

In addition, the following partnerships and resources are crucial to ensuring consistent implementation of IHSS:

- The Colorado Department of Public Health & Environment licenses home care agencies, conducts surveys required for IHSS certification, and investigates complaints about home care agencies' safety and quality of care.
- The Training and Operations Vendor supports stakeholders, including participants, case managers, and IHSS agencies.
- The Utilization Review/Utilization Management (UR/UM) Vendor conducts health maintenance activity reviews for case management agencies.

VI. Conclusion

IHSS continues to experience growth in enrollment and utilization. The Department has enacted significant policy changes, stakeholder resources, and process improvements to ensure appropriate authorization of services. Programmatic growth is attributed to the fact that IHSS is one of the most reliable options for service provision in the long-term care continuum. While costs are increasing, more members benefit by receiving medically necessary services in a person-centered way. The work conducted by the UR/UM Vendor ensures that existing policy and programmatic controls are adhered to while ensuring that members' identified needs are met.

Members who have experienced staffing shortages or missed visits in other skilled service delivery options, like Private Duty Nursing, have successfully transitioned to IHSS. Because attendants are not required to be licensed nurses or certified nurse aides, there is a larger potential pool of attendants who can assist the member. Many members rely on their friends or family members to provide the services needed to stay independent in their homes and communities. Home care agencies across the state have reported challenges in hiring and retaining staff; IHSS agencies have been less impacted thanks to the built-in workforce for IHSS members and the inherent flexibility of the services.

Through empowering participants to direct care, supporting member independence through Independent Core Living Services provision, education on critical aspects of participant-directed programs, and the involvement of stakeholders and advocates, IHSS continues to be an essential part of the service-delivery continuum. The Department is dedicated to ensuring that participants' needs are met while assuring services are appropriately authorized.