

**A REPORT BY
THE 2011-2012 CONTRA COSTA COUNTY GRAND JURY**

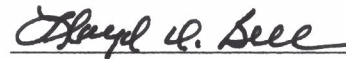
725 Court Street
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Report 1207

**IN-HOME SUPPORTIVE SERVICES
Home Alone**

APPROVED BY THE GRAND JURY:

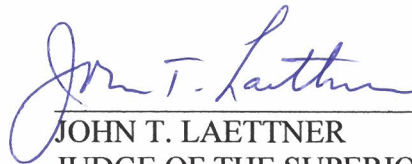
Date: May 3, 2012



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ACCEPTED FOR FILING:

Date: 5/7/12



JOHN T. LAETTNER
JUDGE OF THE SUPERIOR COURT

Contra Costa County Grand Jury Report 1207

IN-HOME SUPPORTIVE SERVICES
Home Alone

TO: Contra Costa County Board of Supervisors
Department of Employment and Human Services

SUMMARY

The In-Home Supportive Services (IHSS) program provides a variety of in-home services for persons who otherwise would need government-funded institutional care. IHSS can be the best of care for disabled persons, allowing them to remain in their home where they prefer to be. It is in the best interest of federal, state, and local governments, as well as the taxpayer, since the cost of the home care is much lower than the cost of institutional care. IHSS benefits hard-pressed families looking for ways to support loved ones. And IHSS represents gainful employment for the service providers. All in all, it can be a win-win for the individual, the family, the provider, the government, and the taxpayer.

IHSS can also be the worst of care, occurring as it does out of sight of the public, with a vulnerable individual, living alone or with limited support, being the potential victim of fraud and/or abuse. The most frequent criticism of the program is the potential for fraud and/or abuse.

In this time of fiscal constraints, steps should be taken to ensure IHSS is run as efficiently as possible, minimizing fraud and waste.

BACKGROUND

The In-Home Supportive Services (IHSS) program in Contra Costa County (County) operates under the County Department of Employment and Human Services (EHSD), Division of Aging and Adult Services. Social workers conduct an assessment of need for IHSS services for each eligible applicant and authorize a care plan. IHSS employs 28 social workers, of which 25 are case workers assisting IHSS clients and 3 are in the Public Integrity/Quality Assurance unit, which reviews all cases for fraud or other irregularities. Over 6,900 persons receive care each month. On average, each of the 25 case workers has a caseload of more than 280 clients.

Care providers are chosen by the clients from a registry maintained by the IHSS Public Authority, a public agency created to assist IHSS consumers with finding home care providers. A family member can provide services, but to be paid must be registered with the Public Authority. Clients are responsible for managing their providers and signing off on worked hours.

County IHSS data entry staff (two permanent and four part-time account clerks) enter approximately 7,000 providers' timesheets into the statewide system twice a month. The State uses a centralized system to process payment of the timesheets. County social workers are required to conduct in-home reassessments of need annually. The provider is not required to be present during the reassessment and, in most cases, the visit by the social worker is announced in advance. Changes in a care plan may be requested during the year. In some instances, a reassessment is conducted by phone rather than in person.

A basic tenet of the IHSS program is that it is better for a person to remain at home rather than move into institutional care. It is:

- better for individuals because it gives them more independence
- better for taxpayers because home care costs much less than institutional care

In Contra Costa County, IHSS pays about \$1,000 per month per client for services. This can be compared to the cost of institutional care at over \$5,000 per month per person.

The Governor's budget has targeted IHSS for reductions of up to 20%. As of this writing, a court-ordered injunction is preventing the implementation of these cuts. How such cuts can be accomplished has not yet been resolved.

Reducing services is one way to reduce program costs. This can be done by removing people from the program or by reducing the hours of service they receive. However, people who rely on the program may be forced to seek more expensive taxpayer-paid institutional care. Although it may reduce the cost of the IHSS program, the net result of their removal from IHSS is a potential increase in overall costs for taxpayers. Reducing hours of service has already occurred. In the last five years, IHSS reduced costs by making sure only essential services were provided. However, the County does not monitor nursing homes to determine if there is a link between IHSS reductions (in either clients or services) and increases in admissions.

Other cost cutting options include increasing program efficiency and reducing fraud and waste. Social workers serve as the backbone of the program, determining who needs service, how much they need, and making any adjustments needed in the course of the care. In the case of the County, each of the 25 social workers carries a caseload of over 280 clients. The caseload leaves each social worker with less than one working day a year with each client, and does not allow sufficient time to do paperwork, attend staff meetings and training, conduct home visits for requested changes in care plans, or to review files and reports to identify possible fraud. An indication of the high workload is found in reports that some reassessments are not conducted annually as required by Federal and Medi-Cal rules. Recognizing this workload problem, IHSS management is considering the use of retired social workers as volunteers to conduct some of the non-social work activities.

Data entry clerks enter approximately 14,000 timesheets each month. While entering the data, the clerks check each billing for the client's and the provider's valid signatures, the authorized number of hours reported, and possible forgeries. When faced with a similar problem of verifying signatures and processing requests for payments, banks and credit card companies have developed computer systems to enter raw data from a check, match signatures, and authorize

payment. In addition, many election boards use electronic systems to detect fraudulent signatures.

The County has implemented measures to detect fraud: The IHSS Public Authority requires background checks, photos, and fingerprinting of providers; IHSS trains social workers on fraud detection. In addition, the State provides reports generated from billing information that could indicate fraud and the County follows up on these. The three IHSS Public Integrity/Quality Assurance workers identify fraud through file reviews, state reports, and unannounced home visits. Beyond these efforts, the County relies on chance detection of fraud and tips from the general public. The County and State collect information about potential and actual fraud incidents. However, the Grand Jury did not receive requested analyses showing patterns or trends of fraud.

Common anti-fraud measures for governments include training on fraud detection, establishing a hotline to receive complaints and tips, and conducting surprise audits. The County operates an Information and Assistance Service, which provides information concerning senior services.

On-site unannounced visits can be an effective means of checking on the status of home care for an individual. During the visit:

- the condition of the home can be checked
- food availability can be verified
- identities of both the provider and the client can be confirmed
- the presence of the provider during scheduled times for scheduled activities can be corroborated, e.g., during meal times, bathing, dressing, toileting

Such visits could also identify the types of fraud reported by other California Grand Juries such as substitution of clients or providers, serving of deceased or hospitalized clients, and false reporting of hours (sometimes in collusion with clients).

Many agencies serving seniors have found it helpful to maintain a photo of the client. The photo can be used in search efforts if clients wander away and police and others need to search for them. It can also be used for identification purposes as a deterrent to fraud and identity theft. Objections have been raised against using photos of the IHSS clients. One argument is that it represents an invasion of the client's privacy, in spite of the use of photos for access to a variety of other services. Another is the claim that it would cost millions, despite the ready availability of low-cost digital cameras and cell phones with which to take pictures.

FINDINGS

1. The program lacks data on outcomes, such as reducing nursing home admissions, making it difficult to measure success in the provision of services and in identifying cost savings.
2. It is unclear what steps the County's IHSS program might take to adjust its operations, caseloads, staffing, procedures, and payments to providers to reflect proposed funding cuts.
3. Social workers have large caseloads, diminishing their ability to monitor changes in client needs and making any needed adjustments to care plans.

4. Each of the three Public Integrity/Quality Assurance staff persons is expected to monitor services to approximately 2,300 clients each month, decreasing IHSS' ability to identify and deal with fraud.
5. Manual signature verification is time-consuming and may not be cost-effective.
6. Fraud prevention and detection could be improved by maintaining client photos, establishing a complaint hotline, and increasing unannounced visits to the home during authorized service hours.

RECOMMENDATIONS

1. EHSD should consider developing, tracking and annual reporting of quantitative outcome objectives that address service delivery and cost savings, which result from diverting clients from more costly institutional care.
2. IHSS should consider developing contingency plans that spell out how it will adjust to proposed State funding reductions.
3. IHSS should consider decreasing social worker caseloads by recruiting, training and placing volunteers who could relieve social work staff of paperwork, record review, phone follow-up with clients and other administrative tasks.
4. IHSS should consider having social workers make more of their regular home visits unannounced and provide reports of these visits to supplement the efforts of the Program Integrity/Quality Assurance staff.
5. IHSS should consider the costs and benefits of automating signature verification functions.
6. EHSD should consider identifying funds to cover incremental costs to use the existing Information and Assistance Program hotline to handle complaints.
7. IHSS should consider maintaining photos of clients for use during home visits to monitor for possible identity theft and to find or identify a client should the need arise.

REQUIRED RESPONSES

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