An Equity Framework for Home and Community Based Services: Evaluating In-Home Supportive Services (IHSS)

Hagar Dickman, Senior Attorney
Amber Christ, Managing Director, Health Advocacy

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Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we’ve focused our efforts primarily on fighting for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ+ individuals, and people with limited English proficiency.
To achieve Justice in Aging, we must:

- **Advance equity** for low-income older adults in economic security, health care, housing, and elder justice initiatives.
- Address the enduring harms and inequities caused by systemic racism and other forms of discrimination that uniquely impact low-income older adults in marginalized communities.
- Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, and economic class.
Today’s Goals

• Identify drivers of inequities in Home and Community-Based Services (HCBS)
• Review JIA’s Equity Framework for HCBS
• Case Study: Evaluate IHSS using the Equity Framework
Centering Equity in HCBS Design

Drivers of inequity

- Racism
- Ageism
- Ableism
- Classism
- Sexism
- Xenophobia
- Homophobia

Embedded in law, program policy, design and implementation:

- Structural and historical barriers
- Disparate Impact
- Implicit Bias
Equity Framework
Inequities Can Occur In...

1. **Program Design**: Who is eligible, where programs are available, what services are offered

2. **Provider Availability**: Network adequacy, reimbursement rates, investments, training & support

3. **Awareness & Enrollment**: Communication, information and application processes

4. **Assessment & Authorization**: Implicit bias in assessment and authorization processes

5. **Provision of Services**: Person-centered service accessibility and quality measures
Equity Analysis: In-Home Supportive Services (IHSS)
IHSS Program Basics

IHSS Eligibility:

✓ Medi-Cal Eligibility
✓ 65+ or Blind or Disabled
✓ Living at home and
✓ Unable to perform some activity of daily living independently and
✓ Without IHSS would be at risk of placement in out-of-home care

Services:

✓ Personal care, house work grocery shopping, accompaniment to medical appointments, protective supervision & paramedical
IHSS Basics Continued

• **Settings: User’s Own Home**
  - Temporary Shelter
  - RV
  - Friends/Family Homes

• Geographic Limitation: None

• Enrollment Caps & Waitlist: None
Snapshot of IHSS Data

• Difficult to measure disparities in access because data reflects authorized users not those who actually use services

• Authorized IHSS users is demographically proportional to the overall IHSS-eligible Medi-Cal population

• Disparities may be present in service level
  - Black users make up 14% of IHSS authorized users, but 10% for protective supervision
  - White users make up 29% IHSS authorized users, but 34% of protective supervision
Domain 1: Program Design

• **County Selection:** Differences in county demographics, population density, and economic differences

• **Slot Allocation:** How many slots are allocated in relation to county demographics

• **Waitlist Administration:** Placement & advancement
Program Design: IHSS

• No enrollment caps/waitlists
• Available statewide
• Opportunities for improvement
  ➢ Expand availability of IHSS to unsheltered individuals
  ➢ Consider alternative models for those who have difficulties directing their care
  ➢ Expand availability of covered IHSS services based on user feedback
Comparison: ALW vs. IHSS Program Design

ALW is less equitably available based on program design choices

- Capped Enrollment: 5,744 + 7,000 spots
  - Current Enrollment: 8,785
  - Waitlist: 3,626

- Geographic Limitation: 15/58 counties
Domain 2: Provider Availability

• **Network Adequacy Standards:** Usually absent from HCBS programs, but can be used to assess and address disparities in unmet needs

• **Infrastructure & Workforce Investments:** Burdensome processes, administrative burdens and geographic concentration

• **Caregiver Supports:** Diverse, accessible and equitably available supports across HCBS programs
Provider Availability: IHSS

• Disparities in who can access providers:
  ➢ Relative v. non-relative caregivers
  ➢ Cognitive disabilities

• Provider shortages can appear as:
  ➢ High turn-over rates
  ➢ Lag between program approval and service utilization
  ➢ Under-enrolled provider registries

• Strategies for addressing shortages
Domain 3: Awareness and Enrollment

- **State website, outreach, communication, and resources:** Where and how information is disseminated affects who can access it.

- **Application Forms:** Overly burdensome, inaccessible, or difficult-to-find forms limit who finds out about and applies for programs.

- **Waitlist Administration Information:** Policies guiding how individuals get on or off waitlists, ease of navigation, transparency, and communication.
Awareness and Enrollment: IHSS

Wide public awareness, may be attributed to:

- Centralized program information
- Widely disseminated through various channels and touchpoints
- Standardized forms

• Opportunities for improvement:
  - Standardized application process
  - Form accessibility (braille, threshold languages)
  - Ease of submission
Domain 4: Assessment & Authorization of Services

• **Level of Care Determination:** Implicit bias can affect a decision about whether an applicant’s needs & symptoms rise to the level required for eligibility

• **Needs Assessments:** Bias in algorithm-based tools & in the assessor can drive disparities in service allocation

• **Diagnosis Requirements:** Bias in the medical field can leave to disparities in diagnosis that may affect program eligibility
Assessment & Authorization of Services: IHSS

• Implicit bias can drive disparities in type and quantity of services
  ➢ Protective supervision

• Assessments for program & service types
  ➢ Standardized assessment & ranking
  ➢ Physician certification

• Opportunities for improvement
  ➢ Utilization data & oversight
  ➢ Implicit bias training
  ➢ Improved awareness of applicant-provided documentation of need
Domain 5: Provision of Services

- **Language Access:** Communication in recipient’s spoken language
- **Cultural Competence & Humility:** Person-centered services take into account unique needs, preferences, and lived experience of the recipient.
- **Quality Measures:** Measure disparities in the quality of services rendered to marginalized communities that stratifies intersectional demographic data.
Provision of Services: IHSS

Challenges in Measuring IHSS Provision of Services

- Authorization v. utilization
- Lack of service-focused quality measures

• Known Disparities
  - Workforce shortages
  - Language asymmetry

• Opportunities for Improvement
  - Monitoring outcomes
  - Alternative delivery methods
  - Workforce training & development
IHSS Takeaways

• Equitable access has improved over the years through policy change
• Efforts to center equity at every stage will lead to further improvements in equitable access
  1. Program Design
  2. Provider Availability
  3. Program Awareness and Enrollment
  4. Assessments and Authorization of Services
  5. Provision of HCBS
• Ongoing need to collect, report, and analyze data
Additional Resources

- Equity Framework for California’s HCBS Programs
- “California’s Assisted Living Waiver: An Equity Analysis”
- “California’s In-Home Supportive Services Program: An Equity Analysis”
- Questions? Email at hdickman@justiceinaging.org
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