



COLORADO

**Department of Health Care
Policy & Financing**

**REPORT TO
THE HOUSE PUBLIC HEALTH AND
HUMAN SERVICES COMMITTEE AND
THE SENATE HEALTH AND HUMAN
SERVICES COMMITTEE**

ON

**THE EXPANSION OF
IN-HOME SUPPORT SERVICES**

April 20, 2015

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Introduction and Background

In 2002, the General Assembly found that allowing clients an opportunity to direct their own care was a more effective way of delivering Home and Community Based Services (HCBS) to clients enrolled in the Elderly, Blind and Disabled (HCBS-EBD) and the Children’s Home and Community Based Services (CHCBS) waivers and charged the Department of Health Care Policy and Financing (Department) with developing a service that would allow these clients to receive self-directed, in-home support. As a result, the Department developed In-Home Support Services (IHSS). IHSS includes Health Maintenance Activities (HMA), Homemaker Services, and Personal Care Services.

IHSS enhances client choice by offering a service delivery option between services provided and managed by an agency and Consumer Directed Attendant Support Services (CDASS), where services are managed by the client or his or her authorized representative. IHSS provides the flexibility and control of consumer direction by allowing the client to select and train his or her attendants. However, in contrast to CDASS, under IHSS, the client does not manage the financial allocation for his or her services. The primary differences between the three service delivery options are detailed below:

Table 1 - Comparison of Service Delivery Options

Agency-based Care	IHSS	CDASS
<ul style="list-style-type: none"> • Agency selects and trains attendants • Agency manages financial aspects of service delivery 	<ul style="list-style-type: none"> • Client select and trains attendants • IHSS agency manages financial aspect of service delivery 	<ul style="list-style-type: none"> • Client selects and trains attendants • Client manages financial aspect of service delivery through an annual allocation

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:

- 12-38-103(8) Definition of Practical Nurse
- 12-38-103(11) Definition of Registered Nurse
- 12-38-123 Penalties for practicing without a license
- 12-38.1-102(5) Definition of Nurse Aide
- 12-38.1-117(b) Limitation of duties of Nurse Aide

By not requiring licensed or certified health professionals to deliver services, IHSS provides the client more flexibility in selecting attendants to provide services and supports. This flexibility creates an opportunity for increased access to services by allowing the client to hire a neighbor, friend, or family member to provide care. This flexibility is especially valuable to clients with complex medical needs who reside in rural areas of Colorado.

Currently, IHSS is available to Medicaid clients receiving services through the CHCBS, the HCBS-EBD, and the Spinal Cord Injury (HCBS-SCI) Home and Community Based Services (HCBS) waivers. Table 2 illustrates the participation and costs for IHSS in FY 2013-14.

Table 2 - IHSS Participation and Costs for FY 2013-14

FY 2013-14 IHSS Participation and Costs		
HCBS Waiver	Client Count	Expenditures
HCBS-EBD	696	\$17,143,125
CHCBS	184	\$7,341,077
HCBS-SCI	2	\$8,968
Total	882	\$24,493,170

In 2014, two bills were passed that impacted IHSS. HB 14-1358 authorized the Department to continue IHSS until September 1, 2019, based on the results of the sunset review conducted by the Department of Regulatory Agencies (DORA). HB 14-1357 tasked the Department with making the following programmatic changes to IHSS by March 1, 2015:

- Allow spouses to receive reimbursement for providing IHSS
- Exempt family members from the 444 hour per year limit for Personal Care Services
- Allow IHSS to be provided in the community
- Provide greater flexibility in determining the amount of health professional oversight required
- Strengthen the intent of consumer direction by specifying the client directly schedules, manages, and supervises attendants

These programmatic changes will not impact eligibility for services or the amount of services authorized. However, the revisions were forecasted to increase costs due to greater utilization of IHSS as a result of increased program flexibility and increased allowable family member reimbursement. As a result, HB 14-1357 allocated \$297,986 in additional funds to the Department in FY 2014-15 and \$1.2 million in FY 2015-16. These costs will be will be paid with 48.99 percent General Fund and 51.01 percent federal Medicaid funds.

Unfortunately, the Department was not able to implement these changes on March 1, 2015 as planned because the Centers for Medicare & Medicaid Services (CMS) has not yet approved the Home and Community Based Services (HCBS) waiver amendments. The Department continues to work with CMS to ensure the programmatic changes can be implemented as soon as possible.

HB 14-1357 not only tasked the Department with making programmatic changes to IHSS, it also tasked the Department with developing an implementation plan to expand IHSS to include persons enrolled in Community Mental Health Supports (HCBS-CMHS), Persons with Brain Injury (HCBS-BI), Children's Extensive Support (HCBS-CES) and Supported Living Services (HCBS-SLS) HCBS waivers. The Department is required to submit this plan to the House and Senate Health and Human Services Committees.

Below is a brief description of the HCBS waiver populations that would be included in the IHSS expansion:

- Community Mental Health Supports (HCBS-CMHS)

The HCBS-CMHS waiver provides assistance to people with a mental illness who require long-term services and supports in order to remain in a community setting. The HCBS-CMHS waiver served 2,884 clients on average per month in FY 2013-14.

- **Persons with Brain Injury (HCBS-BI)**
The HCBS-BI waiver provides services to people with a brain injury who need extra support to live in their communities. The HCBS-BI waiver served 296 clients on average per month in FY 2013-14.
- **Children's Extensive Supports (HCBS-CES)**
The HCBS-CES waiver provides specific targeted services and supports to assist a child with intellectual and/or developmental disabilities (IDD) to remain in the family home, to support the long-term stability of the family setting, and to prevent out-of-home placement for the child. The HCBS-CES waiver served approximately 607 children on average per month in FY 2013-14. Beginning in FY 2013-14, the General Assembly authorized the Department to serve any qualified child in need of services. The Department estimates that the program will serve an average of 1,041 individuals per month in FY 2014-15.
- **Supported Living Services (HCBS-SLS)**
The HCBS-SLS waiver provides adults with IDD with the assistance they need to remain in their own homes and to be active members of the community. The HCBS-SLS waiver served 3,183 clients on average per month in FY 2013-14. Beginning in FY 2014-15, the General Assembly authorized the Department to serve any qualified adult in need of services. The Department estimates that the program will serve an average of 3,772 individuals per month in FY 2014-15.

Purpose and Objectives

This section will discuss how expanding access to In-Home Support Services to the HCBS-CMHS, HCBS-BI, HCBS-CES, and HCBS-SLS waivers would allow clients to choose the most appropriate service delivery option and the most appropriate HCBS waiver to meet their needs. Additionally this section will discuss how the IHSS expansion would prepare the Department of Health Care Policy and Financing (Department) for a larger expansion of participant directed services in the future.

Offering IHSS as a service delivery option for the HCBS-CMHS, HCBS-BI, and HCBS-SLS waivers will allow the Department to better serve clients who either require or want the combination of consumer direction and agency support. Without offering IHSS, clients enrolled in the HCBS-CMHS, HCBS-BI, and HCBS-SLS waivers must either receive Long-Term Home Health (LTHH) services, traditional agency-based services, or Consumer Directed Attendant Support Services (CDASS). However, these options may not meet the needs of clients who desire more control over their care, but also require agency support. Expanding access to IHSS ensures that clients with higher support needs can still have access to participant directed services by offering a continuum of service delivery options.

Offering IHSS to children enrolled in the HCBS-CES waiver will improve access to necessary services by ensuring these families can choose the most appropriate HCBS waiver. Currently, children with intellectual and/or developmental disabilities (IDD) must enroll in the HCBS waiver to have access to IHSS. The HCBS-CES waiver offers benefits tailored to meet the needs of children with IDD. Expanding IHSS access to the HCBS-CES waiver will ensure that children can receive IHSS and have access to needed services.

Expanding IHSS into the HCBS-CES and HCBS-SLS waivers will not only promote consumer choice, it will also provide the Department with the experience of implementing IHSS for children and adults with IDD. Understanding how participant directed services are successful, and where potential gaps might be, for clients with IDD is imperative to developing a participant-directed service that meets the needs of all clients who require long-term care. This experience will prove valuable in the future if the Department includes participant directed services in the state plan under the Community First Choice option.

Scope and Approach

To ensure the IHSS expansion would be implemented successfully, the Department has considered both the overarching tasks that would need to be completed to expand IHSS across all HCBS waivers and the specialized tasks that would need to be completed for each specific HCBS waiver.

Overarching Tasks

To expand IHSS to the HCBS-BI, HCBS-CMHS, HCBS-SLS, and HCBS-CES waivers, the following tasks must be completed for each waiver:

Statutory

- The General Assembly must revise section 25.5-6-1201, C.R.S., to implement IHSS in the HCBS-BI, HCBS-CMHS, HCBS-SLS, and HCBS-CES waivers

Regulatory

- Amend the four HCBS waivers to add IHSS as an available service option
- Submit the amended waivers to Centers for Medicare and Medicaid Services (CMS)
- Receive CMS approval for the amendments
- Revise IHSS rules set forth at 10 CCR 2505-10 Section 8.552
- Revise the rules for each waiver to add IHSS as an available service option. The rules requiring revision are set forth at 10 CCR 2505-10 Sections 8.500.90, 8.503, 8.509 and 8.515

Fiscal

- The Department must receive additional spending authority through the enabling legislation commensurate with the projected cost

IHSS Provider

- Recruit additional IHSS providers

Systems

- Program the IHSS expansion into case management systems
 - Community Contract Management System (CCMS) – HCBS-SLS and HCBS-CES
- Program the IHSS expansion into the Department's claim processing system, the Colorado Interchange. This system will be implemented in November 2016 and will replace the Medicaid Management Information System (MMIS) and the Benefits Utilization System (BUS).
- Update Prior Authorization Request (PAR) forms to reflect the IHSS expansion

Communications and Training

- Develop a communications plan to notify HCBS waiver clients and families of the availability of IHSS
- Train Department staff, case management and provider agencies on IHSS. The Department would use an existing participant direction training vendor, Consumer Direct, to assist with the provision of these trainings.

Tasks Specific to Each HCBS Waiver

In addition to the above steps that are necessary for expanding IHSS into every waiver, the Department has identified specific policy changes that are necessary to expand IHSS into each HCBS waiver. The additional policy changes for each waiver are discussed below:

Persons with Brain Injury (HCBS-BI)

Expanding IHSS into the HCBS-BI waiver would not require additional steps beyond those described for all waivers.

Community Mental Health Supports (HCBS-CMHS)

The Department would need to complete the following prior to expansion into the HCBS-CMHS waiver:

1. Amend the waiver and write rules to exempt family members providing IHSS from the 444 hour family reimbursement limit.
2. Create an exception allowing a spouse to provide IHSS to clients enrolled in the HCBS-CMHS waiver.

Supported Living Services (HCBS-SLS)

The Department would need to complete the following prior to expansion into the HCBS-SLS waiver:

1. Ensure that Long-Term Home Health (LTHH) services currently received through the Medicaid State Plan can be replaced with Health Maintenance Activities (HMA) through the HCBS-SLS waiver. To ensure that LTHH can be replaced with HMA, the Department will develop a policy that will allow HMA to be the only service outside of the upper limit of the waiver.
2. Determine whether Enhanced Homemaker Services would be included in IHSS. The HCBS-SLS waiver currently offers Basic Homemaker Services and Enhanced Homemaker Services. Enhanced Homemaker Services are reimbursed at a higher rate and include habilitation or extraordinary cleaning.
3. Amend the HCBS-SLS waiver to allow reimbursement to Legally Responsible Persons in the IHSS service delivery option.

Children's Extensive Supports (HCBS-CES)

The Department would need to complete the following prior to expansion into the HCBS-CES waiver:

1. Ensure that LTHH services currently received through the Medicaid State Plan can be replaced with HMA through the HCBS-CES waiver. To ensure that LTHH can be replaced with HMA, the Department will develop a policy that will allow HMA to be outside of the upper limit of the waiver.
2. Determine whether Enhanced Homemaker Services would be included in IHSS. The HCBS-CES waiver currently offers Basic Homemaker Services and Enhanced Homemaker

Services. Enhanced Homemaker Services are reimbursed at a higher rate and include habilitation or extraordinary cleaning.

3. Amend the HCBS-CES waiver to allow reimbursement to Legally Responsible Persons to deliver HMA in the IHSS service delivery option. Legally Responsible Persons would not be allowed to deliver Homemaker Services and Personal Care Services.

Project Schedule

The following is the anticipated project schedule to implement IHSS in the HCBS-BI, HCBS-CMHS, HCBS-SLS, and HCBS-CES waivers. There are many tasks that require action from outside sources including the Centers for Medicare and Medicaid Services (CMS). These dates and timeframes were calculated based on estimated timelines and may require reconsideration as the project progresses. This project schedule assumes that the General Assembly passes authorizing legislation during the 2016 legislative session.

Table 3 - Project Schedule

IHSS Expansion Activity	November 1, 2018 Effective Date		
	Revised Start Date	Revised End Date	Duration
Complete 90-day constitutional petition period	05/12/16	08/09/16	3 Months
Authorizing legislation is signed by Governor	06/01/16	-	-
Authorizing legislation effective date	08/09/16	-	-
Hire Department employees	08/09/16	12/01/16	3.5 Months
Engage stakeholders in drafting HCBS waiver amendments and Department rules	12/01/16	06/01/17	6 Months
Post draft HCBS waiver amendments for public comment	06/01/17	07/01/17	1 Month
Respond to public comment and make revisions to HCBS waiver amendments as needed	07/01/17	08/01/17	1 Month
Program IHSS expansion into Case Management System, CO Interchange	07/01/17	07/01/18	12 Months
Submit HCBS waiver amendments to CMS for approval	08/01/17	04/01/18	8 Months
Recruit and enroll IHSS providers	10/01/17	09/30/18	12 Months
Post draft rule for public comment	04/01/18	05/01/18	1 Month
Respond to public comment and make revisions to draft rules as needed	05/01/18	06/01/18	1 Month
Update Department forms (PARs) to reflect system changes	05/01/18	07/01/18	2 Months
Complete Medical Services Board (MSB) rule making requirements	05/15/18	10/01/18	4.5 Months
Provide Department trainings	07/01/18	09/30/18	3 Months
Provide case management trainings	07/01/18	09/30/18	3 Months
Provide agency trainings	07/01/18	09/30/18	3 Months
HCBS wavier amendments effective	10/01/18	-	-
Department rules effective	10/01/18	-	-
Expansion Effective Date	10/01/18	-	-

Project Budget

Budget Overview

The Department projects a net cost increase from adding IHSS to the four additional waivers. Overall, including personnel costs, full year implementation net costs would be \$23,060,314 in FY 2018-19, \$27,966,044 in FY 2019-20, and \$33,229,164 in FY 2020-21. The Department estimates that expanding IHSS would be budget positive because clients would utilize more services once on IHSS.

An analysis of IHSS client expenditure and utilization indicates that clients would utilize IHSS Health Maintenance Activities (HMA) at a substantially higher rate than Long-Term Home Health (LTHH). Using data from the Department's existing implementations of IHSS, the Department identified that IHSS clients realized a total cost of care per full time enrollee (FTE) increase of about 56% for HCBS-EBD clients and about 128% for CHCBS clients. To reach this conclusion, the Department compared client utilization from one year prior to entering IHSS was compared to client utilization from the first year of IHSS.

A review of a sample of IHSS clients revealed that much of this cost can be attributed to individuals with health maintenance needs gaining access to services. The review of clients suggests that individuals with health maintenance needs are accessing services through IHSS when they did not previously access services through LTHH, likely due to the increased program flexibility in hiring attendants.

Further analysis has shown that client costs decreased after entering IHSS for large cost drivers like pharmacy, inpatient, nursing facility, home health, and medical supplies. However, these cost decreases are more than offset by the cost IHSS services, with almost all of the cost increase attributed to IHSS HMA (Table 6). Although there is some savings from switching from higher-cost (LTHH) to lower cost IHSS HMA, the overall increase in utilization drives substantial costs.

The following factors were considered to calculate the budget projection:

Factors Impacting the Cost of Service Provision

Distinct Utilizers

The number of clients who would use IHSS is determined by first calculating the percent of clients who use IHSS on the HCBS-EBD and CHCBS waivers.

IHSS Personal Care Services

The Department used the number of IHSS Personal Care Services users over the number of total Personal Care Services users in the HCBS-EBD waiver to estimate the percent of clients who would use IHSS Personal Care Services in each waiver. In FY 2013-14, 2.93% of total Personal Care Services users accessed IHSS Personal Care Services. The FY 2013-14 figure was then trended forward using historic growth rates and projected growth rates due to clients enrolling from the waitlists to reflect what expected utilizers would be in FY 2018-19, FY 2019-20, and FY 2020-21.

IHSS Homemaker Services

Similarly, for the HCBS-CMHS, HCBS-CES, and HCBS-SLS waivers, the Department used the number of IHSS Homemaker Services users over the number of Homemaker Services users in the HCBS-EBD waiver to estimate the percent of clients who would use IHSS Homemaker Services. In FY 2013-14, 3.23% of total Homemaker Services users accessed IHSS Homemaker Services. The FY 2013-14 figure was then trended forward using historic growth rates and projected growth rates due to clients enrolling from the waitlists to reflect what expected utilizers would be in FY 2018-19, FY 2019-20, and FY 2020-21.

For HCBS-BI, the number of Homemaker Services users over the total number of HCBS-EBD waiver clients was used to estimate the percentage of IHSS Homemaker Services utilizers because HCBS-BI does not have Homemaker Services as a separate service from Personal Care Services. In FY 2013-14, 0.83% of total clients in HCBS-EBD utilized IHSS Homemaker Services. The FY 2013-14 figure was then trended forward using historic growth rates to reflect what expected utilizers would be in FY 2018-19, FY 2019-20, and FY 2020-21.

IHSS Health Maintenance Activities

For HCBS-BI, HCBS-CMHS and HCBS-SLS, the percent of IHSS Health Maintenance Activities (HMA) utilizers of total HCBS-EBD waiver clients was used to estimate IHSS HMA utilizers. In FY 2013-14, 2.41% of total clients in HCBS-EBD utilized IHSS HMA. The FY 2013-14 figure was then trended forward using historic growth rates and projected growth rates due to clients enrolling from the waitlists to reflect what expected utilizers would be in FY 2018-19, FY 2019-20, and FY 2020-21.

For CES, the percent of HMA utilizers of total CHCBS waiver clients was used to estimate IHSS HMA utilizers. In FY 2013-14, 14.38% of total clients in CHCBS utilized IHSS HMA. The FY 2013-14 figure was then trended forward using historic growth rates and projected growth rates due to clients enrolling from the waitlists to reflect what expected utilizers would be in FY 2018-19, FY 2019-20, and FY 2020-21.

Service Utilization Rates

After the Department determined the number of clients who are expected to use IHSS services, the Department projected how much of each service clients would use.

IHSS Personal Care Services and IHSS Homemaker Services

The Department assumed that the amount of Homemaker Services and Personal Care Services authorized by the case manager would be the same as agency-based care. However, the Department estimates that utilization rates for IHSS Personal Care Services and Homemaker Services would be greater than agency-based Personal Care Services and Homemaker Services due to the program's increased flexibility in hiring attendants. The additional units utilized are projected to incrementally increase costs of providing Personal Care Services and Homemaker

Services to clients enrolled in the HCBS-CMHS, HCBS-BI, HCBS-CES and HCBS-SLS waivers.

IHSS Health Maintenance Activities

To calculate the costs of IHSS HMA, the Department first determined how much LTHH clients would substitute for IHSS HMA. To determine this substitution rate the Department used the HCBS-EBD waiver as a proxy for the adult waivers, HCBS-BI, HCBS-CMHS, and HCBS-SLS, and used the CHCBS waiver as a proxy for the children’s waiver, HCBS-CES. Only 19.23% of new HCBS-EBD clients and 26.32% of new CHCBS clients in FY 2012-13 substituted out of LTHH for IHSS HMA in FY 2012-13. Because LTHH services are more costly than IHSS HMA, the direct substitution of LTSS for IHSS HMA generates some cost savings. However, because clients are anticipated to increase their overall utilization of services, the overall effect is budget-positive for all of the waivers.

Personnel Costs

The additional personnel required to implement the expansion and to oversee service provision would cost \$102,382 in FY 2016-17 and \$129,434 per year after that (Table 5). To successfully implement the In-Home Support Services (IHSS) expansion, the Department would need to hire two additional employees. One employee would focus on policy analysis and implementation and the other employee would focus on program administration. The duties of each FTE are outlined in the table below.

Table 4 – FTE Job Duties

Employee #1: Policy Analyst	Employee #2: Program Administration
Facilitate stakeholder engagement for the rule and waiver revisions needed to expand the benefit	Oversee project management for the expansion
Draft Department rules	Identify needed systems’ changes for the expansion and work with department staff to implement changes
Respond to public comment and incorporate changes to rules as needed	Work with contractor to ensure the IHSS expansion is designed into HP Interchange
Present rule revisions to the Medical Services Board	Work with Department staff to update forms
Draft waiver amendments	Recruit IHSS providers
Respond to public comment and incorporate changes to waiver amendments as needed	Work with Department staff to enroll IHSS providers. This would include developing a process to enroll providers for clients with IDD
Submit waiver to Centers for Medicare and Medicaid Services (CMS) for Approval	Design and facilitate ongoing trainings to inform Department staff about the IHSS expansion and IHSS policies
Respond to CMS’s questions and incorporate recommended changes to waiver amendments as needed	Design and facilitate ongoing trainings for IHSS providers

Facilitate regular stakeholder meetings to gather feedback on how to improve the benefit	Work with the CDASS training vendor to design and implement ongoing trainings for case managers
Carry out rule and waiver revisions as needed to improve the implementation of the benefit	Monitor program performance including cost-effectiveness, utilization and client outcomes
Research and recommend best practices for the program	Work with staff from HCPF and other agencies to consistent implementation of IHSS
Interpret statutory language, federal regulations and administrative rules around the benefit	

Table 5 - IHSS Expansion Cost per HCBS Waiver

HCBS Waiver	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
Community Mental Health Supports	N/A	N/A	\$2,189,450	\$2,777,664	\$3,443,989
Brain Injury	N/A	N/A	\$413,911	\$566,386	\$765,915
Children's Extensive Supports	N/A	N/A	\$15,546,376	\$18,833,069	\$22,247,531
Supported Living Services	N/A	N/A	\$4,781,143	\$5,661,100	\$6,642,295
Subtotal: Services	\$0	\$0	\$22,930,880	\$27,838,219	\$33,099,730
Personnel Costs	\$102,382	\$129,434	\$129,434	\$129,434	\$129,434
Total Cost of Expansion	\$102,382	\$129,434	\$23,060,314	\$27,966,044	\$33,229,164

Table 6 - Change in Cost by Service and Fiscal Year

IHSS Service	FY 2018-19	FY 2019-20	FY 2020-21
Personal Care	\$487,285	\$613,601	\$754,629
Homemaker	\$481,116	\$651,421	\$882,169
Health Maintenance Activities	\$32,300,378	\$38,976,062	\$46,169,898
Long-Term Home Health	(\$10,337,899)	(\$12,402,865)	(\$14,706,966)
Total Impact	\$22,930,880	\$27,838,219	\$33,099,730

Table 7 - IHSS Expansion into HCBS-CMHS Waiver Cost by Service

IHSS Service	FY 2018-19	FY 2019-20	FY 2020-21
Personal Care Services	\$256,798	\$317,350	\$386,980
Homemaker Services	\$259,566	\$341,909	\$450,542
Health Maintenance Activities	\$1,953,358	\$2,471,033	\$3,046,317
Long-Term Home Health	(\$280,272)	(\$352,628)	(\$439,850)
Total HCBS-CMHS Cost of IHSS Expansion	\$2,189,450	\$2,777,664	\$3,443,989

Table 8 - IHSS Expansion into HCBS-BI Waiver Cost by Service

IHSS Service	FY 2018-19	FY 2019-20	FY 2020-21
Personal Care Services	\$29,938	\$39,673	\$49,975
Homemaker Services	\$55,580	\$93,597	\$150,478
Health Maintenance Activities	\$343,157	\$451,694	\$587,886
Long-Term Home Health	(\$14,764)	(\$18,578)	(\$22,424)
Total HCBS-BI Cost of IHSS Expansion	\$413,911	\$566,386	\$765,915

Table 9 - IHSS Expansion into HCBS-CES Waiver Cost by Service

IHSS Service	FY 2018-19	FY 2019-20	FY 2020-21
Personal Care Services	\$14,494	\$20,499	\$21,751
Homemaker Services	\$32,880	\$43,298	\$58,256
Health Maintenance Activities	\$22,516,996	\$27,237,687	\$32,242,026
Long-Term Home Health	(\$7,017,994)	(\$8,468,415)	(\$10,074,502)
Total HCBS-CES Cost of IHSS Expansion	\$15,546,376	\$18,833,069	\$22,247,531

Table 10 - IHSS Expansion into HCBS-SLS Waiver Cost by Service

IHSS Service	FY 2018-19	FY 2019-20	FY 2020-21
Personal Care Services	\$186,055	\$236,079	\$295,923
Homemaker Services	\$133,090	\$172,617	\$222,893
Health Maintenance Activities	\$7,486,867	\$8,815,648	\$10,293,669
Long-Term Home Health	(\$3,024,869)	(\$3,563,244)	(\$4,170,190)
Total HCBS-SLS Cost of IHSS Expansion	\$4,781,143	\$5,661,100	\$6,642,295

Conclusion

Expanding In-Home Support Services into the Community Mental Health Supports, the Persons with Brain Injury, the Children's Extensive Supports and Supported Living Services waivers would ensure that individuals enrolled in these waivers have access to participant directed service delivery options. Participant directed options like IHSS allow clients to hire attendants and manage their services which can be especially beneficial in rural areas. IHSS can also offer support for individuals who are employed or active in their communities by providing clients with the flexibility to set their own schedules for attendant services. The autonomy, choice and control that comes with directing one's own services results in a more positive client experience and has been shown to improve quality of life. Providing access to participant directed service delivery options is directly related to the Department's goal of improving client experience, health care access and health outcomes as it allows clients choice, control and flexibility in who provides services and how they are received. The Department would require two FTE for expansion preparation activities in FY 2016-17 and FY 2017-18 which would cost \$102,382 and \$129,434, respectively. The expansion of services is estimated to cost \$23,060,314 in FY 2018-19, \$27,966,044 in FY 2019-20, and \$33,229,164 in FY 2020-21.