



## Memorandum

Date: 13 December 2019  
To: California State Master Plan for Aging Taskforce – LTSS Subcommittee  
From: Homebridge, Inc. [by Mark Burns, Executive Director]  
Re: Advocacy for Inclusion of Contract Mode IHSS Access for Counties  
in Master Plan Recommendations

We are writing to seek your support in making IHSS more accessible to consumers with disabilities who are unable to self-direct an IHSS Provider due to complicating behavioral health conditions including mental health, dementia and/or substance abuse.

Homebridge is a community-based 501c3 not for profit agency which has served more than 12 million hours of contract mode IHSS since 1995. While we are a Bay Area Service Provider of Contract Mode IHSS, we were at our forming in 1985 (by a group of community-serving programs for vulnerable older adults) an advocacy agent seeking to ensure that this frequently overlooked population received equal access to IHSS as an entitlement benefit. We believe effective contract mode agency services are best delivered by an organization which is integral to the overall service environment and safety net of California's varied regions, and so we advocate specifically not as a service provider but on behalf of the consumer population unserved in most California counties due to the current design of the State's IHSS program.

Two decades ago, more than 20 Counties across the State offered a Contract Mode option in IHSS. In this model, consumers who have challenges identifying, hiring and supervising an IHSS worker receive some or all their services through an agency model. This is a legislated program option known as "contract mode." For various reasons having to do with a lack of quality providers and the State's implementing a series of negative financial incentives which pushed an ever-increasing share of cost for the program option back to the County level, the program exists (to the best of our knowledge) in only one County now, that being San Francisco. We are aware of several other Counties in the State which have expressed interest in offering a Contract Mode option in their program, but they have not pursued this primarily due to the negative financial incentives which have been implemented. Most recently these negative financial incentives were made even more significant by the Brown Administration when IHSS was unbundled from the Coordinated Care Initiative and the Memorandum of Understanding was rolled back, pushing significant program expenses from the State to the County.

Contract Mode is an optional program intended only for consumers who are failing or are assessed by County Social Workers as likely to fail in the Independent Provider model of IHSS. Contract Mode is offered by San Francisco as a program option for consumers, never a requirement. Consumer Choice is a primary aspect of Contract Mode delivery in San Francisco, with great efforts made to accommodate consumer needs and preferences.

Consumers in the contract mode are typically at high risk. More than 2/3rds of the current contract mode users in San Francisco have previously experienced some form of homelessness. Most are complexly diagnosed, with both physical disabilities as measured by ADL and IADL assessments as well as with one or more behavioral diagnosis: Mental Health, Substance Use and/or Dementia/Alzheimer's or other cognitive impairment. Typically, these consumers are experiencing significant impact to their health and their housing security due to their diagnoses. Hoarding and cluttering is a significant behavior that is addressed via the contract mode program through heavy cleaning and case management intervention.

In the San Francisco model of contract mode, the provider agency offers a combination of professionally trained and supervised home care workers who are fulltime agency employees supported by a team of care supervisors who provide clients with varying levels of case/care management depending upon the consumer's level of need. These teams are further supported by peer mentors who provide in field training reinforcement and support as well as certified nursing staff who provide paramedical trainings and follow on support. In San Francisco, approximately 3-5% of the total IHSS qualifying population are offered referrals to the contract mode program option.

The contract mode program has significant benefits which likely justify the additional costs of the program beyond the IP model. For example, using data collected through client interviews over several years, over the course of 12 month or less in the program, clients report a:

- 45% reduction in 911 calls
- 50% reduction in ER visits
- 53% reduction in hospital visits
- 59% reduction in lease violations
- 25% reduction in missed medical appointments; and
- 35% reduction in missed medication doses.

We also wish to point out that our extensive data collection on contract mode program operations indicate that participating consumers achieve successful results utilizing nearly ½ as many actual hours of IHSS service delivered in the agency model as they are authorized to receive. This is not because the contract mode provider cannot or will not provide them, but that consumers actually request to be served a far lower number of hours than their authorization allows (note this is not typically true for critical care consumers who have a maximum number of hours authorized as the system allows). Over the past several years, we have seen authorized hours for behaviorally complex consumer decline overall with no impact to service quality or the consumer experience.

A contract mode option in IHSS clearly works, but there is little political will at the local level or at the State to invest more deeply in these at-risk consumers primarily because risk is not in the Human Services side which funds the programs but on the Health Care Services side, which has no access to the program option.

The most direct route to gaining equal access to IHSS for this highly impacted, at risk consumer population would be for the State to fund contract mode access in such a way that it is equivalent to IP mode, thereby removing any potential for prejudice and exclusionary practices that happen due to the financial burden having been moved significantly to the County level. Alternately, we believe that

Contract Mode Recommendation to California Master Plan for Aging LTSS Subcommittee  
Homebridge - December 2019

---

making the contract mode option available to health care providers who would pay the differential between the County IP rate and the County contract mode rate could also prove a swifter gateway to providing this much needed access.

Thank you for your consideration. We would be eager to provide you with greater detail on our program operations, data analyses and the consumer experience. Please feel free to contact me directly at [mburns@homebridgeca.org](mailto:mburns@homebridgeca.org) or at 415-659-5319.

Respectfully,

A handwritten signature in blue ink, appearing to read "Mark Burns", with a horizontal line extending to the right.

Mark Burns, Executive Director

Homebridge, Inc.  
1035 Market Street, L-1  
San Francisco, CA 94103  
415.659.5319  
[mburns@homebridgeca.org](mailto:mburns@homebridgeca.org)  
[www.homebridgeca.org](http://www.homebridgeca.org)