#### BUDGET & LEGISLATIVE ANALYST'S OFFICE

1390 Market Street, No. 1150, San Francisco, CA 94102

## IN-HOME CARE FOR SENIORS

CITY AND COUNTY OF SAN FRANCISCO BUDGET & LEGISLATIVE ANALYST'S OFFICE

Prepared by Severin Campbell and Latoya McDonald San Francisco Budget and Finance Committee April 6, 2016

Flut 151292 Received of 16/16 4/16/16

# PROJECT GOALS: FOUR KEY QUESTIONS

## Supervisor Mar asked our office:

- 1) What in-home care options are available for seniors? How many seniors are accessing in-home care services?
- How many seniors are unable to access in-home care?
- What is the impact of the minimum wage increase on the affordability of in-home care?

# RESEARCH SCOPE: AT-RISK SENIORS

- Seniors who could be in need of in-home care in San Francisco: 37,457 in 2013\*
- ☐ Age 65 or older
- Reports one or more of following four disabilities:
- □ Self-care difficulties
- Cognitive disabilities
- Ambulatory disabilities
- Independent living difficulties

\*Source: American Community Survey (ACS) data.

Conservative (high) estimate for seniors in need of in-home care

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#### FRANCISCO N-HOME CARE SERVICES IN SAN

# OPTIONS FOR IN-HOME CARE SERVICES IN SAN FRANCISCO

Long-term Care Insurance	Formal Paid Private Care – (certified caregivers from an agency)	Low-Cost Independent Providers	Unpaid care from family and friends	Type
Varies	n/a	n/a	n/a	Eligibility
Annual premiums range from \$1,764 to \$3,446 for an individual age 55. Coverage and payout varies depending on plan.	\$23 per hour. Training, background checks, and benefits are common. Paid by individual or family.	Near minimum wage \$12.25. Paid by individual or family. Could be more or less than minimum wage. Low-cost independent providers could be certified or uncertified caregivers.	n/a	Costs

For Free IHSS Benefits:

Medi-Cal eligibility (generally income at federal poverty level or below) and requires assistance with activities of daily living.

In-Home Supportive Services (IHSS) -

Medi-Cal Program

Share of Cost Program: Medi-Cal eligibility requirements (has no more than \$2,000 in assets if single, and up to \$3,000 for couples) and requires assistance with activities of daily living.

Community Living Fund (CLF)

Discretionary funds used to avoid more costly care facilities and allow participants to live at home.

300% of federal poverty level and requires assistance with activities of daily living.

minimum wage. Recipients receive payments from IHSS to pay care providers.

Recipient pays for portion of services until their remaining income is reduced to their monthly share of cost or Federal Poverty Level.

Remainder is paid from Federal, State and City funds. Service

providers earn minimum wage.

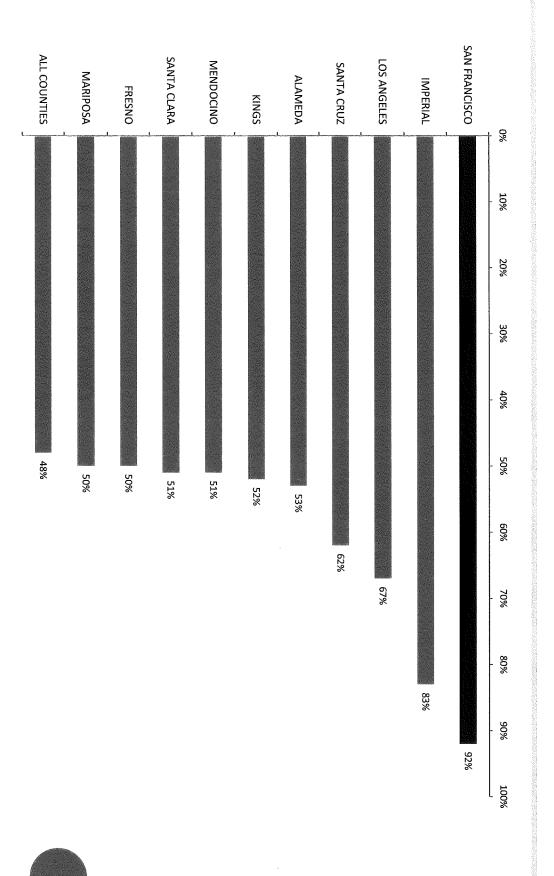
Paid from Federal, State and City funds. Service providers earn

Paid mostly by the City (approx. 77% of costs in FY15-16) and a combination of Federal and State funds. However, In-home care services are contracted through an agency that costs \$34.10 per hour.

## IN-HOME SUPPORTIVE SERVICES

- Medi-Cal program implemented by the City's Department of Adult and Aging Services
- \$419 million budget in fiscal year 2015-16, of which \$78 million or
- 18.6 percent are City funds o The remaining budget is provided by State and Federal funds
- o Eligibility requirements:
- Enrollment in Medi-Cal
- Live independently
- Present a signed health care certification form by a licensed health care professiona
- Demonstrate a functional need for in-home care

# STRONG IHSS PARTICIPATION RATE IN SAN FRANCISCO



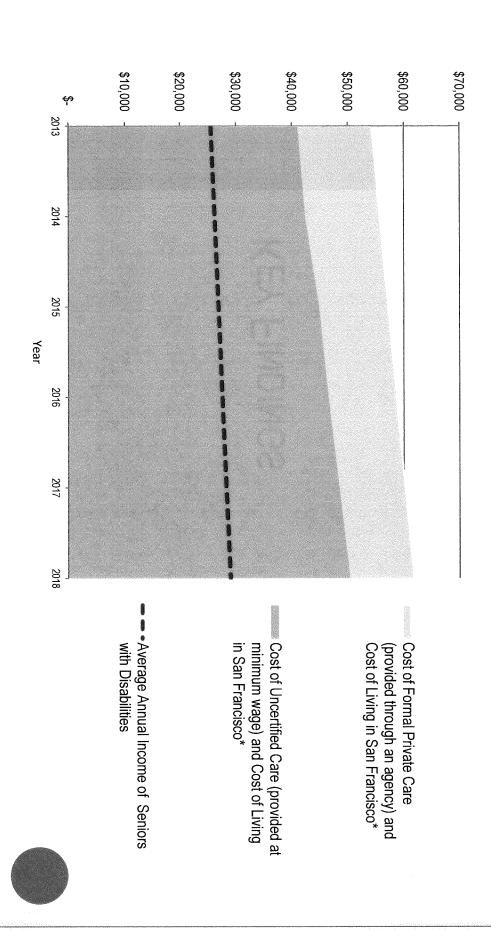
### COMMUNITY LIVING FUND

- o Administered by the Department of Aging and Adult Services
- \$4.8 million budget in fiscal year 2015-16, of which \$3.7 million was provided through City funds
- Serves any San Francisco adult:
- With a functional impairment or medical condition that requires care to leave one; and who also needs assistance to either avoid moving to an institution or
- With an annual income of up to 300% of the federal poverty level (\$35,310 in 2016)

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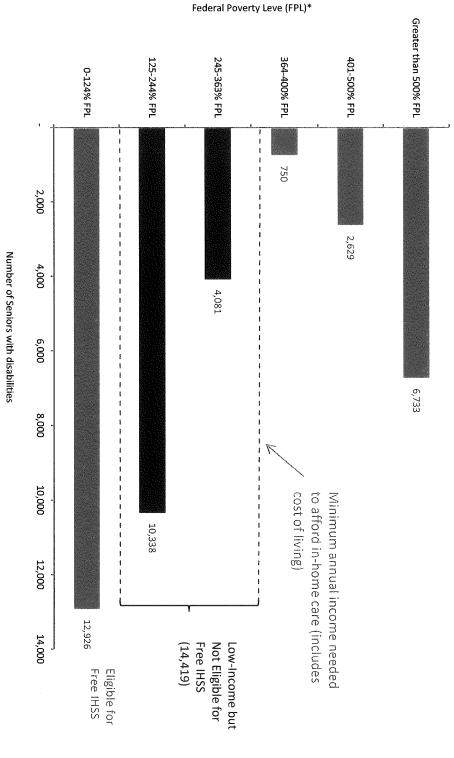
#### KEY FINDINGS

#### AT-RISK SENIORS N-HOME CARE IS TOO EXPENSIVE FOR MOST



## AT-RISK SENIORS TOO LOW-INCOME TO AFFORD IN-HOME CARE BUT NOT ELIGIBLE FOR FREE IHSS





Annual Income as a Percent of the

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#### POLICY OPTIONS

# POLICY OPTION: EXPANSION OF IHSS

Income Tiers	No. of At-Risk Seniors	100% Subsidy per person	60% Subsidy per person	40% Subsidy per person	20% Subsidy per person
125-184% FPL	5,202	\$92,519,290	\$55,511,574	\$37,007,716	\$18,503,858
185-244% FPL	5,136	\$91,345,458	\$54,807,275	\$36,538,183	\$18,269,092
245-304% FPL	1,674	\$29,772,643	\$17,863,586	\$11,909,057	\$5,954,529
305-363% FPL	2,407	\$42,809,291	\$25,685,574	\$17,123,716	\$8,561,858
Total	14,419	\$256,446,681	\$153,868,009	\$102,578,672	\$51,289,336

#### POLICY OPTIONS

- Consider a pilot program
- Explore alternative options to reducing premature institutionalization in addition to in-home care
- Set annual targets and evaluate progress
- Community Living Fund could house the pilot program as CLF has the expertise and more flexible implementation options
- N Increase advocacy at the State and Federal levels for increased family leave
- care for seniors and people with disabilities Advocate for tax credits at the State level for individuals who

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#### QUESTIONS

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