

AMENDED IN ASSEMBLY MARCH 26, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 97

Introduced by Assembly Member Weber

January 8, 2015

An act to amend Section 12317 of the Welfare and Institutions Code, relating to in-home supportive services.

LEGISLATIVE COUNSEL'S DIGEST

AB 97, as amended, Weber. In-home supportive services: provider wages.

Existing law establishes the county-administered In-Home Supportive Services (IHSS) program, under which qualified aged, blind, and disabled persons are provided with services in order to permit them to remain in their own homes and avoid institutionalization. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions.

Existing law provides, as part of the Coordinated Care Initiative, that not sooner than March 1, 2013, all Medi-Cal long-term services and supports, including IHSS, are required to be services that are covered under managed care health plan contracts and to be available only through managed care health plans to beneficiaries residing in Coordinated Care Initiative counties, except for the provided exemptions. *Existing law allows managed care health plans to authorize personal care services and related domestic services in addition to the hours authorized for IHSS by existing law. Existing law requires the*

managed care health plans to be responsible for paying for these services at no share of cost to the county.

This bill would require the State Department of Social Services to program its Case Management Information and Payroll System to be able to receive payments from managed care health plans for these additional personal care service and related domestic service hours, to issue a single payroll check to providers, and to differentiate between the two types of authorized hours.

~~This bill would declare the intent of the Legislature to enact legislation to create a mechanism to pay In-Home Supportive Services program providers for additional hours worked through the Coordinated Care Initiative.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 12317 of the Welfare and Institutions
- 2 Code is amended to read:
- 3 12317. (a) The State Department of Social Services shall be
- 4 responsible for procuring and implementing a new Case
- 5 Management Information and Payroll System (CMIPS) for the
- 6 In-Home Supportive Services Program and Personal Care Services
- 7 Program (IHSS/PCSP). This section shall not be interpreted to
- 8 transfer any of the IHSS/PCSP policy responsibilities from the
- 9 State Department of Social Services or the State Department of
- 10 Health Care Services.
- 11 (b) At a minimum, the new system shall provide case
- 12 management, payroll, and management information in order to
- 13 support the IHSS/PCSP, and shall do all of the following:
- 14 (1) Provide current and accurate information in order to manage
- 15 the IHSS/PCSP caseload.
- 16 (2) Calculate accurate wage and benefit deductions.
- 17 (3) Provide management information to monitor and evaluate
- 18 the IHSS/PCSP.
- 19 (4) Coordinate benefits information and processing with the
- 20 California Medicaid Management Information System.
- 21 (5) *In order to implement subparagraph (B) of paragraph (6)*
- 22 *of subdivision (b) of Section 14186, the system shall be*
- 23 *programmed to enable it to do all of the following:*

1 (A) Receive payments from managed care health plans for the
2 additional personal care service hours and related domestic service
3 hours authorized by the managed care health plan.

4 (B) Issue a single payroll check to providers that covers both
5 the hours authorized pursuant to Article 7 (commencing with
6 Section 12300) and the hours authorized by the managed care
7 health plan pursuant to subparagraph (B) of paragraph (6) of
8 subdivision (b) of Section 14186.

9 (C) Differentiate between hours authorized pursuant to Article
10 7 (commencing with Section 12300) and the hours authorized by
11 the managed care health plan pursuant to subparagraph (B) of
12 paragraph (6) of subdivision (b) of Section 14186 for purposes of
13 federal reimbursement and to enable managed care health plans
14 to track the effect of providing the additional benefits.

15 (c) The new system shall be consistent with current state and
16 federal laws, shall incorporate technology that can be readily
17 enhanced and modernized for the expected life of the system, and,
18 to the extent possible, shall employ open architectures and
19 standards.

20 (d) By August 31, 2004, the State Department of Social Services
21 shall begin a fair and open competitive procurement for the new
22 CMIPS. All state agencies shall cooperate with the State
23 Department of Social Services and the California Health and
24 Human Services Agency Data Center to expedite the procurement,
25 design, development, implementation, and operation of the new
26 CMIPS.

27 (e) The State Department of Social Services, with any necessary
28 assistance from the State Department of Health Care Services,
29 shall seek all federal approvals and waivers necessary to secure
30 federal financial participation and system design approval of the
31 new system.

32 (f) The new CMIPS shall include features to strengthen fraud
33 prevention and detection, as well as to reduce overpayments.
34 Program requirements shall include, but shall not be limited to,
35 the ability to readily identify out-of-state providers, recipient
36 hospital stays that are five days or longer, and excessive hours
37 paid to a single provider, and to match recipient information with
38 death reports. This functionality shall be available by April 1,
39 2010, and implemented statewide by July 1, 2011.

1 SECTION 1. It is the intent of the Legislature to enact legislation
2 to create a mechanism to pay In-Home Supportive Services
3 program providers for additional hours worked through the
4 Coordinated Care Initiative.

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