

AMENDED IN SENATE AUGUST 31, 2015
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~~, *providers of personal care service hours and related domestic service hours, which shall not include payment of wages for service hours provided pursuant to other specified provisions*, and to track and differentiate between the two types of authorized hours.

Vote: majority. Appropriation: no. Fiscal committee: 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) of
- 22 subdivision (b) of Section 14186, the system shall be programmed
- 23 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~~ *plan, which are*
4 *separate and distinct from in-home supportive service hours*
5 *authorized pursuant to this article and Sections 14132.95,*
6 *14132.952, and 14132.956.*

7 (B) Issue a ~~single~~ payroll check to providers ~~that covers both~~
8 ~~the hours authorized pursuant to Article 7 (commencing with~~
9 ~~Section 12300) and the hours authorized by the managed care~~
10 ~~health plan pursuant to subparagraph (B) of paragraph (6) of~~
11 ~~subdivision (b) of Section 14186. *of personal care service hours*~~
12 ~~and related domestic service hours for services rendered pursuant~~
13 ~~to subparagraph (B) of paragraph (6) of subdivision (b) of Section~~
14 ~~14186, which shall not include payment of wages for services~~
15 ~~provided pursuant to this article and Sections 14132.95, 14132.952,~~
16 ~~and 14132.956.~~

17 (C) ~~Differentiate between hours authorized pursuant to Article~~
18 ~~7 (commencing with Section 12300) and~~ *Track and differentiate*
19 *between the hours authorized by pursuant to this article and*
20 *Sections 14132.95, 14132.952, and 14132.956, and the hours*
21 *authorized by the managed care health plan pursuant to*
22 *subparagraph (B) of paragraph (6) of subdivision (b) of Section*
23 ~~14186 for purposes of federal reimbursement and to enable~~
24 ~~managed care health plans to track the effect of providing the~~
25 ~~additional benefits.~~

26 (c) The new system shall be consistent with current state and
27 federal laws, shall incorporate technology that can be readily
28 enhanced and modernized for the expected life of the system, and,
29 to the extent possible, shall employ open architectures and
30 standards.

31 (d) By August 31, 2004, the State Department of Social Services
32 shall begin a fair and open competitive procurement for the new
33 CMIPS. All state agencies shall cooperate with the State
34 Department of Social Services and the California Health and
35 Human Services Agency Data Center to expedite the procurement,
36 design, development, implementation, and operation of the new
37 CMIPS.

38 (e) The State Department of Social Services, with any necessary
39 assistance from the State Department of Health Care Services,
40 shall seek all federal approvals and waivers necessary to secure

1 federal financial participation and system design approval of the
2 new system.

3 (f) The new CMIPS shall include features to strengthen fraud
4 prevention and detection, as well as to reduce overpayments.
5 Program requirements shall include, but shall not be limited to,
6 the ability to readily identify out-of-state providers, recipient
7 hospital stays that are five days or longer, and excessive hours
8 paid to a single provider, and to match recipient information with
9 death reports. This functionality shall be available by April 1,
10 2010, and implemented statewide by July 1, 2011.