



SOUTHERN AREA CONSORTIUM OF HUMAN SERVICES

In-Home Supportive Services Program: Descriptive Data Report

Anita Harbert, Ph.D.

*Executive Director – Academy for Professional Excellence
Professor Emeritus – SDSU School of Social Work*

Jennifer Tucker-Tatlow, MSW

Director, Academy for Professional Excellence

Prepared by:

Karissa Hughes, MSW

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SACHS is a program of the
Academy for Professional Excellence at
San Diego State University School of Social Work.
6505 Alvarado Road, Suite 107
San Diego, CA 92120
<http://theacademy.sdsu.edu>



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REPORT SUMMARY

The Southern Area Consortium of Human Services (SACHS) has performed an analysis of the In-Home Supportive Services (IHSS) Program data. This analysis was performed at the request of the SACHS Directors to examine annual changes to the IHSS Program.

The information for Pages 2-12 of this report were gathered via a survey of SACHS Counties in April 2013, with all counties reporting data for February 2013 for Pages 2-8, and reporting Calendar Years 2011 and 2012 for Pages 10-12. As requested, Pages 2-9 of the report include graphs showing the cumulative total across all SACHS Counties (not the average).

The information for Pages 13-22 of the report are from an analysis of the following publicly available source for January-August 2011 and January-August 2012*, and provide an annual monthly average for both individual SACHS Counties and the State of California:

- CDSS In-Home Supportive Services Summary Data (statewide IHSS monthly statistics summaries) <http://www.cdss.ca.gov/agedblinddisabled/PG1282.htm>

This report was originally modeled after a 2004 report presented by Terry Crockett and Joe Chelli (San Joaquin County Human Services Agency) to the Central California Area Social Services Consortium (CCASSC).

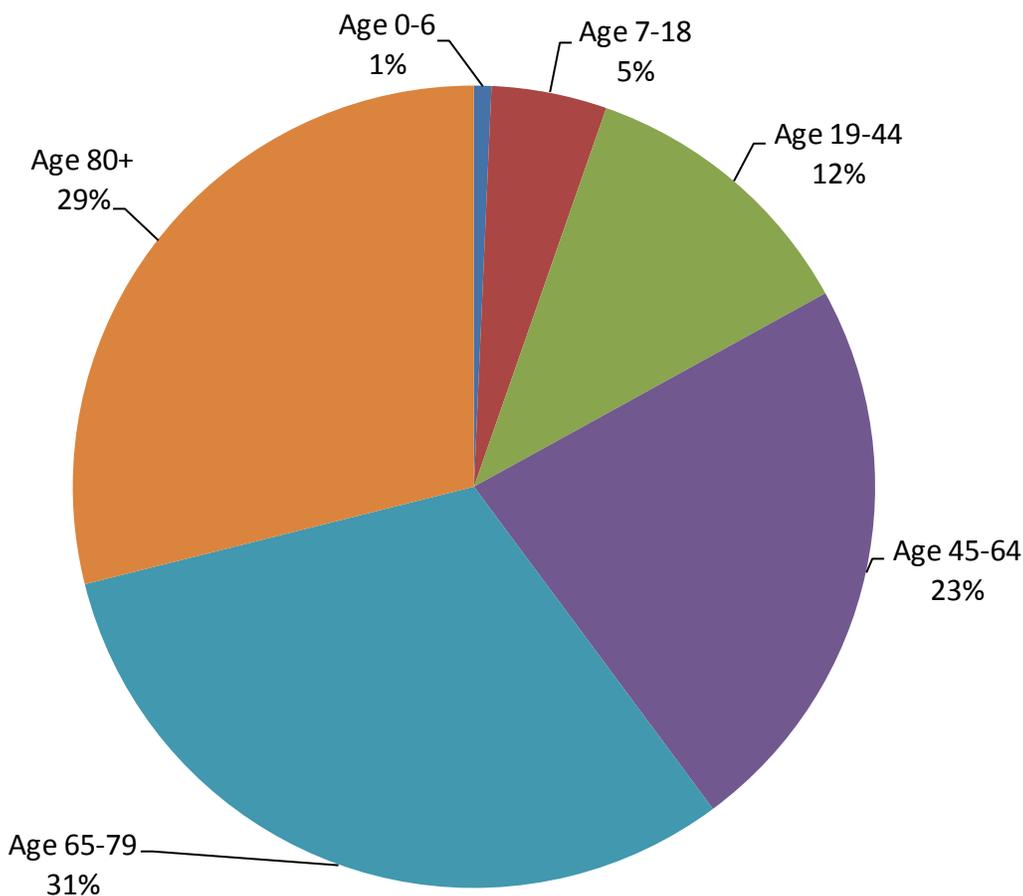
The following report includes descriptive data in these areas:

- Age of IHSS Recipients
- Ethnicity of IHSS Recipients
- Primary Language of IHSS Recipients
- Type of Aid Received
- Exit Reasons of IHSS Recipients
- Distribution of Authorized Service Hours for IHSS Recipients
- Distribution of IHSS Provider Type for IHSS Recipients
- IHSS Fraud Referrals (CY 2011 & 2012)
- Average Monthly IHSS Cases by SACHS County (2011 & 2012)
- Average Monthly Functional Index (FI) Score by SACHS County (2011 & 2012)
- Average Monthly Authorized Hours per IHSS Case by SACHS County (2011 & 2012)
- Average Monthly Paid Hours per IHSS Case by SACHS County (2011 & 2012)
- Average Percentage Paid/Authorized Hours per IHSS Case by SACHS County (2011 & 2012)
- Average Monthly Cost per IHSS Case by SACHS County (2011 & 2012)

**Unfortunately due to the CMIPS II pilot extension, September-December 2012 IHSS Summary Data documents are unavailable for this analysis. Therefore the summary trend analysis included on Pages 12-22 of the report only include the monthly average resulting from January-August 2011 and January-August 2012 data thus do not represent the full Calendar Year (missing September-December reports).*

DISTRIBUTION OF AGE GROUPS FOR IHSS POPULATION (SACHS COUNTIES)

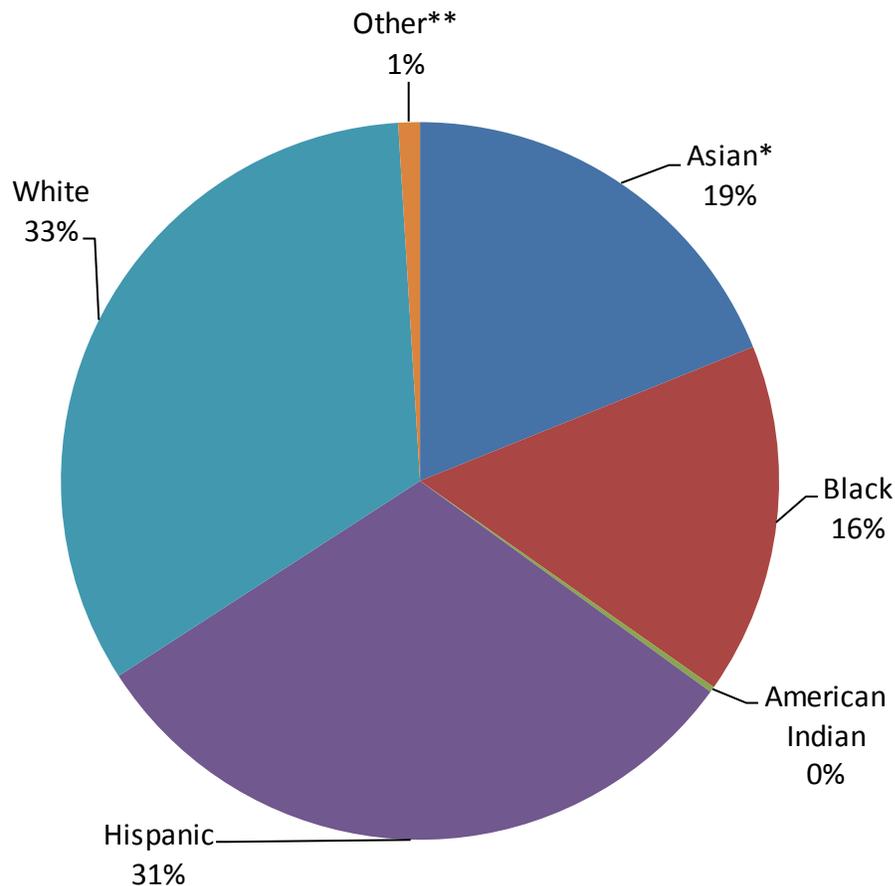
Data reported for: February 2013



- 83% of the IHSS Population are over 45 years old, while 60% are over 65 years old.
- This data is consistent with the distribution of age groups for the IHSS population from both 2011 and 2012.
 - Only slight changes include: an increase from 4% (2011) to 5% (2012 and 2013) in the 7-18 age group; an increase from 11% (2011 and 2012) to 12% (2013) in the 19-44 age group and a decrease from 32% (2011) to 31% (2012 and 2013) for the 65-79 age group.

DISTRIBUTION OF ETHNICITY FOR IHSS RECIPIENTS (SACHS COUNTIES)

Data reported for: February 2013



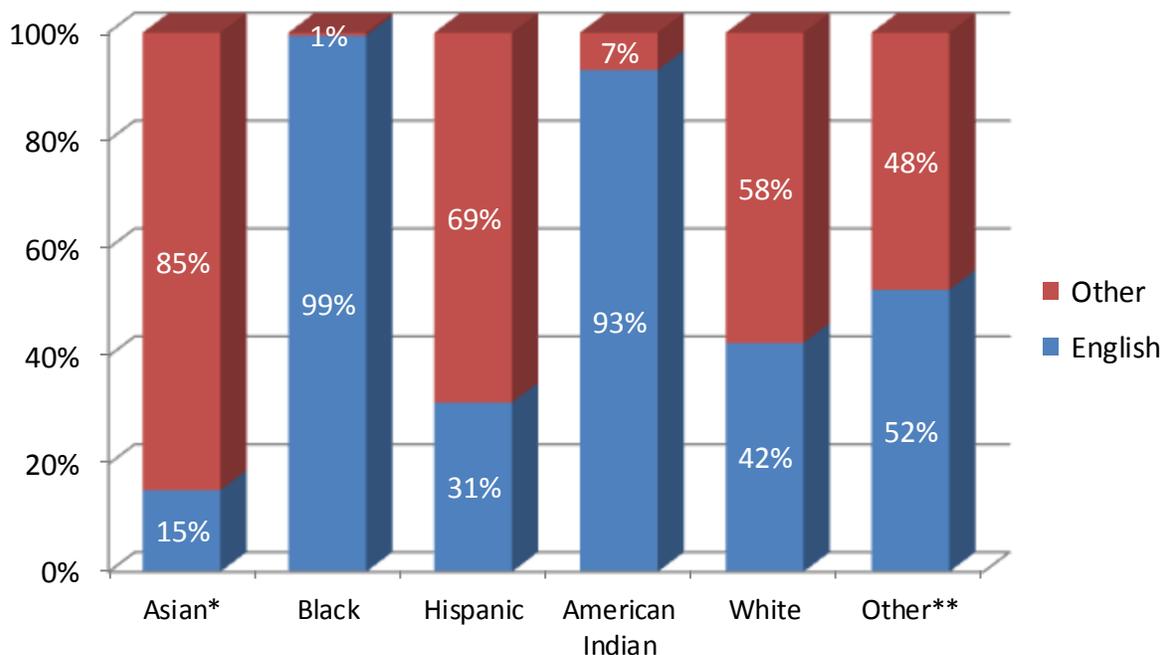
**Asian* includes: Cambodian, Chinese, Asian Indian, Japanese, Korean, Filipino, Laotian, and Vietnamese

***Other* includes: (Pacific Islander – Hawaiian, Guamanian, Samoan; Other Asian or Pacific Islander – Not specified above)

- About one-third (33%) of all IHSS recipients are White, followed by 31% Hispanic, 19% Asian, 16% Black, 1% Other and less than 1% American Indian.
- This data is consistent with the distribution of ethnicity for the IHSS population from 2011 and 2012.
 - Only slight changes include: an increase from 18% (2011) to 19% (2012 and 2013) in the percentage of IHSS recipients who are Asian; an increase from 30% (2011 and 2012) to 31% (2013) in the percentage of IHSS recipients who are Hispanic and a decrease from 34% (2011 and 2012) to 33% (2013) in the percentage of IHSS recipients who are White.

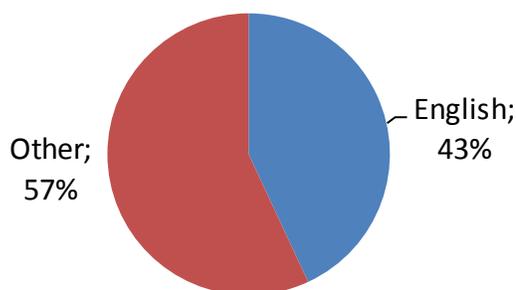
PRIMARY LANGUAGE BY ETHNICITY OF IHSS RECIPIENTS (SACHS COUNTIES)

Data reported for: February 2013



*Asian includes: Cambodian, Chinese, Asian Indian, Japanese, Korean, Filipino, Laotian, and Vietnamese

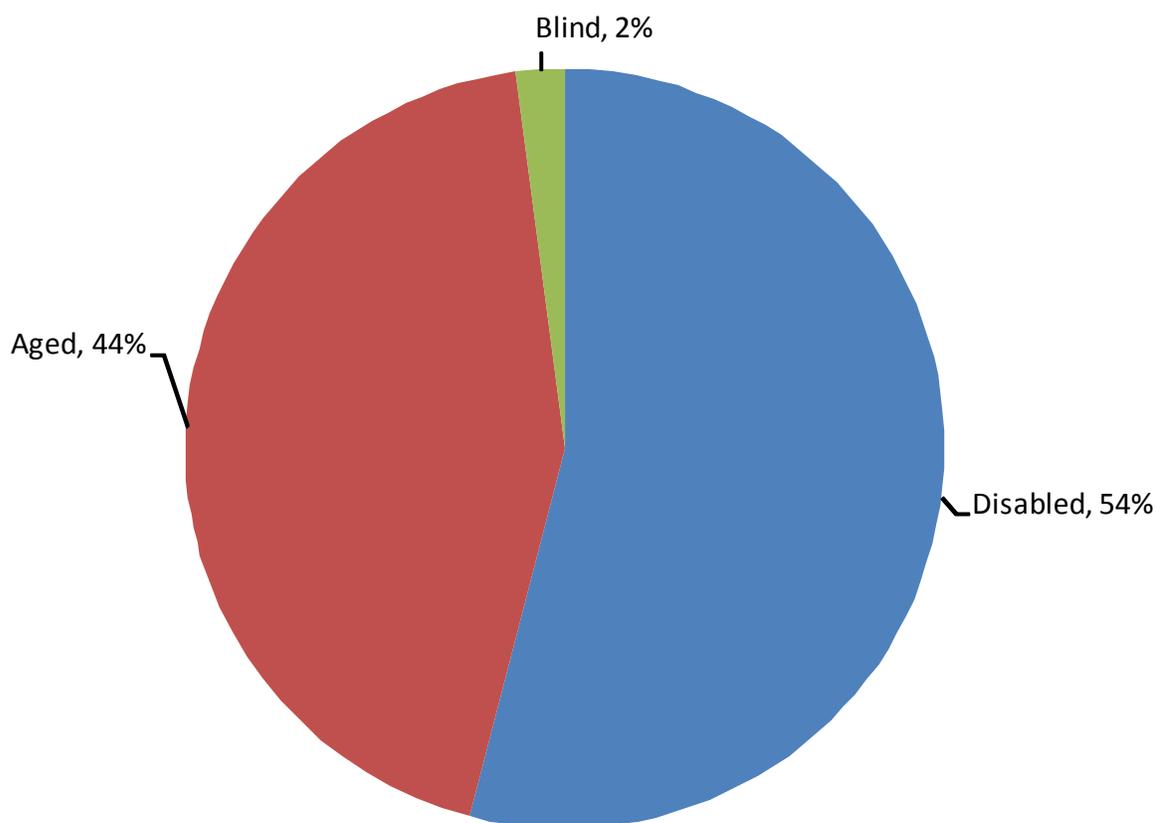
**Other includes: Pacific Islander – Hawaiian, Guamanian, Samoan; Other Asian or Pacific Islander (not specified above)



- Fifty-seven percent of IHSS recipients report a primary language other than English. This is a 1% increase from 2012 in the number of IHSS recipients who indicate a primary language other than English (56% in both 2011 and 2012).
- Most Black (99%) and American Indian (93%) recipients indicate English as their primary language, while the majority of Asian (85%) and Hispanic (69%) recipients report a primary language other than English.
- Fewer than half of White recipients primarily speak English (42%).
 - *This figure is mostly due to Los Angeles County with 73% of their White recipients identifying a primary language other than English-mainly consisting of Armenian, Russian and Farsi.*
 - *Note: When percentages are instead averaged across SACHS Counties White recipients reporting their primary language as English nearly doubles (80%).*

DISTRIBUTION OF AID TYPE FOR IHSS RECIPIENTS (SACHS COUNTIES)

Data reported for: February 2013



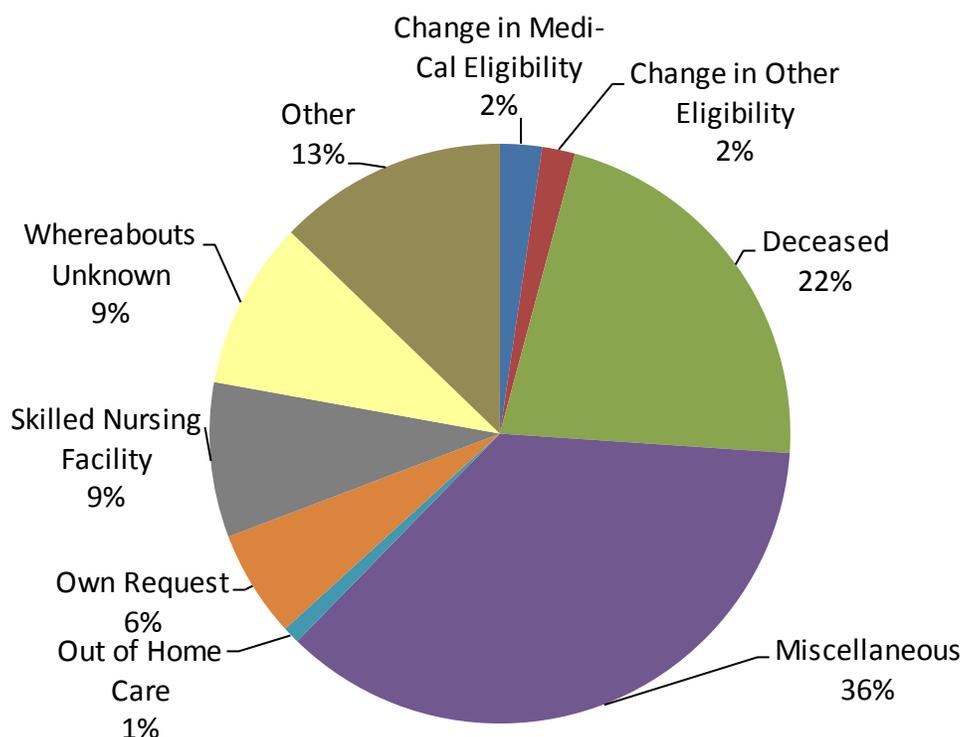
- About half (54%) of IHSS recipients are disabled, 44% are aged, and 2% are blind.
- This data is consistent with the distribution of aid type for the IHSS population from both 2011 and 2012.
 - Only slight changes include: an increase from 53% (2011) to 54% (2012 and 2013) for the disabled aid type and a decrease from 45% (2011) to 44% (2012 and 2013) for the aged aid type.

Notes:

- The aid code is the recipient's benefit category for budget, Medi-Cal, and accounting purposes, and is assigned by the county social worker at time of assessment. The aid codes are: Aged, Blind, and Disabled. It is possible for this code to change from disabled to aged during yearly assessments. An example would be a recipient who enters at age 60 is coded as 'disabled', and 6 years later (now age 66) during a yearly assessment is re-coded to 'aged'. In this report, recipients are categorized by the code assigned at time of entry (and recipients are not in more than one category at the same time).

DISTRIBUTION OF EXIT REASONS FOR IHSS RECIPIENTS (SACHS COUNTIES)

Data reported for: February 2013



- Miscellaneous (County transfers, improper coding) account for 36% of IHSS exit reasons, followed by Deceased (22%).

Notes:

Change in Other Eligibility- Includes Share of Cost changes, Board and Care, Living Arrangement Changes

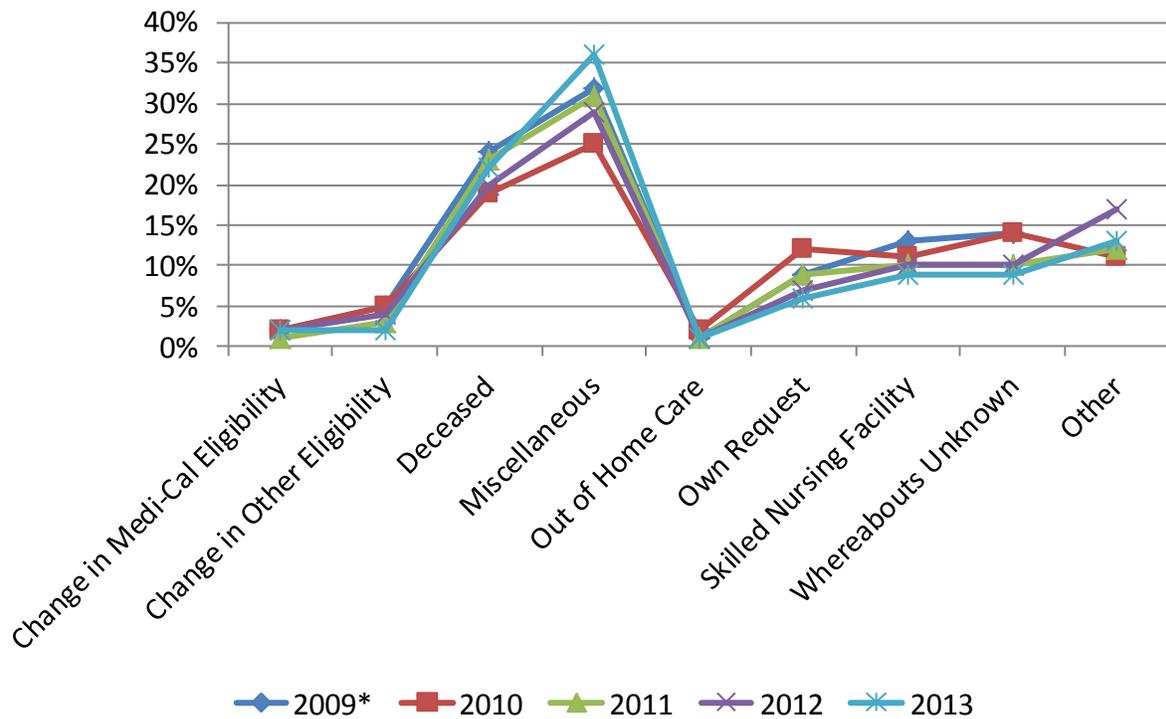
Miscellaneous- Includes County Transfers, Improper Coding

Out of Home Care- Includes Community Care Facility, Intermediate Care Facility, and Hospital

Other- Includes recipient safe at home without IHSS; IHSS needs are met by alternate resource; Medicare Home; Non-Medicare Home; Recipient was out of country; Recipient Excess SOC; No additional reason detail noted.

DISTRIBUTION OF EXIT REASONS FOR IHSS RECIPIENTS (SACHS COUNTIES): TRENDS

Data reported for: February 2013

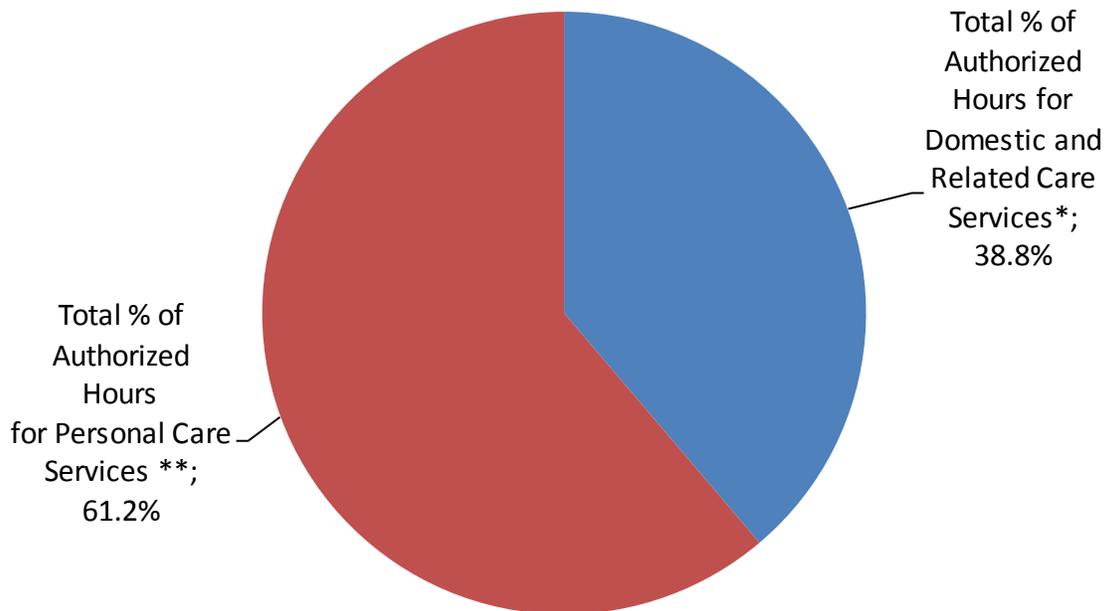


- In terms of trends, overall the data for 2013 is consistent with the distribution of exit reasons for IHSS recipients from 2009-2012. Over the past five years Miscellaneous (County transfers, improper coding) exits have remained the most common reason, followed by Deceased.
 - In addition the following exit reasons have steadily been on the decline between 2009-2013:
 - Change in Other Eligibility from 5% in 2009 to 2% in 2013.
 - Skilled Nursing Facility from 13% in 2009 to 9% in 2013.
 - Whereabouts Unknown from 14% in 2009 to 9% in 2013.

**The category "Other" was excluded from this analysis, as it did not exist for the 2009 IHSS data reported by the counties. "Other" was added and reported for 2010-2013.*

DISTRIBUTION OF AUTHORIZED SERVICE HOURS FOR IHSS RECIPIENTS (SACHS COUNTIES)

Data reported for: February 2013



* Includes: Housework, Meal Preparation, Meal Clean-up, Cleaning, Laundry, Grocery Shopping and Errands

**Includes: Feeding, Bathing, Oral Hygiene and Grooming, Dressing, Bowel and Bladder Care, Menstrual Care, Respiration Assistance, Paramedical Tasks, Assistance with Ambulation, Transferring, Rubbing of Skin to Promote Circulation, Care of and Assistance with Prosthetic Devices, Essential Transportation and Protective Supervision.

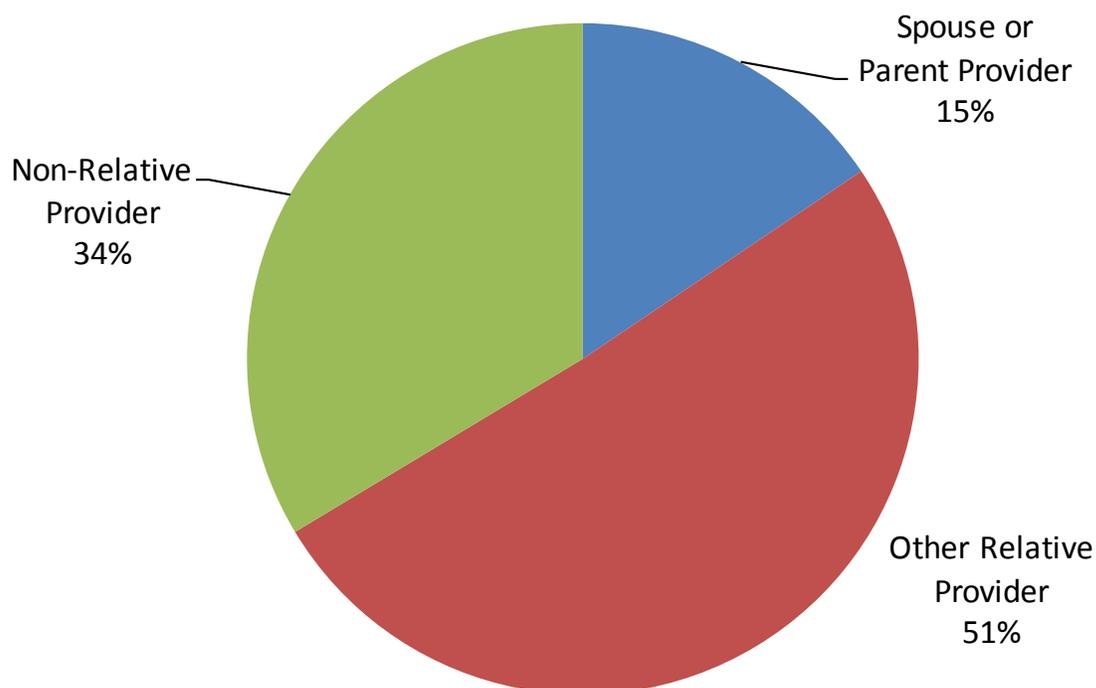
- Total authorized hours for Personal Care Services account for 61.2% and total authorized hours for Domestic and Related Care Services account for 38.8% of total IHSS Hours.
- This data mirrors authorized service hours distribution for the IHSS population in 2012, and shows changes from the 2011 figures (Personal Care Services =56.4%; Domestic and Related Care Services=43.6%).

Breakdown by SACHS County:

	Imperial	Los Angeles	Orange	Riverside	San Bernardino	Santa Barbara	Ventura
Total % of IHSS Hours for Domestic and Related Care Services	40.4%	40.5%	37.2%	33.9%	32.4%	37.0%	33.3%
Total % of IHSS Hours for Personal Care Services	59.6%	59.5%	62.8%	66.1%	67.6%	63.0%	66.7%

DISTRIBUTION OF IHSS PROVIDER TYPE FOR IHSS RECIPIENTS (SACHS COUNTIES)

Data reported for: February 2013



- Other Relative Providers account for a little more than half (51%) of all IHSS Providers, followed by 34% Non-Relative Providers, and 15% Spouse or Parent Providers.
- This data is consistent with the distribution of IHSS provider type for IHSS recipients from 2012, while 2011 had a lower occurrence of Non-Relative Providers (32%) providing care while a higher incidence of Other Relative Providers (53%).

	Imperial	Los Angeles	Orange	Riverside	San Bernardino	Santa Barbara	Ventura
Spouse or Parent Providers (Spouse, Parent of Minor Child, Parent of Adult Child)	31.8%	12.7%	21.4%	20.8%	24.5%	15.3%	24.4%
Other Relative Providers (Minor Child, Adult Child, Other Relative)	25.1%	52.5%	54.8%	47.2%	45.0%	30.1%	45.2%
Non-Relative Providers (Friend, Neighbor, Landlord, Housemate, Live-In Provider, Home Health Agency, Other Business, Other, Relationship Not Specified)	43.1%	34.8%	23.8%	32.0%	30.6%	54.5%	30.4%

Note:

Providers (IPs) may work for more than one IHSS recipient and each relationship is counted.

IHSS FRAUD IN CY 2011 & 2012 (BY SACHS COUNTY)

IHSS fraud can involve the provider or the recipient or both. The major types of investigated fraud include: overstated needs; shared checks; unreported people in the home; unreported marriages; unreported deaths; and unreported in-patient hospital stays. The major types of provider-fraud are typically where the provider is not actually working, or the recipient is either deceased or in a hospital and thus ineligible for services. The provider will typically fill out a timesheet and forge the recipient's signature or force the signature of the recipient.

For the Annual IHSS Fraud data, separate tables by county are reported as it is hard to provide cumulative totals or compare across SACHS Counties since there is such a variance in IHSS Fraud definitions (e.g. what is a "substantiated" case?), as well as in County reporting policies.

Imperial County**:

	2011	2012
Total Number of Annual Fraud Referrals	13	29
Outcome of referrals*:		
Total number of <u>Unsubstantiated</u> IHSS Fraud Referrals	6	9
Total number of <u>Substantiated</u> IHSS Fraud Cases	7	20
Total number of <u>Pending</u> IHSS Fraud Investigations	0	0

Los Angeles County***:

	2011	2012
Total Number of Annual Fraud Referrals	496	189
Outcome of referrals*:		
Total number of <u>Unsubstantiated</u> IHSS Fraud Referrals	53	192
Total number of <u>Substantiated</u> IHSS Fraud Cases	183	26
Total number of <u>Pending</u> IHSS Fraud Investigations	472	183

Notes:

- * Outcomes of the referrals received in a given year represents the status of the total referrals received for that year, and can change over time as referrals are investigated.
- ** Imperial County does not have DHCS Investigators so as a result they have been assigning all fraud referrals to their local DA Investigators. At one point there were two officers assigned and then it was reduced to one. By 2012 the county lost the fraud funding and had to suspend the investigative piece. Then a decision was made to pull old fraud referrals and assign them to their Program Integrity staff who were able to negotiate and collect repayment agreements for some of the old cases. For 2013, Imperial County has been able to secure some funding and their DA investigator has returned, thus they have begun assigning new referrals.
- ***For Los Angeles County the total number of unsubstantiated, substantiated, and pending investigations also includes outcomes of referrals that were made in *prior* years but were updated in CY 2011 or 2012. Thus the Total Number of Annual Fraud Referrals does not equal the combined Outcome of Referrals.

IHSS FRAUD IN CY 2011 & 2012 (By SACHS COUNTY)

Orange County**:

	2011	2012
Total Number of Annual Fraud Referrals	423	232
Outcome of referrals*:		
Total number of <u>Unsubstantiated</u> IHSS Fraud Referrals	227	101
Total number of <u>Substantiated</u> IHSS Fraud Cases	237	172
Total number of <u>Pending</u> IHSS Fraud Investigations	91	43

Riverside County***:

	2011	2012
Total Number of Annual Fraud Referrals	161	77
Outcome of referrals*:		
Total number of <u>Unsubstantiated</u> IHSS Fraud Referrals	10	0
Total number of <u>Substantiated</u> IHSS Fraud Cases	26	36
Total number of <u>Pending</u> IHSS Fraud Investigations	125	41

San Bernardino County:

	2011	2012
Total Number of Annual Fraud Referrals	858	641
Outcome of referrals*:		
Total number of <u>Unsubstantiated</u> IHSS Fraud Referrals	385	276
Total number of <u>Substantiated</u> IHSS Fraud Cases	473	329
Total number of <u>Pending</u> IHSS Fraud Investigations	0	36

Notes:

- * Outcome of the referrals received in a given year represents the status of the total referrals received for that year, and can change over time as referrals are investigated.
- ** For Orange County the total number of unsubstantiated, substantiated, and pending investigations also includes outcomes of referrals that were made in *prior* years but were updated in CY 2011 or 2012. Thus the Total Number of Annual Fraud Referrals does not equal the combined Outcome of Referrals.
- ***For 2011 Riverside County included the same fraud numbers as reported previously because that is the extent of information the county has available. Fraud funding rescinded effective December 2011 due to State triggers. Fraud referrals were handled by Riverside County's Special Investigations Unit until this loss of funding. The tracking log was not updated to reflect any new dispositions (from 2011) so they do not know what is truly pending versus closed, explaining the high number of pending cases still reflected for 2011. In January 2012 Riverside County Adult Services Division policy unit started their own tracking log so that they could identify referrals that were unsubstantiated, substantiated, and pending.

IHSS FRAUD IN CY 2011 & 2012 (By SACHS COUNTY)

*Santa Barbara County**:*

	2011	2012
Total Number of Annual Fraud Referrals	39	44
Outcome of referrals*:		
Total number of <u>Unsubstantiated</u> IHSS Fraud Referrals	16	3
Total number of <u>Substantiated</u> IHSS Fraud Cases	3	2
Total number of <u>Pending</u> IHSS Fraud Investigations	20	39

*Ventura County***:*

	2011	2012
Total Number of Annual Fraud Referrals	70	11
Outcome of referrals*:		
Total number of <u>Unsubstantiated</u> IHSS Fraud Referrals	34	2
Total number of <u>Substantiated</u> IHSS Fraud Cases	3	0
Total number of <u>Pending</u> IHSS Fraud Investigations	33	9

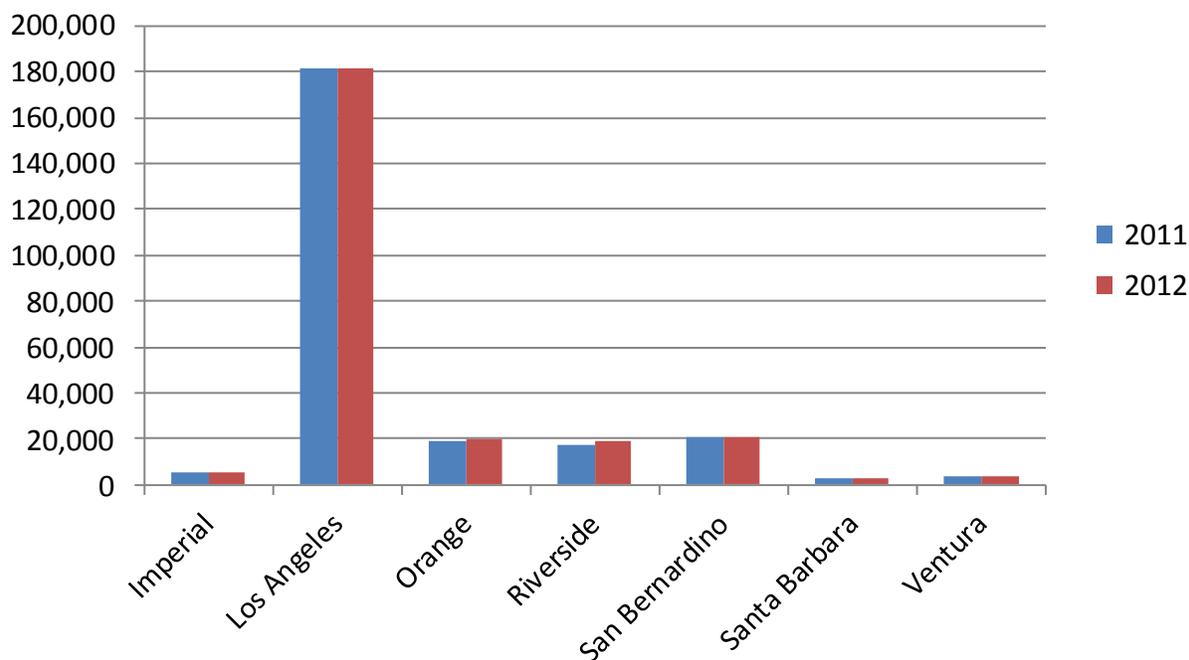
Notes:

*Outcome of the referrals received in a given year represents the status of the total referrals received for that year, and can change over time as referrals are investigated.

**Santa Barbara County continues to send fraud referrals to DHCS, however they have received minimal response regarding the investigations or why cases were closed. In addition the number of outstanding referrals without a resolution continues to increase.

***For Ventura County the end of the State funding that supported HSA's and the DA's fraud early detection project contributed to the decrease in fraud referrals between CY 2011 and CY 2012. Currently, suspected fraud referrals are submitted to DHCS only if the suspected fraud could total at least \$500.

AVERAGE MONTHLY IHSS CASES BY SACHS COUNTY (2011 & 2012)



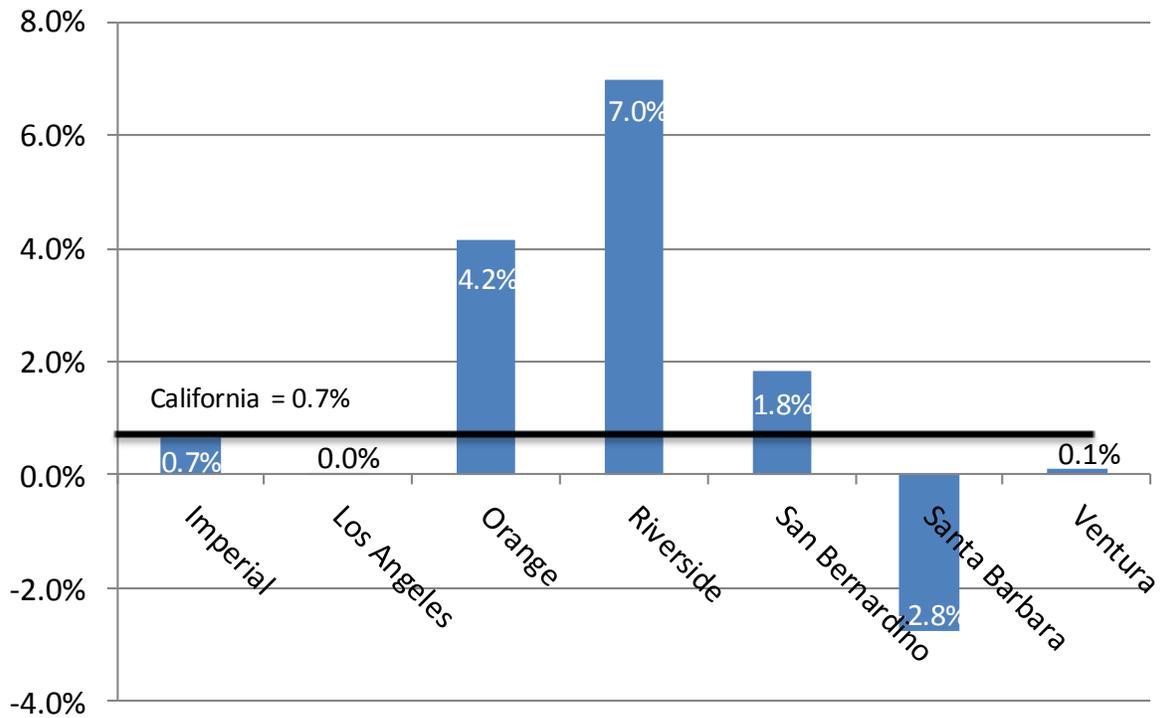
	2011 MONTHLY AVE. (JANUARY-AUGUST)	2012 MONTHLY AVE. (JANUARY-AUGUST)
CALIFORNIA	435,216 cases	438,264 cases
IMPERIAL	5,476 cases	5,512 cases
LOS ANGELES	181,800 cases	181,891 cases
ORANGE	18,740 cases	19,519 cases
RIVERSIDE	17,765 cases	19,008 cases
SAN BERNARDINO	20,502 cases	20,881 cases
SANTA BARBARA	2,775 cases	2,699 cases
VENTURA	3,696 cases	3,700 cases

- The overall State and all SACHS Counties, except for Santa Barbara County, experienced at least a slight increase in the average number of monthly IHSS cases from 2011 to 2012.

Notes: There are threats to the accuracy of the average monthly IHSS cases reported above via the CDSS IHSS Summary Data, because: (a) “Split” cases are counted more than once (under *both* Residual and PCSP); (b) Some of the data included on IHSS Management Statistics is paid data. Paid data will include payments for timesheets submitted in that month, but the payments are not necessarily for the particular month they are reported in. Statistics Report can, and often does, include payments from prior months; (c) You can have cases with authorized hours and no payroll activity, which does not mean the client is not receiving services but that the provider is holding onto their timesheets.

Source: IHSS Summary Data (Page 7, Column 3), <http://www.cdss.ca.gov/agedblinddisabled/PG1282.htm>

PERCENT CHANGE IN AVERAGE MONTHLY IHSS CASES BETWEEN 2011 & 2012

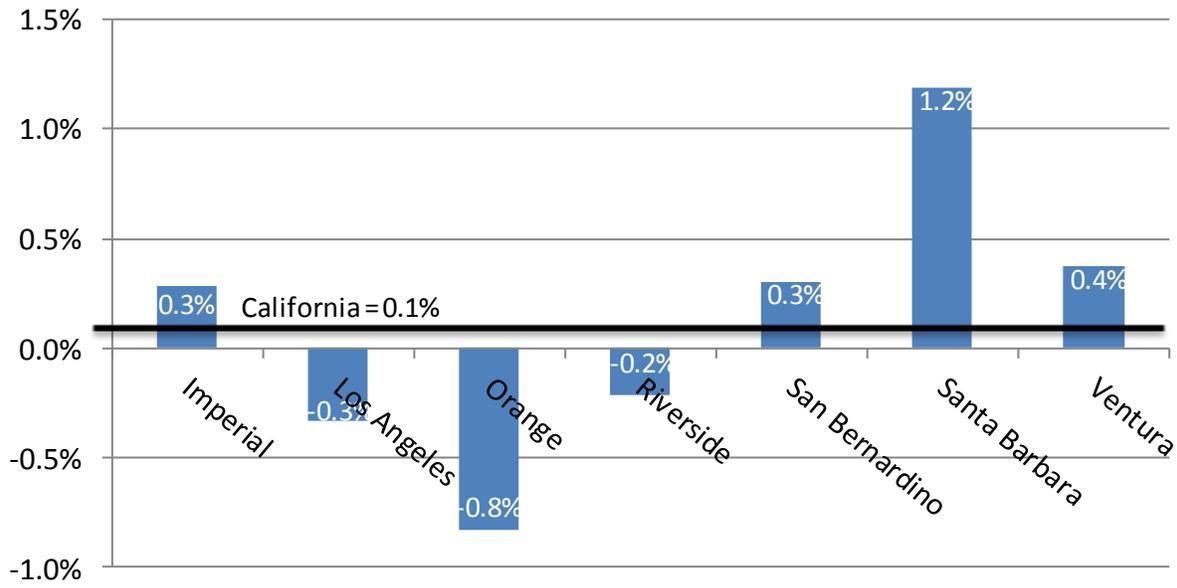


- California experienced a 0.7% increase in average monthly IHSS cases between 2011 & 2012.
- Riverside County shows the greatest percentage increase (7.0%) in monthly IHSS cases amongst the SACHS Counties between 2011 and 2012.
- Santa Barbara is the only SACHS County that had a decrease (-2.8%) in monthly IHSS cases between 2011 and 2012.

Source: IHSS Summary Data (Page 7, Column 3), <http://www.cdss.ca.gov/agedblinddisabled/P1282.htm>

AVERAGE MONTHLY FI SCORE BY SACHS COUNTY (2011 & 2012)

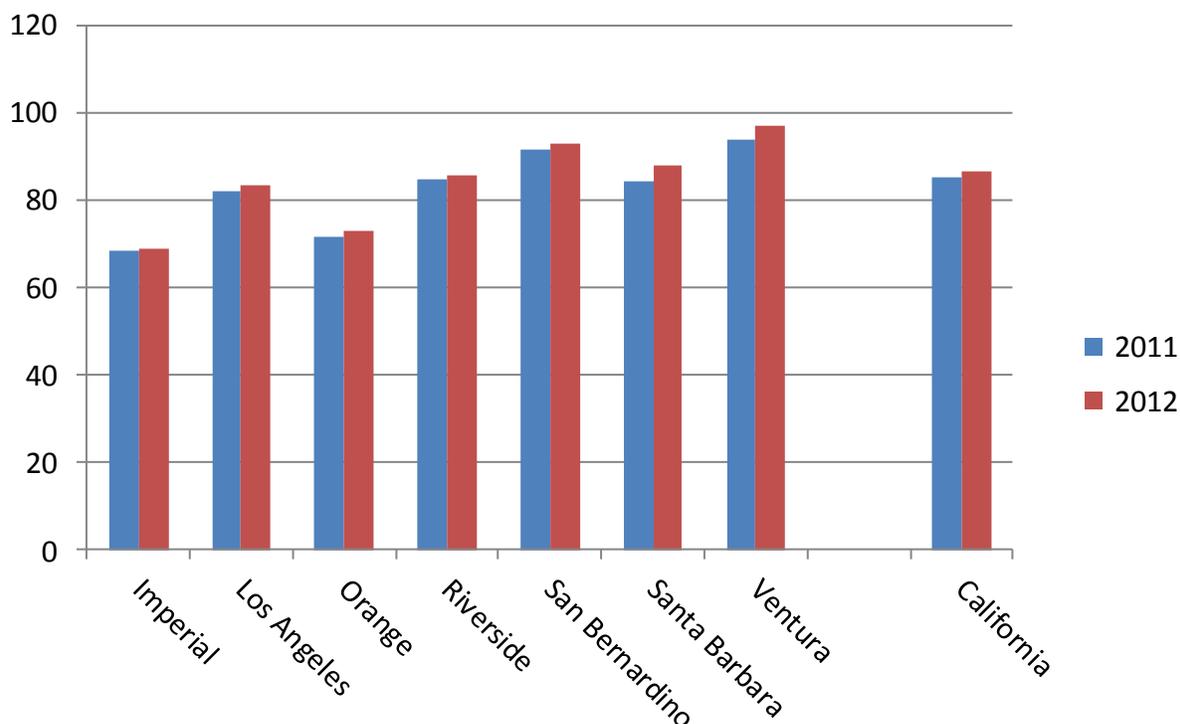
	2011 MONTHLY AVE. (JANUARY-AUGUST)	2012 MONTHLY AVE. (JANUARY-AUGUST)	% CHANGE FROM 2011-12
CALIFORNIA	2.924	2.928	0.1%
IMPERIAL	2.65	2.66	0.3%
LOS ANGELES	2.97	2.96	-0.3%
ORANGE	2.71	2.69	-0.8%
RIVERSIDE	2.88	2.87	-0.2%
SAN BERNARDINO	2.93	2.94	0.3%
SANTA BARBARA	2.73	2.76	1.2%
VENTURA	2.99	3.00	0.3%



- California’s average monthly Functional Index Score (FI Score) remained nearly the same from 2011 to 2012.
- There were just slight changes in average monthly FI Score for all SACHS Counties. Santa Barbara County had the greatest increase in FI Score (1.2%) and Orange County had the greatest decrease (-0.8%).

Source: IHSS Summary Data (Pages 13-22), <http://www.cdss.ca.gov/agedblinddisabled/Pg1282.htm>

AVERAGE MONTHLY AUTHORIZED HOURS PER IHSS CASE BY SACHS COUNTY

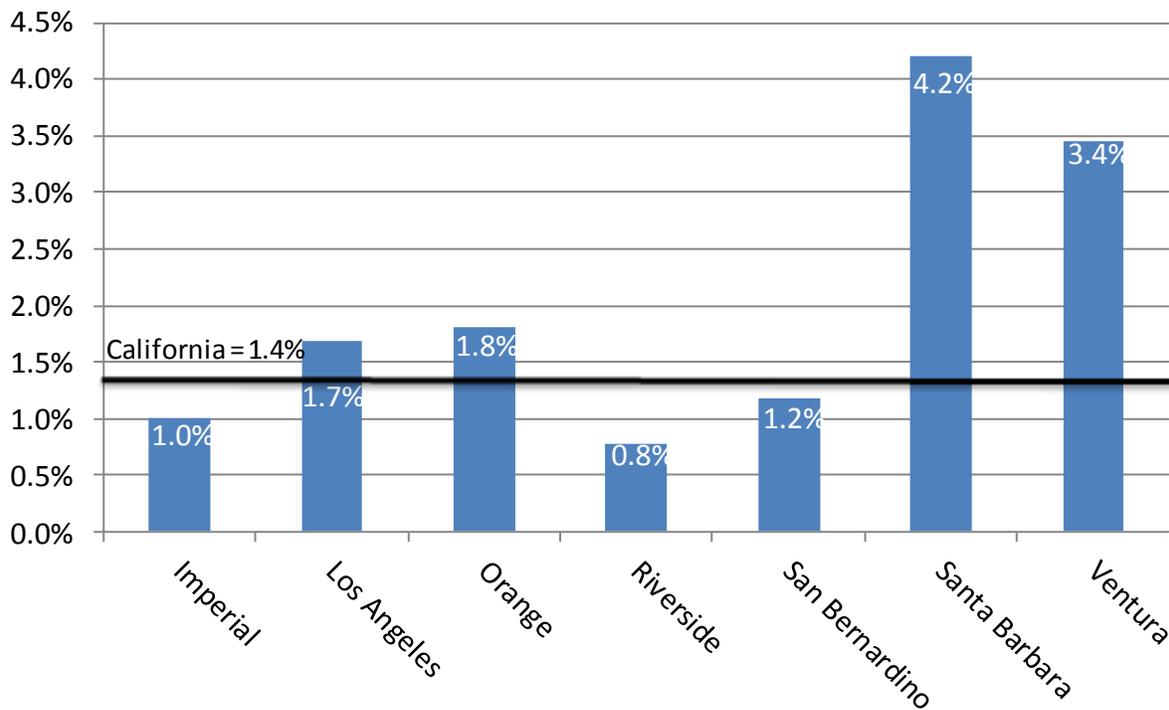


	2011 MONTHLY AVE. (JANUARY-AUGUST)	2012 MONTHLY AVE. (JANUARY-AUGUST)	APPROXIMATE CHANGE IN HOURS
CALIFORNIA	85.3 hours	86.5 hours	1
IMPERIAL	68.3 hours	69.0 hours	1
LOS ANGELES	82.0 hours	83.4 hours	1
ORANGE	71.6 hours	72.9 hours	1
RIVERSIDE	85.0 hours	85.6 hours	1
SAN BERNARDINO	91.7 hours	92.8 hours	1
SANTA BARBARA	84.5 hours	88.1 hours	4
VENTURA	93.9 hours	97.2 hours	3

- California's average monthly authorized hours per IHSS case slightly increased from 2011 to 2012 to an average of 86.5 monthly authorized hours per IHSS case.
- None of the SACHS Counties showed a decrease in their monthly authorized hours per IHSS case. There was a slight increase of approximately one hour in monthly authorized hours per IHSS case for all SACHS Counties, except Ventura and Santa Barbara counties who both had greater increases (3 and 4 hours respectively).

Source: IHSS Summary Data (Pages 13-22), <http://www.cdss.ca.gov/agedblinddisabled/P1282.htm>

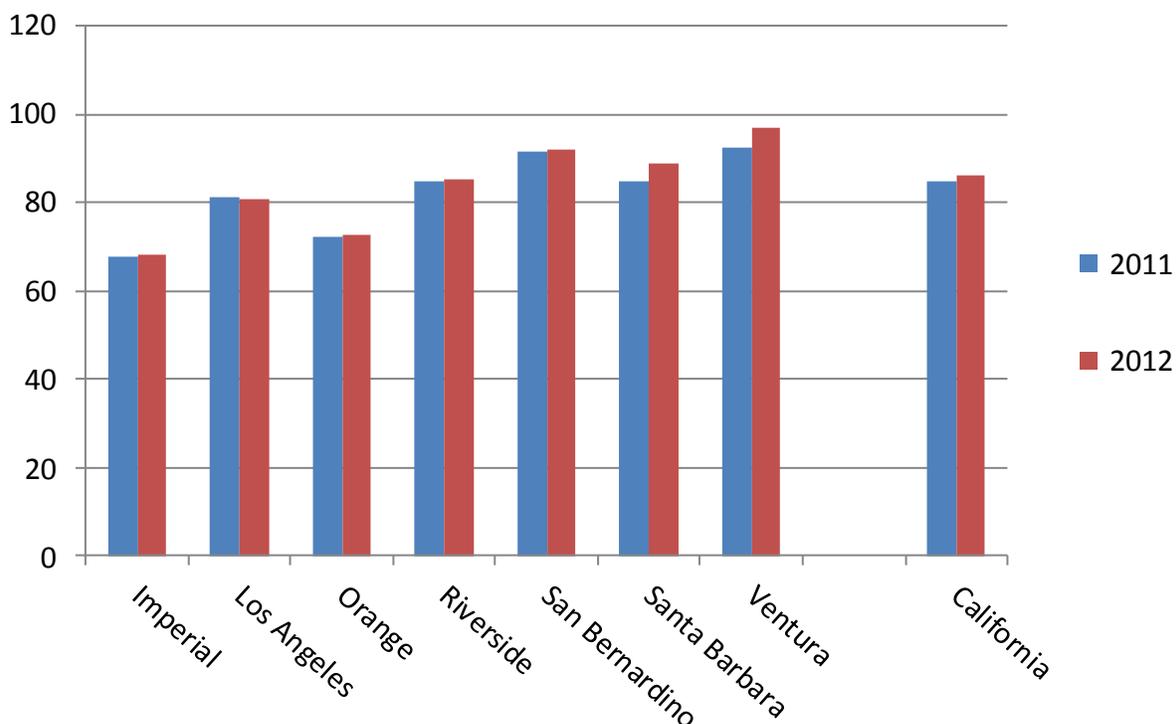
PERCENT CHANGE IN AVERAGE MONTHLY AUTHORIZED HOURS PER CASE (2011 & 2012)



- California's average monthly authorized hours per IHSS case increased by 1.4% from 2011 to 2012.
- All SACHS Counties experienced an increase in average monthly authorized hours per IHSS case with Ventura (3.4%) and Santa Barbara (4.2%) counties experiencing the greatest percentage increase in monthly authorized hours per IHSS case.

Source: IHSS Summary Data (Pages 13-22), <http://www.cdss.ca.gov/agedblinddisabled/P1282.htm>

AVERAGE MONTHLY PAID HOURS PER IHSS CASE BY SACHS COUNTY (2011 & 2012)

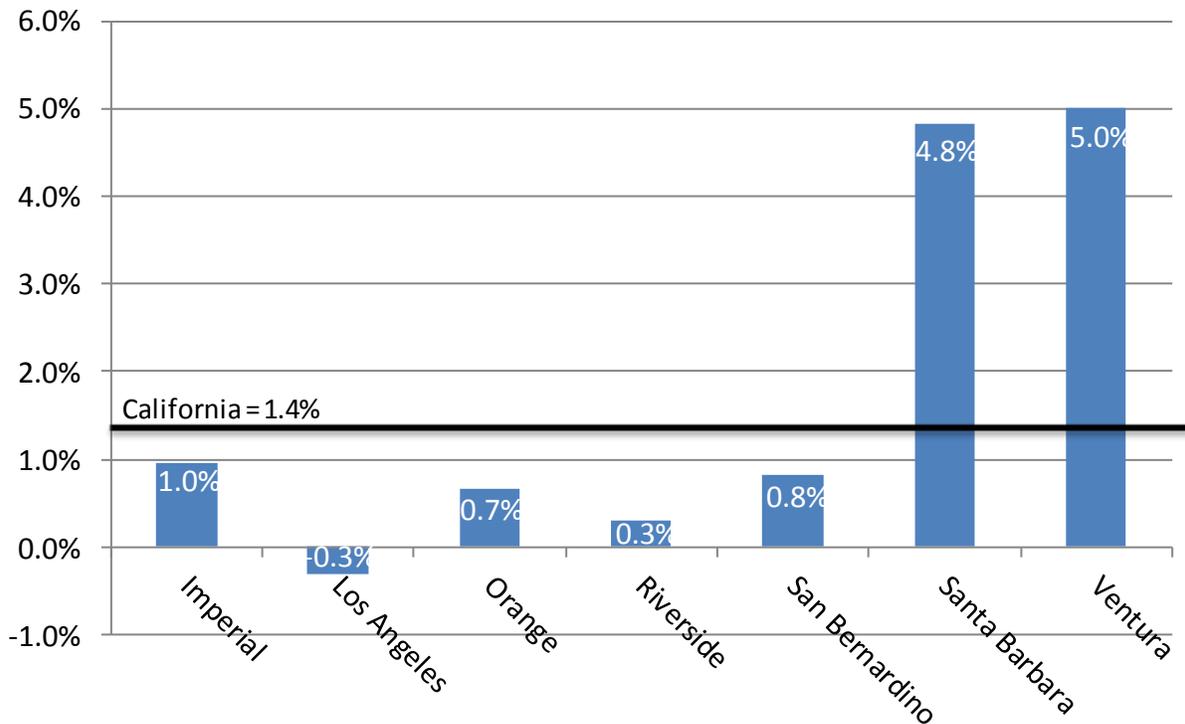


	2011 MONTHLY AVE. (JANUARY-AUGUST)	2012 MONTHLY AVE. (JANUARY-AUGUST)	APPROXIMATE CHANGE IN HOURS
CALIFORNIA	84.8 hours	85.9 hours	1
IMPERIAL	67.6 hours	68.3 hours	1
LOS ANGELES	81.0 hours	80.7 hours	0
ORANGE	72.2 hours	72.7 hours	0
RIVERSIDE	84.8 hours	85.1 hours	0
SAN BERNARDINO	91.3 hours	92.0 hours	1
SANTA BARBARA	84.7 hours	88.8 hours	4
VENTURA	92.4 hours	97.0 hours	5

- California’s average monthly paid hours per IHSS case slightly increased from 2011 to 2012 to an average of 86 monthly paid hours per IHSS case.
- There was less than an hour change in average monthly paid hours per IHSS case for Los Angeles, Orange, and Riverside counties.
- Santa Barbara County (4 hours) and Ventura County (5 hours) both had the greatest increases in average paid hours per IHSS case.

Source: IHSS Summary Data (Pages 13-22), <http://www.cdss.ca.gov/agedblinddisabled/PG1282.htm>

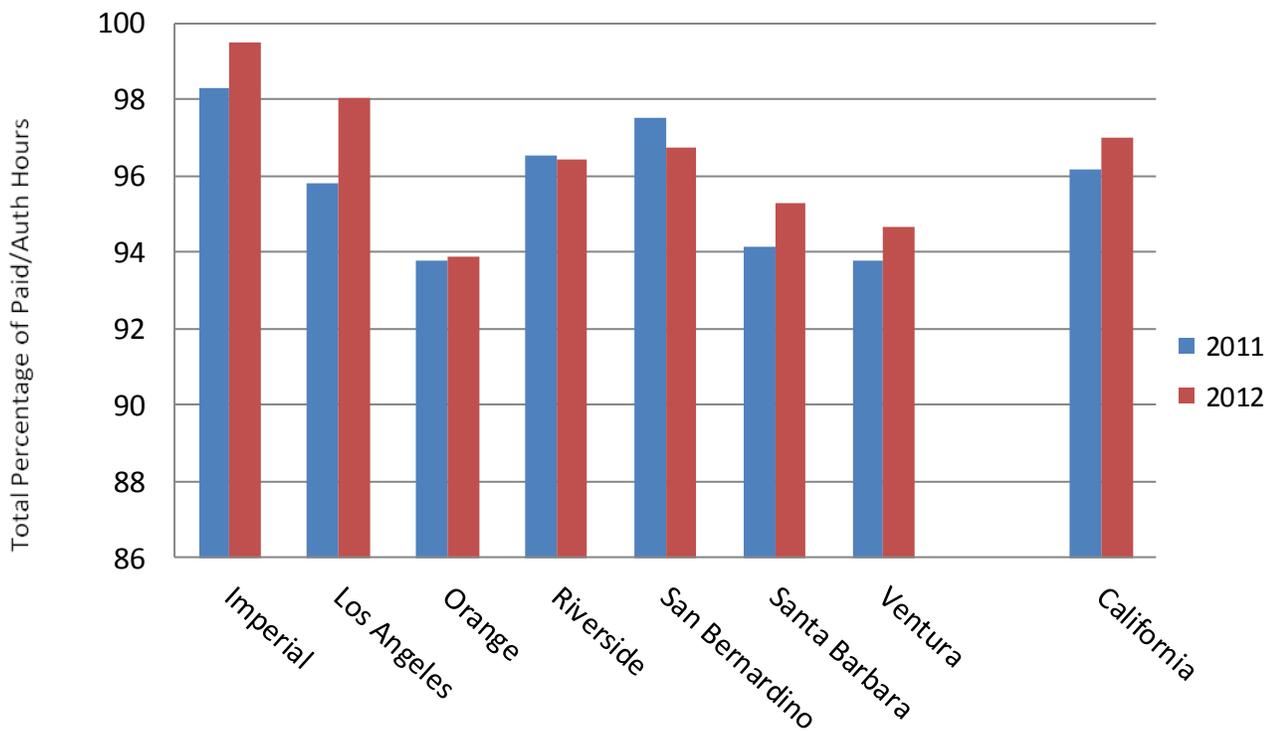
PERCENT CHANGE IN AVERAGE MONTHLY PAID HOURS PER CASE (2011 & 2012)



- California's average monthly paid hours per IHSS case increased by 1.4% between 2011 and 2012.
- Among SACHS Counties, Ventura experienced the largest percentage increase of monthly paid hours per IHSS case (5.0%) and Los Angeles County experienced the only decrease of monthly paid hours per IHSS case (-0.3%) between 2011 and 2012.

Source: IHSS Summary Data (Pages 13-22), <http://www.cdss.ca.gov/agedblinddisabled/PG1282.htm>

AVERAGE PERCENTAGE PAID/AUTHORIZED HOURS PER IHSS CASE BY SACHS COUNTY

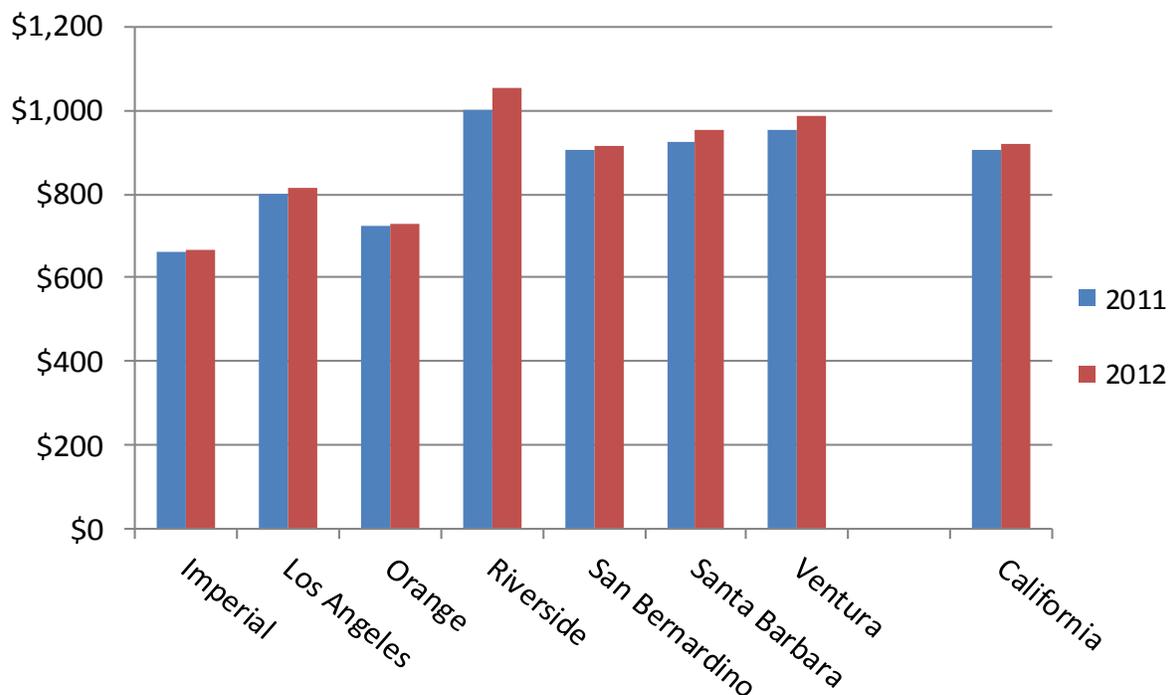


	2011	2012	% CHANGE FROM 2011-2012
CALIFORNIA	96.2%	97.0%	0.80%
IMPERIAL	98.3%	99.5%	1.20%
LOS ANGELES	95.8%	98.1%	2.30%
ORANGE	93.8%	93.9%	0.11%
RIVERSIDE	96.5%	96.4%	-0.09%
SAN BERNARDINO	97.5%	96.8%	-0.80%
SANTA BARBARA	94.2%	95.3%	1.18%
VENTURA	93.8%	94.7%	0.96%

- For California, on average in 2012, 97.0% of authorized hours per IHSS case were paid. This is a slight increase of 0.8% from 2011 to 2012.
- Among SACHS Counties, Los Angeles County experienced the greatest percentage increase in paid/authorized hours per IHSS case (2.3%); and San Bernardino County experienced the greatest decrease (-0.8%).

Source: IHSS Summary Data (Pages 13-22), <http://www.cdss.ca.gov/agedblinddisabled/P1282.htm>

AVERAGE MONTHLY COST PER IHSS CASE BY SACHS COUNTY (2011 & 2012)

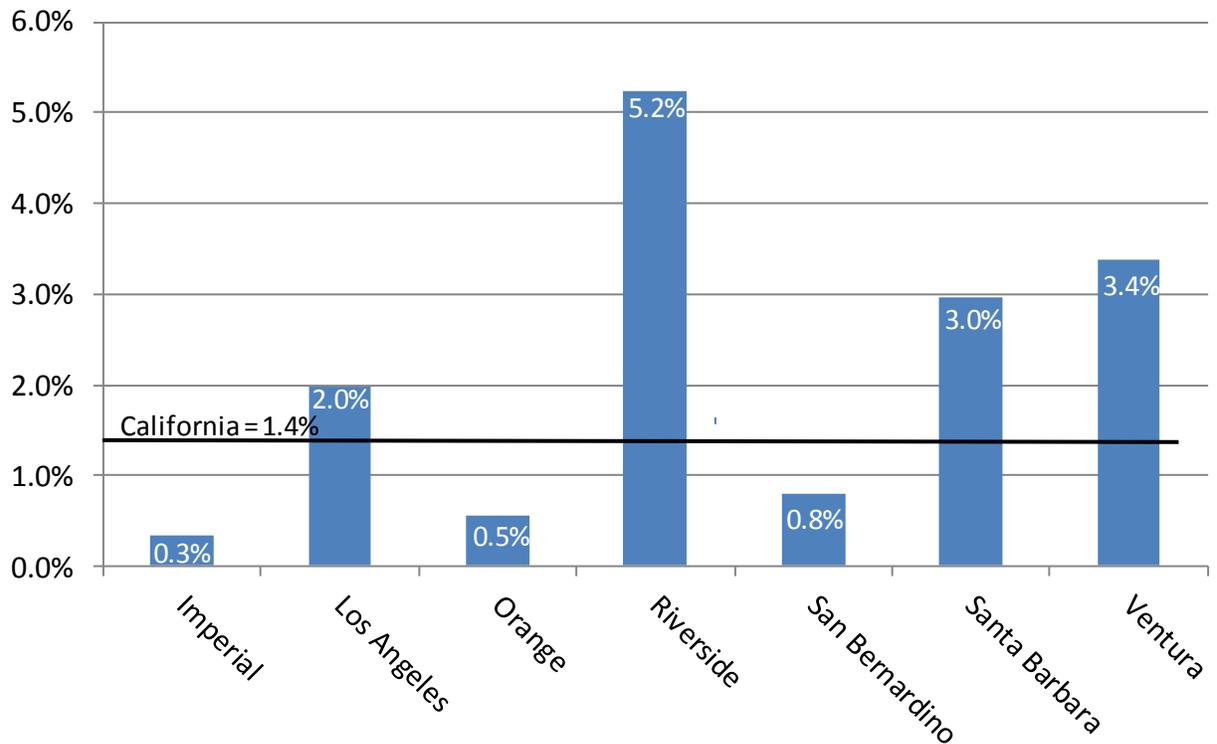


	2011	2012	CHANGE IN COST PER CASE
CALIFORNIA	\$906.12	\$919.05	\$12.93
IMPERIAL	\$663.16	\$665.38	\$2.22
LOS ANGELES	\$801.01	\$816.91	\$15.90
ORANGE	\$724.19	\$728.16	\$3.98
RIVERSIDE	\$1,002.80	\$1,055.33	\$52.53
SAN BERNARDINO	\$906.43	\$913.70	\$7.28
SANTA BARBARA	\$925.28	\$952.62	\$27.34
VENTURA	\$953.21	\$985.33	\$32.12

- California's average monthly IHSS cost per case increased \$12.93 from an average monthly IHSS cost per case of \$906.12 in 2011 to \$919.05 in 2012.
- No SACHS Counties experienced a decrease in cost per case between 2011 and 2012.
- Riverside County experienced the largest increase in the average monthly IHSS cost per case with an increase of \$52.53.
- Imperial County experienced the smallest increase in average monthly IHSS cost per case (+\$2.22) during this time period.

Source: IHSS Summary Data (Pages 13-22), <http://www.cdss.ca.gov/agedblinddisabled/PG1282.htm>

PERCENT CHANGE IN THE AVERAGE MONTHLY COST PER IHSS CASE (2011 & 2012)



- California experienced a 1.4% increase in the average monthly cost per IHSS case between 2011 and 2012.
- All SACHS Counties showed increases in their average monthly cost per IHSS case between 2011 and 2012, with Riverside County having the largest percentage increase (5.2%) and Imperial County having the smallest increase (0.3%).

Source: IHSS Summary Data (Pages 13-22), <http://www.cdss.ca.gov/agedblinddisabled/P1282.htm>

