

Contra Costa and Sonoma Counties Multipurpose Senior Services Program: Lessons for San Francisco County

HUGH V. WANG

EXECUTIVE SUMMARY

San Francisco's senior population is growing, and the number of seniors age 65 years and older admitted and discharged from hospitals happens very frequently due to limited resources. The process to apply for or get services has taken longer. The majority of these seniors have a fixed income or are receiving Supplemental Social Security Income (SSSI) as well as In-Home Supportive Services (IHSS). However, they still need additional services to help them remain safe and living independently at home.

In California, the Multipurpose Senior Services Program (MSSP) is designed to help seniors with those needs. In many Bay Area counties, MSSP is under the Department of Adult and Aging Services

(DAAS). However, in San Francisco, MSSP is not. There is a waiting list of six to eight weeks for San Francisco residents to get MSSP, but not all seniors are qualified.

To prevent the at-risk and frail San Francisco resident from institutionalization, the San Francisco Board of Supervisors granted \$3 million to the Community Living Fund (CLF) at DAAS last year.

This is a case study of how Contra Costa County and Sonoma County implement and process MSSP referrals. This case study recommends how CLF should duplicate the MSSP model and explain services for San Francisco residents.

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Introduction

San Francisco has a large low-income senior population living in the city. Many of these seniors receive In-Home Supportive Services (IHSS). The IHSS program is under the Department of Adult and Aging Services (DAAS). Within DAAS, IHSS is the fastest growing program, as the need for these services continues to grow.

According to San Francisco's Human Service Agency, there were 17,527 active IHSS cases in 2006. Seventy percent (13,050 out of 17,527) of the IHSS recipients were aged 65 and older, with an average age of 71 and with a median age of 76. More than 87% (15,279 out of 17,527) of these seniors are on a fixed income or receiving Supplemental Social Security Income. Approximately 7,000 IHSS recipients live alone. In the same year, an average of 400 cases are referred to IHSS each month, with approximately 86 cases approved monthly. Thirty four percent (140) of the 400 referrals are made by hospital Discharged Planner Social Workers, doctors, and other community social workers. Sixty percent of these referrals were for recipients over the age of 65. We have been noticing that for high-risk clients after the second weeks of discharged from hospital, their health become worse and were then readmitted to hospital due to lack of support system in their home. Many of them do not have any other support network besides IHSS. Even with IHSS in place, many recipients need additional supportive services, such as intensive case management, money management, counseling, etc.

The state has designed a program called the Multipurpose Senior Service Program (MSSP) that works in conjunction with IHSS to provide additional supportive services to frail seniors over the age of 65.

In San Francisco, the Multipurpose Senior Services Program (MSSP) is managed by the Institute On Aging (IOA), and the waiting period for an eligible San Francisco resident to receive MSSP takes six to eight weeks. Many of the hospital discharge recipients qualify for MSSP. MSSP is capable of providing intensive case management services, purchasing durable medical equipment, and/or purchasing additional home care service hours during a recipient's transition from hospital or skill nursing home to their home or back to their community setting. MSSP is crucial to maintaining the independent living for frail seniors. Without their additional services and support, frail IHSS recipients would have a greater chance of being re-admitted to the hospital or to an institutional care facility. MSSP is an independent contractor that serves San Francisco residents. In other counties, MSSP falls under the DAAS. Although San Francisco's MSSP is a separate entity from DAAS, collaboration from the two programs is important to prevent a recipient's institutionalization. The uniqueness of San Francisco's DAAS and MSSP programs warrants an analysis of their model. I did my case study in Sonoma and Contra Costa counties to see what lessons can be learned about their program management and how it can help shape San Francisco's Community Living Fund Program.

Background

The California Welfare and Institutions Code (WIC) Section 9560-9568 established the Multipurpose Senior Service Program (MSSP) to help frail seniors over the age of 65, “who are certifiable for placement in a nursing facility.”

According to WIC Section 9560, the purpose of MSSP is the following:

- 1 To prevent premature disengagement of older individuals from their indigenous communities and subsequent commitment to institutions.
- 2 To provide optimum accessibility of various important community social and health resources available to assist active older individuals to maintain independent living.
- 3 To provide that the frail older individual who has the capacity to remain in an independent living situation has access to the appropriate social and health services without which independent living would not be possible.
- 4 To provide the most efficient and effective use of public funds in the delivery of these social and health services.
- 5 To coordinate, integrate, and link these social and health services, including county social services, by removing obstacles that impede or limit improvements in delivery of these services.
- 6 To allow the state substantial flexibility in organizing or administering the delivery of social and health services to its older individuals.
- 7 To provide access to social and health services by providing information and outreach activities in the community.

MSSP does not replace any services or programs that clients currently receive from IHSS.

According to the California Department of Aging, the services that may be provided with MSSP funds include:

▪ Adult Day Care/Support Center

Community-based programs that provide non-medical care to meet the needs of adults with disabilities, a variety of social, psychosocial, and related support services in a protective setting, necessary to reach a therapeutic goal.

▪ Housing Assistance

Services may include provision of physical adaptations and assistive devices, emergency assistance in situations that demand relocation, temporary lodging expenses in particular situations, and assistance to restore utility services.

▪ Chore & Personal Care Assistance

Services are provided by individuals to elderly persons who need outside help to maintain independent living. Chore is for purposes of household support and applies to the performance of household tasks rather than to the care of the client. Personal care provides assistance to maintain bodily hygiene, personal safety, and activities of daily living.

▪ Protective Supervision

Insures provision of supervision to persons in their own homes who are very frail or otherwise may suffer a medical emergency. Such supervision does not require medical skills and can be performed by an individual trained to identify the onset of a medical crisis and able to summon aid in the event of an emergency.

▪ Care Management

Assists clients in gaining access to needed waiver and other local services regardless of the funding source. Care managers are responsible for ongoing monitoring of the provision of services included in the client’s plan of care. Additionally, care managers initiate and oversee the process of assessment and reassessment of a client’s level of care and the monthly review of plans of care.

▪ Respite

Includes the supervision and care of a client while the family or other individuals who normally provide full-time care take short-term relief or respite which allows them to continue as caretakers.

▪ Transportation

Provides access to the community (e.g., non-emergency medical transportation to health and social service providers) and special events for clients who do not have means for transportation.

▪ Meal Services

Includes meals served in congregate settings or meals delivered to clients who are homebound. Unable to

prepare their own meals and have no caretaker at home to prepare meals for them.

- **Social Services**

Includes social reassurance/friendly visiting, individual or group counseling, and money management.

- **Communications Services**

Includes translation and interpretive services and the provision of emergency response systems.

MSSP has the following participant qualifications:

- 1 County resident.
- 2 Minimum age 65
- 3 Receiving Medi-Cal benefits without share of cost.
- 4 In frail health or at risk of going to a nursing home.
- 5 Ongoing need for case management services.
- 6 Must voluntarily accept MSSP services.

MSSP in Contra Costa County and Sonoma County

The In-Home Supportive Service departments of Contra Costa County and Sonoma County were studied. There are similarities and differences in how each of their Multipurpose Senior Service Program functions.

Both of these counties process MSSP referrals somewhat similarly. The majority (90%) of these counties' MSSP referrals are made by IHSS Social Worker, and the MSSP referral is one page. When a MSSP referral is made, it must indicate a need for personal care service. A unit supervisor reviews the referral and determines whether to enroll the consumer for MSSP. Once enrolled in MSSP, an IHSS Registered Nurse will conduct a face-to-face home assessment with the recipient prior to meeting with a team of supportive service staff members.

The team members consist of a MSSP Unit Supervisor, a MSSP Social Worker, and the Registered Nurse, who conducted the home assessment. They discuss and develop a service plan to meet each of the individual recipient's needs. They also research alternative resources to meet each recipient's needs before utilizing the MSSP fund. After establishing the need for MSSP services, a determination is made

as to whether a recipient needs ongoing intensive case management or a one-time service. A MSSP Social Worker and a Registered Nurse will follow the recipient's care plan and progress annually. Due to its high demand and its limited funding, there is a waiting period for MSSP services in both counties. Contra Costa County has a waiting period of 2 to 3 months, while Sonoma County's waiting period is 3 to 4 months.

MSSP contracts out services and/or purchases equipment from vendors in both Sonoma and Contra Costa counties. To avoid any conflict of interest, the agreement must identify what goods or services that the vendors will provide, and before receiving any goods or services, MSSP Social Worker must conduct a price comparison on which vendor or vendors has the lowest price for goods or services. Each contract is good for two years and has \$1,000,000.00 insurance coverage for professional, auto, and worker's compensation. If a contract is more than \$25,000, it needs approval from the City Council or the Board of Supervisors. There is an appeal process for the vendor or contractor if a contract is not awarded.

Although the initial intake referral process is somewhat similar for both Contra Costa and Sonoma counties, there are program management differences. In Contra Costa County, a social worker serves recipients in both IHSS and MSSP programs. In the unit, there is one nurse and six social workers (some part-time and some full time). They receive over 800 MSSP referrals a year, and each social worker has an average of 45 cases. In order to prevent an overlap of services, these social workers must be vigilant when serving recipients who receive both MSSP and IHSS services. For example, when MSSP purchases service for the IHSS recipient to attend to the adult day care, IHSS assessment and hours need to be evaluated, and IHSS hours might be reduced depending on the services that the adult day care provide. If the adult day care provides meal, bathing, bowel and bladder care, physical care, paramedical, etc., the hours were granted in IHSS will be reduced. The county works with 23 vendors (from \$10,000 to \$18,000 for purchasing goods) and 26 contractors

(from \$10,000 to \$60,000 for purchasing services) that the county is set up with. The MSSP Unit Supervisor can sign off any purchases under \$700 for one-time service only.

Sonoma County, on the other hand, has a different evaluation process for each recipient referred to MSSP. An applicant must be evaluated by a physician and an occupational therapist, followed by a psychologist's neurological evaluation. The MSSP team members then develop and review a care plan for the recipient. Even though the Sonoma County's MSSP Social Worker has a caseload of 50, their only focus is on MSSP recipients. There are two ways to purchase services: Purchase Order's (PO) are used for a direct service that MSSP already has contracted with to provide services to recipients. Blanket Purchase Orders (BPO) do not involve contracts with any specific vendors for goods only. They do not purchase services or provide intensive case management.

Besides the MSSP fund, Sonoma County has an emergency fund of \$15,000 for their IHSS recipients. Each IHSS recipient can utilize up to \$250 per year. The \$250 can be used to purchase basic necessities for IHSS recipient, such as portable heater, portable fan, bed sheet, shoes, clothes, shocks, hand shower head, transportation, etc. The fund is set up to assist up to 60 IHSS recipients per year. Sonoma County has an Access database program that is interfaced so that a recipient's status can be easily viewed, accessed, and tracked. Lastly, if the contractor can't afford to buy \$1,000,000.00 insurance coverage for professional, auto, and worker's compensation, the county will assist the contractor. The county has 30 such contractors are in place.

Conclusion

MSSP is an outstanding program, and by providing more supports and services for high-risk and frail clients, the chance for clients to readmit to hospital or skill nursing home is less. There is a lot of interaction and advocacy for client needs when the program operates under one department. Both counties have demonstrated that having IHSS and MSSP under DAAS is easier for social workers to follow up

and communicate internally to get information or check on client status. One important factor which helps both counties operate effectively in serving their MSSP clients, is that the departments believe in "Program Driven Dollars." When a department operates under this method, it allows more time for the department to spend on serving the client rather than spending more time in looking for available funds.

Recommendations

To prevent institutionalization of frail San Francisco residents, I would like to recommend the Community Living Fund to implement and process the following:

- 1 DAAS should administer and manage the operation of CLF with a tracking database system.
- 2 DAAS should duplicate and expand the MSSP philosophy (such as age range, income capacity assistance with Medi-Cal share of cost etc.)
- 3 In the event that MSSP is not available, CLF should setup an emergency fund for IHSS-DAAS Program. The fund can be used to purchase goods and services when client is in transition from hospital to home.
- 4 DAAS should partner and collaborate with the Public Health Department to better serve mental health recipients' access services.
- 5 DAAS should purchase a "Lifeline" service (24/7 emergency service) for high risk or frail recipients.
- 6 DAAS should purchase temporary IHSS hours when high risk or frail recipients are discharged from the hospital for those with IHSS status pending.
- 7 DAAS should contract with vendors and contractors to assist and help high risk or frail recipients in need of immediate services during the MSSP pending status. These applicants are either in pending status with MSSP or do not qualify for MSSP. Services needed during pending status include: installing grab bars, building ramps for wheelchair access, repairing heating and cooling systems, repairing water heater con-

tainers, repairing household appliances (washer, dryer, refrigerator, or stove, etc.).

- 8 DAAS should help to pay Medi-Cal share of cost (SOC) for IHSS recipient who cannot afford to pay. For example, partner with credit union banks and pharmacies to set up a charge card system for medical and health related expenses.

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