Caregiving Needs of California's Project Roomkey Participants and Opportunities for Enhancing Services and Payment

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California's Project Roomkey (PRK) was an innovative statewide effort in response to the COVID-19 pandemic to protect the health of people experiencing homelessness. Funded and overseen by the California Department of Social Services (CDSS), PRK provided people experiencing homelessness an alternative to staying on the street or in congregate shelters, instead placing them temporarily in rooms in hotels, motels, or trailers and providing limited supportive services. In 2021, the California Health Care Foundation and the Conrad N. Hilton Foundation, in consultation with CDSS, engaged Abt Associates to evaluate the PRK program through a two-year research study. The purpose of this evaluation is to understand the successes and challenges of PRK and the experiences and outcomes of PRK participants.

PRK was designed to protect people experiencing homelessness including people who have tested positive for COVID 19, have been exposed to COVID 19, or are "high risk" of medical complications should they to become infected with COVID. Local homeless service systems and health and homeless service providers found that some PRK participants needed higher levels of services to address their health and daily living skills. Compared to others experiencing homelessness, PRK providers reported that some PRK participants had higher levels of vulnerability or acuity, often because of their poor health or age-related cognitive or mobility impairments. Some PRK participants needed help to manage their incontinence, take showers, dress themselves, and remember to take their medications.

State and federal funding for PRK paid for costs associated with leasing hotels and operating them as non-congregate shelters, as well as providing some basic services such as meals, laundry, security, and some cleaning. Counties and their local partners used a variety of sources of funding for wrap around services to support medically vulnerable participants, including case management, coordinating access to medical care and treatment for various health conditions, and arranging caregiving services for residents who needed assistance with personal care, activities of daily living (ADLs), or housekeeping services that were not provided by hotel staff.

Some PRK programs established partnerships with service providers to deliver onsite caregiving services to PRK participants who needed additional support to live safely at a PRK site. For example, Alameda County used funding and service capacity that had been created through its local Whole Person Care pilot program[1], adapting and re-deploying resources and program staff to deliver onsite medical services, care coordination, and caregiving supports to PRK participants with complex needs. Where these types of services were not available, some PRK programs reported that it was challenging to navigate referrals to serve people who needed assistance with ADLs. Sometimes programs connected people to hospitals or nursing homes if they needed a higher level of care.[2]

[1] Between 2016 and 2021, California supported 25 Whole Person Care pilot programs with funding through a Medicaid waiver. Implementation of most Whole Person Care pilots was led by counties and included strong cross-sector collaborations. The primary goal of Whole Person Care was to strengthen the coordination of health, behavioral health, and social services to improve outcomes for Medi-Cal high-risk beneficiaries with complex needs.

[2] Information on this topic came from local community interviews through Abt's statewide evaluation on Project Roomkey.

In-Home Supportive Services. California's In-Home Supportive Services (IHSS) program helps aged, blind, and disabled Californians remain safely in their homes and communities by paying for domestic services and personal care delivered in their homes. The supports offered through IHSS are meant to be an alternative to nursing home care. IHSS costs are shared by the federal government, state, and counties. Since IHSS primarily is delivered as a Medi-Cal benefit, the federal financial participation is determined by the Medicaid reimbursement rate, which typically is 50 percent. To access IHSS benefits individuals must apply and complete a healthcare certification. County social workers determine a person's eligibility for IHSS and approve the number of hours of services needed through an in-home assessment. For eligible beneficiaries, IHSS caregivers provide authorized services which can include domestic and related services, such as house cleaning, meal preparation and laundry, as well as personal care services such as dressing, bathing, grooming, and bowel and bladder care. Nearly all IHSS caregivers are "individual providers" who are selected by the eligible beneficiary – often a family member or friend. Most counties have established public authorities, which are responsible for the individual provider/caregiver enrollment process, including background checks and provider orientations. The public authority also maintains a registry of qualified IHSS caregivers and can assist beneficiaries find a caregiver. The beneficiary (person who is receiving services) is responsible for hiring (and firing), scheduling, and supervising their own caregivers.

Using Medicaid's In-Home Support Services Benefit

San Francisco used its contract with Homebridge, a nonprofit organization, to create teams of caregivers who could deliver personal caregiving and other services funded in part through another Medicaid-funded benefit, In-Home Supportive Services (IHSS) at PRK sites. Homebridge and the care workers were able to coordinate with other PRK staff to identify residents who needed assistance and begin to deliver services. They did this while expediting the IHSS eligibility determination process to ensure that these benefits would be available to residents during their stay in PRK and as they transitioned to permanent housing. Because the PRK program usually offered meals and laundry services for participants, the caregivers could spend more time delivering personal caregiving services to individuals instead of going to the laundromat or grocery store. This allowed for shorter, more frequent visits because caregivers did not have to spend their allotted time with participants offsite attending to errands or other supportive activities.

Caregivers are represented by unions, and wages and benefits are bargained locally in each county. The IHSS caregivers usually earn minimum or near-minimum wages, which means their earnings are below a living wage, particularly in high-cost areas of CA.[3] As a result, it can be very difficult for people to find caregivers if they do not have a friend or family member willing to do this work. People with complex health challenges, including behavioral health conditions or cognitive impairments, often find it difficult to apply for IHSS services, hire a caregiver, and oversee their care. It can be even more difficult for people who are experiencing homelessness to navigate the process of establishing eligibility for IHSS benefits and securing services from qualified caregivers.

As an alternative, under state law counties may choose to establish a contract with a qualified provider organization to coordinate the delivery of IHSS caregiving services to some participants who are not able to access and use these benefits on their own. Currently, only San Francisco has used this "contract mode" approach to facilitate the delivery of IHSS services to people experiencing homelessness, including people living in PRK, other shelter settings, and permanent supportive housing. San Francisco's contract with HomeBridge provides for more comprehensive training, supervision, and higher wages for IHSS caregivers. The state recently increased Maximum Allowable Contract Rates, increasing opportunities for other counties to consider this approach to delivering IHSS services to vulnerable residents.[4]

[3] For more information see the California State Auditor's report about the In-Home Supportive Services Program https://www.auditor.ca.gov/pdfs/reports/2020-109.pdf

[4] For more information see https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2022/22-88.pdf?ver=2022-10-27-135040-423

California Advancing and Innovating Medi-Cal. California Advancing and Innovating Medi-Cal (CalAIM), a new initiative launched in 2022, provides new funding, responsibilities, incentives, and flexibility to local Medi-Cal managed care plans (MCPs) to sustain and expand services beyond basic healthcare for people who experience homelessness.[5] Through CalAIM, MCPs now offer Enhanced Care Management (ECM) and Community Supports to eligible Medi-Cal managed care members. ECM is a whole-person approach to comprehensive care management that addresses the clinical and non-clinical needs of vulnerable Medi-Cal managed care members, including those experiencing homelessness. ECM is interdisciplinary, high-touch, person-centered and provided primarily through in-person interactions with members where they live, seek care, or prefer to access services. Community Supports, which are optional for MCPs to offer and optional for members to receive allow MCPs to provide pre-approved Community Supports, which include some services for people experiencing homelessness. One of these Community Supports is Personal Care and Homemaker Services. This support is for people who meet certain eligibility criteria and need assistance with ADLs or other activities such as meal preparation, grocery shopping, and money management. Other critical Community Supports that may support members experiencing or at risk of experiencing homelessness include Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services. These Community Support services are intended to address needs that are not covered through other benefits, such as IHSS.

As of January 1, 2022, a majority of MCPs began offering the housing Community Supports services and by end of 2023, most of the MCPs will also offer Personal Care and Homemaker Services.[6]

As PRK operators, in coordination with local public health agencies and offices of emergency services, determine the appropriate time to ramp down PRK sites, there are new opportunities to expand access to caregiving supports for people experiencing homelessness. However, these opportunities to improve care for people experiencing homelessness will depend upon local leadership from Medi-Cal MCPs and their partners in counties and service provider organizations.

[5] CalAIM is a multi-year initiative that began implementation in January 2022, using the authority and flexibility provided through two new Medicaid waivers. CalAIM includes multiple program components, and largely relies on Medi-Cal managed care plans to implement or fund services for people with complex needs. For more information see https://www.chcf.org/resource/focus-on-calaim/ and https://www.chcf.org/resource/focus-on-calaim/homelessness/

[6] For more information about Community Supports offered by Medi-Cal managed care plans in each county, see https://www.dhcs.ca.gov/Documents/MCQMD/Community-Supports-Elections-by-MCP-and-County.pdf