

In-Home Supportive Services (IHSS) Provider Wages and Benefits – Facts to Consider

March 18, 2024

Hello, my name is Mary Schluter. I have been a provider of In-Home Supportive Services since 2014. I care for my adult daughter, Ellisia, who has severe cognitive disability associated with Down syndrome and autistic tendencies. Before becoming a IHSS provider I took care of my mother in the last 6 ½ years of her life, after she'd had a stroke and experienced Alzheimer's disease. I consider myself to be an advocate for both IHSS recipients and providers. The recent events taking place in negotiations between the Public Authority and my union, SEIU 2015, have affected myself and my fellow providers by causing a major rift in our sense of security regarding our healthcare and financial status, as well as threatening the stability of the IHSS recipient workforce. As you may not be aware, records show that one in five home care providers say they may leave their position, citing low wages and lack of benefits.

Fresno County's suggestion of eliminating Kaiser benefits shocked all that take part in that program. The wage increase being offered in lieu of healthcare benefits does not make up for the loss in benefits, or reflect what our services are worth. Please, let's consider what our wage *should*, and *should not* be based on.

Our wages *should not* be based on minimum wage. Our wage increases *should not* be decided by how far above the minimum wage our current pay rate is. Our wage *should* be based on the type of duties we perform. IHSS providers should be paid at a rate equal to those that have comparable job duties and responsibilities. Let's ask ourselves: What are these duties? Who else performs these types of services? And how much do other people in our county get paid for performing the same work?

Take a look at IHSS services – In our daily tasks we assist our clients with, or perform for them, some or all of the Activities of Daily Living (ADL's) and the Instrumental Activities of Daily Living (IADL's) (definitions provided below and easily found online). These healthcare terms have been referred to for decades by doctors, nurses, and therapists to determine a patient's functioning level and ability to complete everyday tasks. From their assessment they create a care plan that is used by the people following through with treatment and care for the individual. To receive IHSS services our clients must obtain a physician's certification form verifying that they need assistance with these activities, so in essence, IHSS providers are carrying out a physician's health care plan.

When follow-up care happens at home the individual services can be provided by a nurse, Certified Nursing Assistant (CNA), Home Health Aide (HHA), or an In-Home Supportive Service (IHSS) Provider. The services we provide match those of a CNA or HHA in the home setting. You can see the correlation between the job responsibilities as they relate to ADL's and IADL's by comparing the job descriptions of IHSS services listed on the Fresno County website, as well as the authorized IHSS task list on the California Department of Social Services (CDSS) website (examples provided). When comparing duties, IHSS providers often help with more of the complex IADL's than the other two positions (Please see comparison chart).

Paramedical services are available when ordered by a licensed health care professional. An IHSS provider can provide paramedical services under the direction of a doctor or registered nurse. According to the CDSS website, some paramedical services provided include:

- * Blood sugar checks -- Injections -- Wound care -- Colostomy and Catheter Care

You may wonder what types of training an IHSS provider comes equipped with. We have widely varying talents and skills to offer. Some have been licensed or certified in the healthcare field, or other disciplines that are applicable to the care we offer. Some have an educational degree or job training that is useful. All of us have some kind of life experience that assists us in giving intuitive, effective care. Most people don't look for this job . . . the job usually finds us. We gravitate to where the need is.

Just like any other job IHSS providers are held accountable by the people that hire them, the IHSS recipients. On any given day, an adult IHSS recipient, or guardian of a minor recipient, can terminate our employment.

In closing, the population of people with disabilities and those over 65 years of age are the forgotten population. Our society has a tendency to "find a place" for these individuals. The "place" often turns out to be somewhere the general public is not. Such as, a fancy retirement community; an assisted living apartment or facility; a residential care home; a skilled nursing facility; memory care facility for those with conditions like Alzheimer's; or a group home for those with disabilities. Many of these are very costly and offer no subsidized payment assistance. For those that are fortunate enough to have a home of their own to live in, most would choose to remain at home with the opportunity to engage in activities within their community. For those that can private pay the cost is enormous for private in-home care. Most families cannot afford it.

Elitecare in the Fresno area charges \$38.60/ hr for non-medical assistance in the home. Of course this includes the cost of employer burden, such as workman's compensation insurance, payroll, and administration.

For those that do qualify through Medi-Cal for In-Home Supportive Services, there is hope for them to continue living their most independent and rewarding life while staying socially connected to their community and contributing financially when purchasing goods and services within it.

The workforce that makes this possible is the population of IHSS providers and our Long-Term Care Union SEIU 2015! To create stability in our workforce for the people this program was created for, the IHSS recipients, we providers' need an income and benefits to meet our family's basic needs so that we can continue to maintain consistent, uninterrupted services. People receiving care do not enjoy retraining and getting to know a new provider over and over again, but high turnover occurs when wages are low. Just as anyone would expect or feel they deserve; we are asking for a wage that reflects the services we provide based on the income of positions in our area that provide the same services.

THANK YOU



Basic ADLs

(National Library of Medicine, NLM)

The basic ADLs include the following categories:

- **Ambulating:** The extent of an individual's ability to move from one position to another and walk independently.
- **Feeding:** The ability of a person to feed oneself.
- **Dressing:** The ability to select appropriate clothes and to put the clothes on.
- **Personal hygiene:** The ability to bathe and groom oneself and maintain dental hygiene, nail, and hair care.
- **Continence:** The ability to control bladder and bowel function
- **Toileting:** The ability to get to and from the toilet, use it appropriately, and clean oneself.

Learning how each basic ADL affects an individual to care for themselves can help determine whether a patient would need daily assistance. It can also help the elderly or disabled people to determine their eligibility for state and federal assistance programs.

Instrumental ADLs

The instrumental ADLs are those that require more complex thinking skills, including organizational skills.

- **Transportation and shopping:** Ability to procure groceries, attend events, and manage transportation, either via driving or by organizing other means of transport.
- **Managing finances:** This includes the ability to pay bills and manage financial assets.
- **Shopping and meal preparation,** ie, everything required to get a meal on the table. It also covers shopping for clothing and other items required for daily life.
- **Housecleaning and home maintenance.** Cleaning kitchens after eating, maintaining living areas reasonably clean and tidy, and keeping up with home maintenance.
- **Managing communication with others:** The ability to manage telephone and mail.

Managing medications: Ability to obtain medications and take them as directed.

COMPARISON OF JOBS PROVIDING ASSISTANCE WITH *ACTIVITIES OF DAILY LIVING (ADLs)* & *INSTUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)*, with RELATED WAGES in FRESNO CA

ACTIVITIES OF DAILY LIVING (ADLs), Basic DESCRIPTION OF ACTIVITY <small>(NCBI Bookshelf. A service of the National Library of Medicine, National Institutes of Health)</small>	IHSS In-home Supportive Service Provider \$16.60/HR	HHA Home Health Aide (certified), home setting \$17.31-\$32.00/HR*	CNA Certified Nursing Assistant, facility \$17.77-\$26.08/HR*	KAISER Healthcare Facility All Position Minimum Wage \$25.00/HR
Ambulating: The extent of an individual's ability to move from one position to another and walk independently.	☑	☑	☑	Some Positions
Feeding: The ability of a person to feed oneself.	☑	☑	☑	Some Positions
Dressing: The ability to select appropriate clothes and to put the clothes on.	☑	☑	☑	Some Positions
Personal hygiene: The ability to bathe and groom oneself and maintain dental hygiene, nail, and hair care.	☑	☑	☑	Some Positions
Continence: The ability to control bladder and bowel function.	☑	☑	☑	Some Positions
Toileting: The ability to get to and from the toilet, use it appropriately, and clean oneself.	☑	☑	☑	Some Positions
INSTRUMENTAL ACTIVITES OF DAILY LIVING (IADLs), Complex	----	----	----	----
Transportation and shopping: Ability to procure groceries, attend events, and manage transportation, either via driving or by organizing other means of transport.	☑	No	No	No
Managing finances: This includes the ability to pay bills and manage financial assets.	No	No	No	No
Shopping and meal preparation, i.e., everything required to get a meal on the table. It also covers shopping for clothing and other items required for daily life.	☑	Sometimes limited, depends on company	No	No
Housecleaning and home maintenance. Cleaning kitchens after eating, maintaining living areas reasonably clean and tidy, and keeping up with home maintenance.	☑	Sometimes limited, depends on company	No	No
Managing communication with others: The ability to manage telephone and mail.	☑	Maybe, depends on company	Maybe, telephone	Maybe, telephone
Managing medications: Ability to obtain medications and take them as directed.	☑	☑	Licensed Vocational Nurse (LVN) Responsibility	LVN or RN (Registered Nurse)

*Wage ranges from "indeed.com" website, February 2024. Info compiled by M. Schluter (schluter81@gmail.com). See provided supporting documents.

Page content is from **Fresno County Website**, IHSS selection. fresnocountyca.gov

Please note that IHSS Services require a Physicians approval to confirm the patients need for assistance with some or all of the listed services. These services are actual "Activities of Daily Living (ADLs)" and "Instrumental Activities of Daily Living (IADLs)". This is the beginning of the Care Plan, of which the IHSS Provider's are an integral part. IHSS is one of the rare services that provides Protective Supervision.

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In-Home Supportive Services (IHSS)

What is IHSS?

The In-Home Supportive Services (IHSS) program arranges for and helps pay for services to enable elderly, blind or disabled persons to live safely and independently in their own homes. The Fresno County IHSS program is considered an alternative to out-of-home care, such as nursing homes or board and care facilities. The types of services that can be authorized through IHSS are chores and related services (such as housecleaning, meal preparation, laundry and grocery shopping), and personal care services (such as bowel and bladder care, bathing and paramedical services).

- Domestic (housekeeping)
- Related Services (meal preparation, meal clean-up, laundry, shopping for food and errands)
- Personal Care (assistance with: ambulation, transfers, respiration, bathing/hygiene, dressing, eating, bowel and bladder, medications, repositioning and Paramedical)
- Accompaniment to medical appointments
- Protective Supervision for non-self directed individuals with mental and/or cognitive impairments

Apply **Eligibility** **Send Forms** **Reminders**

You must be: Aged (65 or older), Blind or Disabled (must have a disability that will last for more then one year or end in death).

You must physically live in the US, California and Fresno County: If you are a California resident, but do not live in Fresno County: [Find your County IHSS Office.](#)

You must live at home or in an abode of your own choosing. Hospitals, nursing homes, rehabilitation facilities and residential care homes do not meet the IHSS "own home" requirements. If you are going to be discharged from a medical facility and would like IHSS, let us know when you call to apply.

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You must meet low-income financial requirements by either qualifying for Medi-Cal (income based) or receive Supplemental Security Income/State Supplementary Payment (SSI/SSP).

You must have functional limitations that prevent you from caring for yourself.

You must be able to remain safely at home with IHSS provided.

You must provide IHSS with a Health Care Certification form filled out by your physician.

IHSS Authorized Tasks

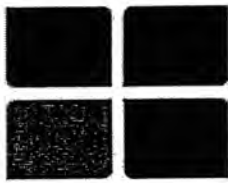
Mark the tasks you need your provider to do and show how often the task needs to be done. Talk about anything special you want him/her to know as you go through the list. Write notes to help your provider remember your requests.

REMEMBER: IHSS will only pay for services that have been authorized by your social worker. When authorizing hours for someone to help you, your social worker considered the things you were able to do safely without help. It is important for you to remain as independent as possible, so you should not ask your provider to do things you can do for yourself safely.

Use the list below to show whether the tasks need to be done daily (D), weekly (W), monthly (M), or on another schedule (O) such as two times per week.

Housework

Authorized Task	How Often	Notes
<input type="checkbox"/> Mop kitchen and bathroom floors		
<input type="checkbox"/> Clean bathroom		
<input type="checkbox"/> Make bed		
<input type="checkbox"/> Change bed linen		
<input type="checkbox"/> Clean sinks		
<input type="checkbox"/> Clean stovetop		
<input type="checkbox"/> Clean oven		
<input type="checkbox"/> Clean refrigerator		
<input type="checkbox"/> Vacuum/sweep		
<input type="checkbox"/> Wipe counter		
<input type="checkbox"/> Dust		
<input type="checkbox"/> Empty trash		



Meals

Authorized Task	How Often	Notes
<input type="checkbox"/> Meal Prep		
<input type="checkbox"/> Meal Clean-Up		

Laundry

Authorized Task	How Often	Notes
<input type="checkbox"/> Wash, dry, fold, and put away laundry		

Shopping

Authorized Task	How Often	Notes
<input type="checkbox"/> Grocery shopping		
<input type="checkbox"/> Other shopping and errands		

Personal Care Services

Authorized Task	How Often	Notes
<input type="checkbox"/> Dressing		
<input type="checkbox"/> Grooming and oral hygiene		
<input type="checkbox"/> Bathing		
<input type="checkbox"/> Bed bath		
<input type="checkbox"/> Bowel and bladder care		
<input type="checkbox"/> Menstrual care		



Authorized Task	How Often	Notes
<input type="checkbox"/> Help with walking		
<input type="checkbox"/> Move in and out of bed		
<input type="checkbox"/> Help on/off seat or in/out of vehicle		
<input type="checkbox"/> Repositioning		
<input type="checkbox"/> Rubbing skin		
<input type="checkbox"/> Assistance with prosthesis/meds		

Paramedical Services

Authorized Task	How Often	Notes
<input type="checkbox"/> Blood sugar checks		
<input type="checkbox"/> Injections		
<input type="checkbox"/> Other paramedical services		

Accompaniment Services

Authorized Task	How Often	Notes
<input type="checkbox"/> To medical appointments		
<input type="checkbox"/> To alternative resources		

For more information, contact your local IHSS office.

The activities of daily living are classified into basic ADLs and Instrumental Activities of Daily Living (IADLs). Basic ADLs (BADL) or physical ADLs are those skills required to manage one's basic physical needs, including personal hygiene or grooming, dressing, toileting, transferring or ambulating, and eating. The Instrumental Activities of Daily Living (IADLs) include more complex activities related to the ability to live independently in the community. This would include activities such as managing finances and medications, food preparation, housekeeping, and laundry.

Basic ADLs

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The IADL differs from ADL as people often begin asking for outside assistance when these tasks become difficult to manage independently.[9]

Causes for limitations in ADLs

Decline or impairment in physical function arises from many conditions. Aging is a natural process that may present a decline in the functional status of patients and is a common cause of subsequent loss of ADLs. [10] Musculoskeletal, neurological, circulatory, or sensory conditions can lead to decreased physical function, leading to impairment in ADLs. A cognitive or mental decline can also lead to impaired ADLs.[11] Severe cognitive fluctuations in dementia patients have a significant association with impaired engagement in activities of daily living that negatively affect the quality of life. Social isolation can lead to impairment in instrumental activities of daily living. Other factors, such as side effects of medications, social isolation, or the patient's home environment, can influence the ability to perform ADLs.[12][13]

Hospitalization and acute illnesses have also been associated with a decline in ADLs. Sands et al. reported that loss of ADL functioning over 1 year is independently associated with acute hospital admission for acute illness and cognitive impairment among frail older adults. Similarly, Cinvinsky et al. performed a prospective observational study that evaluated the changes in ADL function occurring before and after hospital admission.

They found that many hospitalized older people are discharged with ADL function that is worse than their baseline function.

Measurement of ADLs

Defining the extent of loss of ADLs and IADLs is important to help define and ensure appropriate care support. Several checklists have been developed by various entities. Although there is some consensus on what ADLs should be included, there exists significant variability in how these questionnaires ask about ADL functions.[14][15]

The most frequently used checklists are the Katz Index of Independence in Activities of Daily Living and the Lawton Instrumental Activities of Daily Living (IADL) Scale. The Katz scale assesses the basic activities of daily living but does not assess more advanced activities of daily living. The Katz ADL scale is sensitive to changes in declining health status, but its limitations include the limited its ability to measure small elements of change seen in the rehabilitation of older adults. However, it is very useful in creating a common language about patient function for healthcare providers involved in the overall care and discharge planning.[16][1]

The Lawton Instrumental Activities of Daily Living (IADL) Scale is used to evaluate independent living skills (Lawton & Brody, 1969). The instrument is most useful for identifying how a person is functioning and identifying improvement or deterioration over time. The scale measures eight domains of function, including food preparation, housekeeping, and laundering. Individuals are scored according to their highest level of functioning in that category. A summary score ranges from 0 (low function, dependent) to 8 (high function, independent). The scale is an easy to administer assessment instrument that provides self-reported information about functional skills necessary to live in the community. Specific deficits identified can assist nurses and other disciplines in planning for safe discharge. The limitations of this scale are that it is a self-administered test rather than the actual demonstration of the functional task. This may lead either to overestimation or underestimation of the ability to perform the activity.[17][18]

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Clinical Significance

Assessment of ADLs is an important aspect of routine patient assessment and assists healthcare providers in assessing the patient's status, plan, and intervene appropriately. A provider must address a patient's general medical condition when determining their level of accomplishing functional capabilities that otherwise ensure independent living and personal care.[4]

An ADL assessment helps determine whether a patient may require further rehabilitation or assistance at home or if a skilled nursing or long-term care facility would be a safer environment. The inability to ambulate may result in an increased risk of falls. It is well-reported that falls are associated with an increased mortality rate. Individuals who have experienced more than one incidence of falling and are 65 years of age and older tend to have a poor prognosis after a fall. Such falls and subsequent hospitalization also place a burden on healthcare utilization and costs.[19] Other issues to consider before placement in assisted living or nursing homes as opposed to independent living at home include a patient's ability to cook and clean their homes, shop, use public transportation, or drive.[20]

It is important to recognize the impact of a loss of ADL on the patient. Independent living is highly encouraged and advocated in American society, and many aging individuals fear a loss of autonomy.[20][21]

Occupational therapists perform an ADL assessment to determine benefits for disability insurance and long-term care insurance policies. The cost of home care, skilled care, assisted living, and nursing homes is a concern for many families. Not all supportive care is covered by Medicare or private insurance, thus leading to financial concerns for patients and significant others. The high cost of care may lead to decisions that preclude patients from receiving the care required to support ADLs [22]

Access to care can also be an issue. Lower socioeconomic groups or disadvantaged persons often have difficulty accessing quality care for seniors. Access can be difficult due to transportation, distance, and availability.[23] Though many placements at care facilities are short-term, most patients stay longer than a year due to the inability to perform more than two of the six ADLs.[24]
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Other Issues

Nurses need to communicate patients' ability to perform ADLs and IADLs with providers so that the health care team and their families can discuss if a patient meets the pre-defined criteria to either continue to live in their homes, or be placed in assisted living, skilled care, or nursing home facilities. (United States National Library of Medicine, 2017) Occupational therapists assess the patients. Depending on the severity of the patient's impairment, most home health nurses complete assessments to make plans for improvements, help with medication administration, and bring resources to assist with independence. Occupational therapists are invaluable in working with these patients. Unlicensed assistive personnel help with bathing, light housekeeping, shopping, and activities to support the patient's desire for continued independent living.[25][5]

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Enhancing Healthcare Team Outcomes

All interprofessional healthcare team members, including clinicians, nurses, physical therapists, and occupational therapists, should collaborate to assess the functionality of patients before discharge. Patients unable to perform activities of daily living may require further rehabilitation or assistance at home. The inability to dress or toilet can lead to a poor quality of life. Difficulty ambulating or transferring can lead to falls and further decline. Eating independently can lead to poor nutrition, dehydration, and further weakness. Appropriate referrals to OT, PT, and dieticians should be considered. Assessment of functionality should become routine practice for all patients as it can affect people of all ages. An interprofessional team communicating and collaborating will provide the best patient evaluation and discharge with good follow-up care. The nursing staff should report concerns regarding patients unable to complete ADLs to the medical team. The interprofessional clinical team assists in directing the nursing home health and social work coordinators to ensure patients receive the care they need. The home health nursing staff needs to provide ongoing monitoring and report back to the clinical team should an increase in deficiency of ADLs occur. [Level 5]

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Nursing, Allied Health, and Interprofessional Team Interventions

The implications and role of a change in ADLs in any patient differ among the various stakeholders in the patient's care team.

- Case manager, nurse, and social worker
- Primary care clinician
- Home health or skilled nursing agencies
- Physical and occupational therapy
- Long-term care insurance providers
- Government agencies

The nurse and care manager assess and collect information on a person's ability to perform ADLs. This data enables them to plan for each person's continuum of care. The physicians use the assessments to formulate and plan of care, which is then provided to the home health agency or skilled nursing agency. The agency will then select the appropriate staff needed for each client. The physical and occupational therapists work with the plan of

care and document the progress in ADL to ensure the rehabilitation goals are achieved to the extent possible. Insurance providers and government agents use the assessments of ADL to determine the patient's qualifications and pay for the services rendered.[5][26]

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Nursing, Allied Health, and Interprofessional Team Monitoring

Nurses and occupational therapists assess ADLs and IADLs daily in all hospitalized patients. Appropriately assessing, planning, intervening, and evaluating ADLs and IADLs can mean the difference between independent aging and needing daily assistance.

There are many tools included in daily shift assessments, but all nurses should be aware of each patient's need for assistance in managing ADLs. When a patient is at risk for a change in ADLs or IADLs, the nurse should assist the patient and report to the interprofessional team members to establish a new plan of care.

Possible NANDA nursing diagnoses include altered health maintenance, defined as a "State in which an individual has no physiological or psychological energy enough to resist or complete required or desired daily activities." Other possible nursing diagnoses include risk of injury, activity intolerance, social isolation, or ineffective family coping.

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Review Questions

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Figure

Instrumental Activities of Daily Living Contributed by the US National Library of Medicine (NIH, 2017)

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