REPORT OF THE

OFFICE OF THE AUDITOR GENERAL

243

A MANAGEMENT REVIEW OF THE HOMEMAKER-CHORE SERVICES PROGRAM

JUNE 1975

TO THE

JOINT LEGISLATIVE AUDIT COMMITTEE

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California Legislature

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June 11, 1975

The Honorable Speaker of the Assembly
The Honorable President pro Tempore of
the Senate
The Honorable Members of the Senate and the
Assembly of the Legislature of California

Members of the Legislature:

I am today releasing the report of the Auditor General on a management review of the homemaker-chore services program requested by Senator George Moscone and Assemblyman Willie Brown.

The homemaker-chore services program, which is administered by county welfare departments under the supervision of the State Department of Health, was implemented in December 1973. The purpose of the homemaker-chore services program, which is currently funded by the state and federal governments, is to provide in-home supportive services to certain infirm adult welfare recipients who are either aged, blind or disabled. These services, including household cleaning, essential shopping, cooking, laundry, and nonmedical personal care such as bowel and bladder care, enable the recipients to remain in their own homes.

For fiscal year 1974-75, the state had allocated $65 million to the counties for the homemaker-chore services program, consisting of $48.75 million in federal funds and $16.25 million in state funds. In March 1975, the Governor transferred an additional $12.4 million into the program and in April legislation was enacted appropriating another $2.7 million, making an estimated total program cost of $80.1 million in 1974-75.

The Auditor General's report has cited the following deficiencies:

- The Department of Health has not developed the management capability, including a management information system, to effectively supervise county welfare departments in their administration of the homemaker-chore services program.

- The department has not specified which services are to be made available to homemaker recipients versus which services are to be made available to chore recipients. As a result, the counties have no systematic method for classifying the type of services needed or the proper rate of payment for the services rendered to the recipients otherwise referred to as clients.

- The department has not established adequate regulations to effectively control the cost of the services rendered. For example, in one county a client was receiving "chore" services at a cost of $2.50 per hour, and in another county a client was receiving essentially the same services, called "homemaker" services, at a cost of $6.00 per hour, or a 140 percent increase in cost.

- Approximately 72 percent of the clients receive services from providers employed directly by the clients at salary rates ranging from $1.65 to $2.51 per hour. The balance of services is provided by both profit-making and nonprofit agencies under contract with the counties and by county staff themselves with hourly rates ranging from $3.39 to $7.75. Agency-employed providers receive a wage approximately 21 percent to 46 percent higher than the client-employed providers. In addition to paying higher wage rates, contract agencies incur administrative expenses and make profits. Therefore, the counties pay between 105 percent and 209 percent more to contract agencies than they pay to client-employed providers. There is no requirement that the agency contracts be competitively bid.

- The Department of Health has not been monitoring the county contracts with agencies, and has not enforced the limited regulations it has adopted to control contract agency costs. As a result, San Francisco County overpaid three agency contractors $271,000 in fiscal year 1974-75.

- The payments made to providers who are relatives of clients receiving homemaker and chore services are inconsistent. For example, in some counties a wife is paid for cooking, cleaning and washing accomplished as a part of her daily routine, while in other counties she is paid for only those tasks which are extraordinary to the normal household routine or if she has quit a job to care for the client.

- Funds to provide homemaker and chore services have not been appropriated in a way to promote fiscal responsibility in the administration of the homemaker-chore services program. The homemaker-chore services program funds have been separated in the state budget in a manner which has led to the belief that the state has full fiscal responsibility for the program. There has been minimal effort by the counties to control program costs based on the assumption that any cost overruns had to be borne by the state.

- The Department of Health does not provide the full range of in-home supportive services authorized by law. As a result, certain in-home medically-related services are either being furnished by unqualified providers or are not being provided at all. Some homemakers were providing medically-related services such as renal dialysis and blood pressure readings. One welfare department administrator recognized that such unauthorized medically-related services were being provided by homemakers when he said, "I shudder at the idea that some providers go from waxing the floor to irrigating a catheter or giving an insulin shot". However, he pointed out that because the clients ask the providers to perform these tasks, the counties have virtually no control or means to prevent it.

- The Department of Health relies exclusively on a single source of funds to finance homemaker and chore services. Continuation of this practice will result in an estimated annual loss of $11.3 million in federal matching Medi-Cal monies which could be used to finance personal care services currently provided to clients under the homemaker-chore services program.

The Auditor General makes the following recommendations for action by the Department of Health:

- Implement a management information system for the purpose of effectively supervising the county administration of the homemaker-chore services program.

- Establish a listing of those services which would be available to clients eligible to receive "homemaker services" and to clients eligible to receive "chore services".

- Establish a range of provider payment rates to be paid by counties to client-employed providers and to provider agencies under contract with the counties.

- Establish regulations requiring the periodic monitoring of agency contracts awarded by counties.

- Establish regulations to allow homemaker or chore service payments to relatives only if they are from low income households or if they are providing other than normal household duties.

- Adopt regulations which would permit the use of the full range of in-home medical-social services in order that the homemaker and chore clients will not receive medically-related services from unqualified providers.

- Exercise its existing authority to change the regulations which would permit the use of Medi-Cal funds to finance personal care services. In the absence of such action by the Department of Health, the Legislature should amend Section 12301.5 of the Welfare and Institutions Code to require the Department of Health to grant counties the authority to fund from Medi-Cal monies the personal care component of the homemaker-chore services program.

The following recommendation is made for action by the Legislature:

- Discontinue the practice of separating the homemaker and chore services allocation from the total social services allocation and apply the state's matching monies to all social services instead of only to the homemaker-chore services program.

In comments summarized in the Auditor General's report, representatives of the Department of Health stated, among other things, that it would cost approximately $2 million to implement statewide a management information system which has been piloted in two counties. They also stated that if the state were to distribute its matching funds to all social services programs, instead of only to the homemaker-chore services program, some counties would have to use additional county monies to continue the same program level.

Respectfully submitted,

Bob Wilson

BOB WILSON, Chairman
Jt. Legislative Audit Committee

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May 1, 1975

Honorable Bob Wilson
Chairman, and Members of the
Joint Legislative Audit Committee
Room 4126, State Capitol
Sacramento, California 95814

Dear Mr. Chairman and Members:

Transmitted herewith is our report pertaining to a management review of the Homemaker-Chore Services Program administered by the county welfare departments and supervised by the State Department of Health.

Respectfully submitted,

Harvey M. Rose
Auditor General

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INTRODUCTION

In response to legislative requests, we have conducted a management review of the homemaker-chore services program which is administered by the county welfare departments under the supervision of the Department of Health. This report addresses itself to an analysis of the department's role in:

- The administration of the program at the state and county levels
- The state's allocation of federal social service funds to counties to provide homemaker, chore and other social services
- The development of a range of homemaker and related services which are available to recipients of public assistance
- The development of supplemental sources for funding homemaker and related services.

Prior to January 1974, in-home supportive services to aged, blind and disabled adults were offered under the attendant care and homemaker program. Attendant care services were paid for out of the public assistance appropriation by providing the aged, blind or disabled welfare recipient in need of such services a supplemental welfare payment. The recipient then was expected to use this supplemental payment to contract with a third party for a variety of in-home supportive services. Homemakers provided similar services but were generally county employees whose salary was also paid with public assistance funds. The public assistance program was financed with a 50 percent contribution

from the federal government. The balance of the program was financed with a combination of state and county funds.

The passage of the Social Security Amendments of 1972 (HR-1) replaced the public assistance program, effective January 1, 1974, with the federally administered Supplemental Security Income-State Supplemental Payment Program (SSI-SSP). This program provided for cash grant living allowances to aged, blind and disabled recipients but did not provide for supplemental payments to recipients to purchase attendant care services nor did it provide for the payment of the salaries of county-employed homemakers from SSI-SSP funds. However, federal law does require that states provide homemaker services.

The California Legislature, through the passage of AB 134 in 1973, authorized homemaker services and elected to offer chore services as part of the homemaker program. The Department of Health's current homemaker-chore services program was implemented in December 1973. The responsibility for providing these services was given to the counties by the Legislature; the Department of Health was assigned the overall responsibility for the supervision of the program's administration.

The homemaker-chore services program was established to provide in-home supportive services to certain infirm aged, blind and disabled adults to enable them to remain in their own homes. Persons eligible to receive in-home services are either former, current or potential recipients of the SSI-SSP Program.

Approximately 60,000 of the over 600,000 SSI-SSP recipients in California were receiving homemaker and chore services as of December 31, 1974.

The disabilities of these clients prevent them from performing household tasks and caring for some of their bodily functions. Because the disabilities vary so widely from client to client, a county social worker evaluates each client in order to authorize the proper kind and level of supportive service. For example, many clients have permanent mental infirmities due to senility or alcoholism; other clients are mentally alert but have permanent physical infirmities due to disease or accident-related disabilities ranging from minor limb impairments to total paralysis; still other clients are temporarily disabled while recovering from a disease or accident.

Homemaker and chore services include, but are not limited to, the performance of household cleaning, essential shopping, cooking, laundry and nonmedical personal care such as bowel and bladder care. These tasks are performed by homemaker and chore providers. Over 72 percent (see Table 1, page 10) of these providers are employed directly by the client for whom they are providing the service. Other providers work for county welfare departments and still others work for proprietary profit-making or nonprofit corporations which contract with the counties and which provide some of the administrative services necessary to operate the program. Throughout this report we have used the term "provider" to refer to the individual workers regardless of their employment status, the term "contract agency" to refer to the proprietary and nonprofit corporations and the term "county agency" to refer to the county welfare departments.

The homemaker-chore services program is funded jointly by the federal and state governments with 75 percent of the costs funded from a portion of the federal Title VI (Social Security Act) allocation for social services. Federal regulations require that 25 percent of the program cost be provided by local

governments to match the 75 percent federal monies. The state has elected to provide the 25 percent matching monies for the homemaker-chore services program and has required the counties to provide the 25 percent matching monies for "other" social services authorized by Title VI. "Other" social services include child and adult protection services, child support, family planning, money management, employment and rehabilitation services, and county social services administration.

For the 1974-75 fiscal year the state allocated to the counties a total of $65 million to pay for the delivery of homemaker and chore services. The counties used such funds to pay for the costs of their own staff providers, as well as disbursing such funds to client-employed providers and to contract agencies. At the end of the second quarter, 31 counties were expending at a rate which would cause them to exceed their allocations before the end of the fiscal year. Based on a projection of the first and second quarter claims, the counties were expected to overexpend their allocation for the year by $12.2 million. In light of this, the Governor, on March 13, 1975, transferred an additional $12.4 million into the program. In addition, legislation has been enacted which appropriates another $2.7 million to the program. This amount raises the total available monies to $80.1 million. The Homemaker-Chore Services Task Force (a joint committee of state and county staff) has concluded that $81 million will be needed by the counties to provide services at the necessary level through the 1974-75 fiscal year.

The Social Security Amendments of 1974 (Title XX) may require changes in the homemaker-chore services program, but until federal regulations to implement the amendments are published, it is not possible to assess the full effect of Title XX. Initial reviews of the amendments indicate that eligibility for

the program may be widened and that new payment procedures may be required. Both of these changes would increase program costs to the state. However, because of their tentative nature, we did not attempt to analyze these increased costs.

In the course of our review we:

- Interviewed appropriate Department of Health personnel
- Analyzed pertinent program and fiscal documents in the Department of Health, the Department of Benefit Payments and ten selected counties
- Attended the meetings of the Homemaker-Chore Services Task Force
- Reviewed the operations of the following county welfare departments, which provide service to 64 percent of the total homemaker-chore clients in the state:

  Alameda
  Contra Costa
  Fresno
  Los Angeles
  San Diego
  San Francisco
  Sonoma
  Sutter
  Tulare
  Yuba

- Interviewed clients and independent providers in eight counties
- Interviewed managers of contract agencies in four counties

- Completed a telephone survey of all 58 counties to compile pertinent statistical data

- Interviewed the homemaker services staff of the Nevada State Department of Human Resources, Welfare Division

- Sent questionnaires to 15 states to assess the feasibility of alternative program and funding approaches.

We received excellent cooperation from the Department of Health and from the administrative staff of the counties that we visited. We also wish to thank the social services staff from the State of Nevada for their cooperation.

FINDINGS

THE DEPARTMENT OF HEALTH HAS NEITHER ADEQUATE REGULATIONS NOR APPROPRIATE MANAGEMENT TOOLS TO EFFECTIVELY SUPERVISE THE COUNTIES' ADMINISTRATION OF THE HOMEMAKER-CHORE SERVICES PROGRAM. AS A RESULT, THE ADMINISTRATION AND COST OF THE PROGRAM VARIES SIGNIFICANTLY FROM COUNTY TO COUNTY.

State and federal laws require the Department of Health to supervise the counties' administration of the homemaker-chore services program. Our review has disclosed that the department has not met its responsibility in the following areas:

- Specifying those services available to homemaker versus chore recipients
- Controling the costs of service delivery
- Establishing a management information system and a staff capable of enforcing existing regulations and detecting potential problems.

The Department of Health Has Not Specified Which Services Are To Be Made Available To Homemaker Recipients Versus Which Services Are To Be Made Available to Chore Recipients.

The Department of Health has the responsibility to develop regulations which provide for the effective administration of the homemaker-chore services program by the counties. Department regulations do not clearly define the difference between homemaker and chore services nor do they specify which services are to be made available to homemaker recipients versus chore recipients.

The only operable distinction is furnished in the department's Manual of Policies and Procedures, which basically defines a client in need of chore services as not requiring the services of a "trained homemaker or other specialist", and defines a client needing homemaker services as requiring a "trained and supervised homemaker" (emphasis added). However, the duties of a "trained and supervised homemaker" and criteria that could be used to determine which clients are eligible to receive the services of a homemaker and which clients are eligible to receive the services of a chore provider are not further described. (Refer to Appendix A for a possible set of definitions describing the various functions of persons providing in-home supportive services.)

The need for a clear distinction between these two types of service is important because it provides the framework necessary for the counties to effectively administer their programs, both from the standpoint of fiscal responsibility and from the standpoint of providing proper services. Without this distinction, the counties have no systematic way to properly classify the type of service their clients need and what they should pay for that service. Because of the training component, homemaker services are more expensive. In those counties included in our review where a distinction was made, the hourly cost of providing homemaker services exceeded the hourly cost of providing chore services by approximately $1.50 per hour.

During our review, we found that because of the absence of a basic definition, the counties have established a variety of homemaker-chore services programs which operate at a wide range of monthly costs. However, our observations and subsequent verification in discussions with county administrative and staff

personnel showed that there is virtually no difference between the tasks provided to the client regardless of whether the task is labeled "homemaker" or "chore". Some counties offer only "chore" services; others offer only "homemaker" services. In those counties offering both, the methods of evaluating the clients' needs often result in inappropriate services. The range of tasks being provided is illustrated by the following cases.

In five of the ten counties we visited, a provider is authorized to perform "simple supervision", which is defined as simply having a provider available on the client's premises in case he falls, wanders off or fails to take medication.

In three counties, interviews with county officials disclosed that some providers are performing tasks which they are not qualified to perform and which are inconsistent with the duties of either a homemaker or chore provider, such as blood pressure readings, colostomy irrigations and catheter changes, even though these activities are not officially sanctioned by the counties.

The Department of Health Has Not Established Adequate Regulations to Effectively Control The Costs of Service Delivery.

The Department of Health has not established adequate regulations which would provide for a controlled range of rates for each service delivery method. As a result, the costs of providing necessary services vary from county to county.

For example, in our visits to the counties we found two clients having nearly identical needs for meal preparation. In one county, the client was receiving "homemaker" services from a contract agency at an hourly cost of $6.00. In the other county, the client was receiving "chore" services from a client-employed provider at an hourly cost of $2.50. While no difference in the quality of service being provided could be discerned, the cost of service in the first county was 140 percent higher than the cost in the second county. Further, the rates vary even when counties use the same service delivery method. The following table identifies the variations in rates and provider salaries:

Table 1

Homemaker-Chore Services Program
Hourly Rate Ranges, Provider Salary Ranges, Number of Counties And Number of Clients Served by Service Delivery Method as of December 31, 1974

Delivery Method	Agency Rate Per Hour 1/	Provider's Salary Per Hour	Number Of Counties 2/	Number And Percent Of Clients Served 3/	
Client-employed provider	---	$1.65 - 2.51	45	43,300	72.4%
Contract agency:					
Proprietary	$3.45 - 7.00	2.00 - 3.10	12	4,800	8.0
Nonprofit	3.39 - 7.75	2.00 - 3.66	15	9,000	15.1
County staff	4.24 -24.32	2.41 - 4.30	19	2,700	4.5
Total				59,800	100.0%

1/ These rates should not be considered as comparable because none of the administrative overhead is included in the client-employed provider category. A part of the administrative overhead is included in the contract agency category, and all of the administrative overhead is included in the county staff category. County cost allocation systems did not permit comparable allocations of overhead.

2/ Exceeds 58 due to multiple delivery methods within some counties.

3/ See Appendix B for a county-by-county breakdown.

Since rates have not been established, the counties are allowed to bargain with prospective providers in the establishment of payment rates. This is a procedure which has both resulted in payment rates below the minimum wage and payment rates to contract providers as high as $7.75 per hour.

In counties using the services of a contract agency, the agency-employed provider receives a wage approximately 21 percent to 46 percent higher than the client-employed provider. In addition to paying higher wage rates, contract agencies incur administrative costs and make profits. Therefore, the counties pay between 105 percent and 209 percent more to contract agencies than they pay to client-employed providers.

Section 12302 of the Welfare and Institutions Code allows counties to contract with agencies to provide homemaker and chore services to eligible clients. There are few guidelines or statutory restraints placed on the letting of these contracts. For example, neither the Welfare and Institutions Code nor the Department of Health require that the contracts be subject to competitive bidding. As shown in Table 1, the hourly charge for providing this service ranges from $3.39 per hour to $7.75 per hour.

Section 12303(a) of the Welfare and Institutions Code says that a contract for the purchase of homemaker and chore services may not exceed by more than ten percent the cost the Department of Health has said is allowable for those services. Department of Health regulations define "allowable costs" for an individual county as the cost of providing homemaker or chore services through county-employed workers. But, if a county does not have homemaker or chore providers on its staff, the department regulations do not specify how the "allowable costs" will be determined. As a result, the basic requirement of any attempt to standardize contract costs, a definition of allowable costs, is

missing in all counties that do not employ homemakers or chore providers. Only two counties both employ homemaker or chore providers directly and also contract for such services with agencies.

The Department of Health, however, is not standardizing contract costs even in the two counties which are subject to the limited regulations because it is not monitoring agency contracts. San Francisco County is one of the counties using both county-employed providers and contract agency providers and is the only county where there is adequate data to determine if the cost of services purchased from a contract agency is within the "allowable" range. We found that the state had not reviewed the counties' contracts to determine if the payment rates were within the "allowable" range. Our review disclosed that San Francisco County was overpaying on three contracts by an estimated total of $271,000 annually.

The Department of Health Has Not Established A Management Information System or Adequate Staff Capable of Enforcing Existing Regulations and Detecting Potential Problems in the Program.

Presently, the department's management information system for the homemaker-chore services program consists of the number of clients receiving services, the cost of providing these services (as reported on the county's quarterly claim) and the county plan, which contains a box to check if homemaker or chore services are provided by the county and the number of social workers assigned to the program. The county plans do not include essential information, such as the projected population to be served and the methods of service delivery to be used.

Department of Health officials have stated that plans for a management information system have been developed to provide needed information for all social service programs but these plans have not been implemented nor have they indicated when or if such a system will be implemented; however, the program has been tested on a pilot basis in two counties.

The responsibility for supervising the county administration of the homemaker-chore services program is assigned to two separate offices within the Department of Health. In the Services Operation Section, only 1.5 social service consultants have been assigned to develop regulations for this program and to provide consultation to all of the 58 counties to enable them to implement these regulations.

In the Services Management Section, six management analysts were hired in January 1975 to review compliance for all social services programs provided by the counties including homemaker and chore services. However, in the absence of an adequate information system and comprehensive county plans for the delivery of social services, the analysts are handicapped in their efforts to evaluate the county programs.

Interviews with appropriate staff members have disclosed that there is minimal cooperation and exchange of information between these two offices. Therefore, despite the fact that both offices have responsibility for monitoring the program, there are no regulations which require monitoring on a periodic basis and a systematic review of the county homemaker-chore services program had not been undertaken by the department as of January 1975. As of April 18, 1975 the department had reviewed homemaker and chore service operations in two counties.

The fact that San Francisco County was overpaying on three of its contracts with contract agencies (as discussed previously) could have been detected if a management information system had been implemented and sufficient staff had been assigned the responsibility to monitor the program.

CONCLUSION

The Department of Health has not issued adequate definitions of services relating to homemaker activities versus chore activities.

The department has not promoted fiscal responsibility in the homemaker-chore services program as evidenced by its failure to effectively control provider payment rates by the counties. Finally, the department has not instituted a management information system capable of generating sufficient program data and has not required periodic monitoring of the program.

RECOMMENDATIONS

We recommend that the Department of Health:

- Establish a listing of those services which would be available to clients eligible to receive "homemaker services" and to clients eligible to receive "chore services"

- Establish a range of provider payment rates, to be paid by counties to client-employed providers and to provider agencies under contract with the counties

- Establish regulations requiring the periodic monitoring of contracts between counties and provider agencies

- Implement a management information system that would enable it to meet its obligations to effectively supervise the county administration of the homemaker-chore services program

- Require the counties to submit comprehensive social service delivery plans which would include the following:

  - Projected population served

  - Methods of service delivery and number and description of recipients of each service

  - Costs of providing service and method used to establish rates of payment

  - Method of supervising the program (numbers and qualifications of supervising staff)

  - Training program used

  - Availability of and use of community resources.

- Transfer sufficient Department of Health staff to the Services Operation Section to permit the development of adequate regulations, county consultation and compliance monitoring.

BENEFITS AND SAVINGS

Implementation of these recommendations will provide the Department of Health with the management tools necessary to effectively supervise the administration of the homemaker-chore services program and to ensure that the services are being offered at the most economic cost. The enforcement of the regulations it has issued could result in a reduction of expenditures of $271,000 annually in San Francisco County with a possible greater reduction statewide.

DEFICIENCIES IN COUNTY ADMINISTRATION OF THE HOMEMAKER-CHORE SERVICES PROGRAM HAVE RESULTED IN INCONSISTENCIES RELATING TO EVALUATIONS OF CLIENT NEEDS, PAYMENTS TO RELATIVE-PROVIDERS, METHODS OF TREATING SOCIAL SECURITY CONTRIBUTIONS FOR INDIVIDUAL PROVIDERS AND THE USE OF EXISTING COMMUNITY RESOURCES.

In the absence of adequate and effective regulations from the Department of Health, as previously discussed, the counties' administration of the homemaker chore services program has produced inconsistencies.

Inconsistent Evaluation of Client Needs

Evaluation of client needs under the homemaker-chore services program is inconsistent in that some clients receive insufficient services and others receive too much. A primary cause of this inconsistency is the lack of communication between the social workers and the client, and between the provider and the contract agencies.

State regulations require all clients, except those judged to be severely impaired, to be evaluated every six months by the county welfare department to determine their current need for homemaker or chore services.

Our review of the program in ten counties disclosed that the frequency of reevaluation of nonseverely impaired clients ranged from one month to over one year. Those counties which exceed a six-month reevaluation period are out of compliance with state regulations.

In those counties that complied with the six-month review requirement, we found that semi-annual reevaluations were often not sufficient to adequately monitor the client's condition. Some clients required more attention than the social workers could afford because of their growing caseloads or inability to keep up with the clients' changing conditions.

An example of this involved a 74-year-old client in one county with a duodenal ulcer whose physician recommended the services of a provider solely for the purpose of meal preparation. The county authorized nine hours of service a week and, in violation of state regulations, did not review the client's situation for a year. At the time of our review, it was determined that for the past year the client had been taking his meals two or three times a day at a local diner and having the homemaker clean his studio apartment rather than prepare meals. Since the client needed only nine hours of service per week, the county had contracted with a proprietary agency at the rate of $6.00 per hour for the service. The annual cost was $2,808.00. While this was an extreme example of the 90 clients receiving homemaker or chore services, whom we interviewed in their homes, it is illustrative of the abuses and excessive levels of care that can occur in the absence of proper administration.

An example in the other direction involved a couple who were both receiving "chore" services and who had been visited twice annually by their social worker. On a regular reevalutation visit, the social worker found that the health of both the husband and wife had deteriorated. The social worker then

authorized an increase in the amount of service. The social worker said that the couple could have qualified for the increased service much earlier if she had been aware of their need.

While the conditions of certain types of recipients of homemaker and chore services are not reviewed often enough, review requirements provided by statute for the severely impaired are excessive and costly. Section 12304(f) of the Welfare and Institutions Code requires county social workers to visit clients classified as "severely impaired" once every three months. A severely impaired client is defined by law as someone who requires at least 20 hours per week of personal care. These clients have acute physical disabilities, such as paralysis, and are usually confined to a wheelchair or bed.

In the course of our study, social workers and severely impaired clients agreed that this legal requirement forced unnecessary visits to the client and inefficient use of social worker time. Generally, severely impaired clients have been allowed to live independently only after lengthy hospitalization and only after expert medical testimony that their condition will not deteriorate. These clients have stable and well-defined disabilities.

Revising existing law to reduce the number of mandated visits to one per year would save an estimated $252,000 of social services money annually.

In counties where a contract agency provides program services, it is more difficult for the social worker to maintain contact with the clients.

Social workers are still required to make the specified reevaluations and we found that this regulation is generally being followed. However, because the client deals almost exclusively with the agency-employed provider, effective communication between the client and the social worker is restricted. This results in the provision of inadequate or excessive services to the client.

An example of this involves an elderly client who was assigned a provider from a contract agency. Although the provider performed her duties to the satisfaction of her employer and the client, the client's condition steadily declined to the point where hospitalization was considered by the contract agency and the client's family. At no time during this period was the social worker consulted concerning this client or the need for modified services.

More frequent review requirements would not be necessary if improved methods were devised for the client to contact the social worker as his need changed. We recognize that if the social workers are more accessible to the needs of the client it may result in increased costs. However, more frequent contact may result in reduced levels of services.

Inconsistent Payments To Relative-Providers

During our interviews with clients, providers and social workers, we found a marked inconsistency in the methods for determining the payments to be made to providers who are relatives of the client. (We have defined "relative" as a spouse, child or parent of the client who occupies the same home as the client.)

We found that some counties allowed payment to the relative for normal household routines (cooking, cleaning, washing). For example, a county authorized

payment for cooking, cleaning and washing services which a wife had been doing as a normal part of her daily routine, and which were not increased as a result of her husband's needs. On the other hand, in other counties a relative is paid only for those tasks which are extraordinary to the normal household routine. In still other counties, a relative is paid for normal household activities only if he or she has quit a job to care for the client.

The Department of Health regulations are not specific about payment for services when a relative-provider lives in the home. As of December 31, 1974, there were approximately 8,000 relative-providers in the program. We were not able to estimate the household incomes of relative-providers. It appears that the majority are low income households and it was also clear in some cases that the relative-provider terminated regular employment to provide homemaker or chore services. Administrators in seven of the counties we visited stated that relative-providers should not be compensated for this service unless the services provided are of an unusual nature. Another administrator stated that consideration should be given to establishing a "low income" definition for household income.

Inconsistent Methods of Treating Social Security Contributions for Individual Providers

Department of Health guidelines state that individual providers are either employees of the county or the client and as such are entitled to social security contributions which must be equally shared by the employer and the provider. In cases where the county has elected to act as the employer, the county pays the employer's share of social security and deducts the employee's share from his earnings. Both shares are forwarded to the Internal Revenue Service (IRS) by the county. In cases where the county considers the client

to be the employer, there are various methods of handling the payment:

- The county adds the employer's and employee's share of the social security payment to the provider's hourly salary rate and relies upon the client to collect the social security tax and forward both shares to the IRS. A typical example of this is where the hourly rate is $2.25; $2.01 represents the actual provider salary, 24 cents is both the employer's and the employee's share of social security. The client is supposed to collect both deductions and forward these payments to the IRS.

- Some counties pay nothing toward social security. From the $2.00 hourly salary, both the employer's and employee's shares are deducted. This means that the provider receives only $1.88 in wages, from which he must pay the employee's share of social security. The client again is expected to collect both deductions and forward these payments to the IRS.

In both of the above instances, the result is that the responsibility for handling the details of social security computations, deductions and forwarding to the IRS falls on the client, who is the person least equipped to meet this responsibility. The counties have maintained that to assume the responsibility for social security contributions lends credence to the argument that the client-employed provider is actually a county employee and thus eligible for county salaries and benefits.

These discrepancies over the handling of social security contributions could be resolved if the counties were to act as the fiscal agent for their homemaker-chore services program clients. Serving as the fiscal agent would

allow counties to treat client-employed providers as the employees of the clients and thus assure that the provider receives full credit for his payroll taxes and preclude the responsibility that the provider would be considered a county employee.

Inconsistent Use of Existing Community Resources

The Department of Health's Manual of Policies and Procedures requires the counties to establish a registry of available community service organizations. The purpose of such registries is to allow county welfare departments to use available community resources, many of which are publicly supported, to the greatest extent possible.

In the course of our review, we observed that counties authorize homemaker and chore services which are already available from existing community resources. While the cost of this duplication is not possible to determine, it does place an unnecessary burden on the restricted resources of the homemaker-chore services program, thereby preventing some clients from receiving needed services. Among the services most duplicated is meal preparation, which is available through congregate feeding sites for the elderly and needy or meals-on-wheels programs. Another duplicated service is transportation, which is available through local volunteer or public transit programs. Other services available in some communities include day care centers for the elderly which can eliminate reliance on the homemaker-chore services program for supervision, meal preparation, ambulation, exercise and client training. Sacramento and San Francisco Counties are now offering such centers on a demonstration project basis.

An example of failing to use community resources involves a client who was dependent upon a chore worker to provide frequent transportation to and from

medical appointments, despite the fact that some use could have been made of volunteer transportation services for the elderly and needy.

CONCLUSION

The inconsistencies in the county administration of the homemaker-chore services program, caused by the absence of adequate state regulations, have resulted in: inconsistent evaluation of client needs, varied payments to relative-providers, inconsistent methods of treating social security contributions for individual providers and inconsistent use of existing community resources.

RECOMMENDATIONS

We recommend that the Department of Health:

- Establish regulations to require improved channels of communication between the clients and county welfare workers so that changes in a client's condition will be met with appropriate changes in the level of service

- Establish regulations allowing payments to relative-providers only when they are from low income households or when they are providing extraordinary services which are in addition to normal household routine

- Establish regulations requiring the counties to perform the bookkeeping functions now imposed on the client. To do this the counties would report both the employee's and the

employer's share of the social security contributions to the proper authorities

- Enforce regulations to use existing available community service organizations.

In those cases where clients have been diagnosed as having stable disabilities, we recommend that the Legislature revise existing law to mandate an annual review of the service needs of the severely impaired client, instead of the presently mandated quarterly review.

BENEFITS AND SAVINGS

Implementation of our recommendations would make the administration of the individual county homemaker-chore services programs more uniform and consistent with client needs. In addition, excessive costs would be reduced to the extent of any payments currently being made for unnecessary services or to persons who should not receive payment.

Furthermore, the statutory requirement that severely impaired clients be visited by social workers quarterly promotes inefficient use of social worker time and the unnecessary expenditure of an estimated $252,000 annually.

FUNDS TO PROVIDE HOMEMAKER AND CHORE SERVICES HAVE NOT BEEN APPROPRIATED IN A WAY TO PROMOTE FISCAL RESPONSIBILITY IN THE ADMINISTRATION OF THE HOMEMAKER-CHORE SERVICES PROGRAM.

In fiscal year 1974-75, the Department of Health allocated a total of $229.7 million to county welfare departments to provide adult and family social services in California. Of this amount, $172.3 million (75 percent) represented federal social services monies and $57.4 million (25 percent) represented the required state and county matching monies.

The State Legislature (Welfare and Institutions Code Section 12306) elected to fund $16.25 million of the local social services share and specifically allocated this money to the homemaker-chore services program. Combined with the matching federal money, $48.75 million, a total of $65 million in social services monies, was allocated to the counties for homemaker and chore services.

The counties were also allocated the remaining $123.5 million federal social services monies and were required to provide the local $41.15 million matching funds. These monies were to be used for all other social services provided by the counties.

The net effect of this funding procedure was to separate homemaker and chore services from "other" social services and to provide for 100 percent federal and state funding of this program which is administered by county

welfare departments. In addition, "other" social services are funded 100 percent with federal and county monies. The absence of county participation in homemaker and chore funding does not encourage fiscal restraint.

This separation of funds in the state budget has led to the general belief that the homemaker-chore services program is a program for which the state has full fiscal responsibility. Therefore, there has been minimal effort by the counties to control program costs based on the assumption that any cost overruns had to be borne by the state. The separation of homemaker and chore services from "other" social services has resulted in the failure of the counties to establish appropriate fiscal and program priorities for the total package of social services that they provide. For example, county officials have stated that they did not have sufficient funds for the homemaker-chore services program for fiscal year 1974-75. Based on claims received from the counties for the quarters ending September and December 1974, the department determined that the counties did, in fact, have "other" social services monies that will not be expended by the end of the current fiscal year. Consequently, in March 1975, the department reallocated in excess of $5.3 million to the homemaker-chore services program from the "other" social services appropriation (see Appendix C on page 47 of this report).

In some of the counties that we visited, officials stated that even before the March reallocation they had been forced to reduce their "other" social service programs in order to fund the social worker staff responsible for the homemaker-chore services program. Most of these counties had placed freezes on the hiring of social workers, which had an overall effect of increasing existing social worker caseloads thereby reducing the ability of

the county to provide a total package of social services to current and prospective clients.

CONCLUSION

Fiscal responsibility has not been achieved in the administration of the homemaker-chore services program, in part because the method of budgeting social service monies does not require the counties to share in a portion of the cost of the program.

RECOMMENDATION

We recommend that the Legislature discontinue the practice of separating the homemaker and chore services allocation from the total social services allocation and apply the state's matching monies to all social services instead of only to the homemaker-chore services program.

BENEFITS

Implementation of this recommendation will promote sound management of the homemaker-chore services program by requiring the counties to share in the cost of that program.

THE DEPARTMENT OF HEALTH DOES NOT PROVIDE THE FULL RANGE OF IN-HOME SUPPORTIVE SERVICES AUTHORIZED BY LAW; AS A RESULT, CERTAIN IN-HOME MEDICALLY-RELATED SERVICES ARE EITHER BEING FURNISHED BY UNQUALIFIED PROVIDERS OR ARE NOT BEING PROVIDED AT ALL.

Presently, homemaker and chore services are viewed primarily as social services despite the fact that clients, in order to be eligible for these services, have some medically-related infirmity. The result of this view is that clients are authorized those services which are designed to meet their social need to remain in their own homes. As a client's medical condition deteriorates, these services continue to be the only source of in-home aid until his condition requires institutionalization. Thus, a gap exists between the domestic kinds of services authorized under the homemaker-chore services program and the medically-related services provided by an institution.

Some counties have formally recognized the medical aspects of in-home supportive services by requiring an assessment by a physician of the client's medical needs prior to the authorization of homemaker and chore services. Some of these counties currently authorize home health agencies to provide medically-related personal services such as bed baths and passive exercises in addition to authorizing homemaker and chore services.

As previously noted, in three of the ten counties included in our review we observed medically-related services being provided by unqualified persons. For example, we visited a client with acutely high blood pressure who was under medical advice to monitor her blood pressure on a regular basis.

During our visit we observed the provider taking the blood pressure and noted that she did not know how to properly read the instrument.

In another instance, a relative-provider was performing renal dialysis for the client. Although this is clearly a medically related task, it was funded under the homemaker-chore services program. An analysis of the service needs of the client indicated that only seven hours a month were needed for homemaker or chore services. Therefore, it was costing the homemaker-chore services program $400 per month when as much as $385 per month could have been funded through a medically-related program.

In our interviews with county officials, we found that these officials are aware that medically-related activities are being performed by unqualified providers. One welfare department administrator said, "I shudder at the idea that some providers go from waxing the floor to irrigating a catheter or giving an insulin shot". But he added, because the clients ask the providers to perform these tasks, the counties have virtually no control or means to prevent it even though it is recognized that these activities could result in a serious injury to the client and a potential liability for the county and provider.

Chore and homemaker services represent the first and second levels of a range of both social services and medical care that have been authorized for recipients of public assistance by both state and federal law. The following table shows the position of homemaker and chore services in this range and their approximate monthly costs.

Table 2

The Relationship and Cost Of
Homemaker and Chore Services And
Other Medical Supportive Services And
Care Authorized for Recipients of Public Assistance

Service or Care	Range of Costs	
	Daily	Monthly
Chore Homemaker	$1.65 to 7.75/hour[1/] - totaling $350/month[2/] (State average $119 per month)	
Personal Care Aide	Not currently authorized by California regulations	
Home Health Aide[3/]	$10.85	$350
Boarding Home	SSI grants less $15[4/]	
Intermediate Care Facility	$14.13 to 15.09	$430 to 459[5/]
Nursing or Convalescent Hospital	$17.25 to 18.42	$525 to 560[5/]
Acute Hospital	$115	--

1/ The actual upper limit was $24.32 per hour but applied to so few persons that $7.75 was assumed to be more representative.

2/ Clients classified as severely impaired may receive up to $450 per month.

3/ Home Health Aides are primarily used in California to provide services as a followup to hospitalization.

4/ Funded through public assistance, not Medi-Cal.

5/ Rate determined by bed space.

The absence of a personal care aide classification (described on page 43), the limited use of home health aides and the absence of a clear distinction between homemaker and chore services have widened the gap in the range of services available to the clients of public assistance.

The transfer of social services from the former State Department of Social Welfare to the Department of Health in July 1973 was partially designed to provide the administrative machinery to facilitate this perspective. Despite this intention, homemaker and chore services have yet to be integrated into a total medical-social service package.

An integrated perspective would enable county welfare departments to respond more quickly in determining the optimum level of service for each recipient of benefits. For example, clients could more easily be moved from the homemaker-chore services program as their physical condition deteriorated. The need for flexibility in medical-social intervention becomes especially significant as a client begins to require increased medical care which is not the primary offering of the homemaker-chore services program. Provision of in-home medical service, while more expensive than homemaker and chore service, is less expensive than the alternative which is often institutionalization. Conversely, patients in institutions could be reviewed in light of all the medical and social services available in the community, a step which might enable a return to a less dependent and less expensive living arrangement.

As a client begins to require increased and more costly homemaker and chore services, his condition should be evaluated by a medical-social review team (as institutional patients currently are) to determine if medically related in-home services are indicated or if, in fact, he can still benefit from an independent living arrangement. In cases where the client is determined to be incapable of further benefiting from his independent living arrangement, he might be transferred to a program offering more intensive care and supervision,

a move which would be more appropriate to his need and more appropriate to the homemaker-chore services program.

Medical-social review teams are currently used to review patients in intermediate care facilities (ICF) and nursing homes for appropriateness of care. Criteria could be developed to permit the use of this or a similar resource to review selected recipients of the homemaker-chore services program. The criteria could be based exclusively on medical indicators, on a combination of medical and fiscal indicators or be triggered semiannually by fiscal indicators only.

Whatever criteria are used, they could be developed so as to apply to only those recipients showing a heavy reliance on homemaker and chore services and/or deteriorating health. They would not need to apply to all users of these services.

CONCLUSION

In spite of statutory authorization to provide for a full range of in-home supportive services, the Department of Health has not done so. This has resulted in either the provision of medically-related services by unqualified providers or medically-related services which are not being provided at all.

RECOMMENDATIONS

We recommend that the Department of Health adopt regulations which would permit the use of the full range of in-home medical-social services so that homemaker and chore clients will not have to depend on unqualified providers for medically-related services.

We also recommend that the department require the use of medical-social review teams or their equivalent, where indicated, to assure provision of appropriate levels of services to clients.

BENEFITS

Implementation of these recommendations will permit the provision of the optimum levels of service at the minimum cost.

THE DEPARTMENT OF HEALTH RELIES EXCLUSIVELY ON A SINGLE SOURCE OF FUNDS TO FINANCE HOMEMAKER AND CHORE SERVICES. CONTINUATION OF THIS PRACTICE WILL RESULT IN AN ESTIMATED ANNUAL LOSS OF $11.3 MILLION IN FEDERAL MEDI-CAL MONIES WHICH COULD BE USED TO FINANCE SOME PERSONAL CARE SERVICES CURRENTLY PROVIDED TO CLIENTS UNDER THE HOMEMAKER-CHORE SERVICES PROGRAM.

The Department of Health has not exercised its full authority to obtain federal monies to fund homemaker type services. Section 12301.5 of the Welfare and Institutions Code authorizes the State Department of Health to fund in-home supportive services, where appropriate, under the Medi-Cal Act. Section 249 of the Code of Federal Regulations, Title 45 shows personal care service as a Medi-Cal eligible service. Other states, including New York and Nevada (see Appendix D), have recognized the use of personal care services as a medically related expense.

Despite this authority, the department has not developed the necessary procedures for transferring the personal care components of homemaker and chore services to a personal care program under Title XIX of the Social Security Act (Medi-Cal). Also, the department has not identified the amount and type of services which could qualify for Medi-Cal funding.

In the course of our review, we asked the counties to estimate the personal care component of their homemaker-chore services caseload. (We defined personal care to include passive exercise, bowel and bladder care, special dietary meal preparation, ambulation and medicated bed baths.)

Our analysis of the information that we received from the county welfare departments discloses that approximately 35 percent of the clients

in the homemaker-chore services program require an average of over 25 hours of personal care per month. Based upon this analysis we have estimated that qualifying personal care services under Medi-Cal would result in an additional $11.3 million annually in federal Title XIX money received by the state.

It has been argued that Title XIX money requires a 50 percent state match, while Title VI social services money requires only a 25 percent state match and therefore it would be monetarily advantageous for the state to continue to fund all aspects of the program under Title VI. Although the basic concept of this argument is true, the federal Title VI is a fixed allocation which has not been increased for the past three years. When Title VI is fully committed, as it now is, any additional program cost must be borne by state and local governments without additional federal funds.

The following example illustrates the monetary and social effects of total reliance on a single funding mechanism. In March 1975 the state augmented the homemaker-chore services program by $12.4 million in order to avoid a cutback in the level of services (see Appendix C). Of this amount, $8,448,000 was unspent state adoption funds from the 1973-74 fiscal year which were carried over as a fiscal year 1974-75 General Fund surplus. Of the $8,448,000, $1,333,267 was used to replace county funds which had originally been budgeted by the counties for nonhomemaker social services. This money was used by the state to earn $4,000,002 in federal social service funds to produce a total of $5,333,269. This action by the state, therefore, made available a total $12,448,002 for the purchase of homemaker and chore services as follows:

State unmatched funds	$ 7,114,733
State matched funds	1,333,267
Total state	8,448,000
Federal funds	4,000,002
Total available	$12,448,002

However, this increase in the amount of money for homemaker and chore services also resulted in a $5,333,269 decrease in the amount of funds available for social services to children and nonhomemaker social services to adults. Therefore, the net effect of the state's allocation of $8,448,000 in state funds for homemaker services was to increase by only $7,114,733 the total pool of funds available for all social services. ($12,448,002 less $5,333,299 equals $7,114,733; see Appendix C)

While the precise impact of the March 1975 action on the provision of social services for fiscal year 1974-75 cannot be measured, it is clear that because of inflationary pressures, the impact in fiscal year 1975-76, in the absence of corrective action, will be either a cutback in the level of services or the funding of such services exclusively from state and county funds.

By March of 1975, however, the use of Title XIX funds to supplement homemaker and chore type services was not an available option for fiscal year 1974-75. The reason for this is that the Title XIX mechanism did not exist in state regulations when the deficit became apparent.

Section 249 of the Code of Federal Regulations, Title 45 provides definitions for two classes of personal care providers. They are home health aide (Section 249.10(b)(7)(iv)) and personal care aide (Section 249.10(b)(17)(vi)).

The home health aide differs from the personal care aide primarily because the home health aide must be employed by a home health agency. The personal care aide, on the other hand, can work under an individual contract with the client or county.

Current regulations permit the counties to use home health aides; however, county administrators have informed us that they are reluctant to use home health aides partially because the nonfederal share of their cost (50 percent) comes entirely from county funds. There are no regulations which permit the use of personal care aides.

CONCLUSION

In light of the fact that the cost of the homemaker-chore services program will exceed its original allocation during fiscal year 1974-75 which has resulted in an augmentation, the Department of Health should take the necessary step to transfer the funding of the personal care elements from the homemaker-chore services program to Medi-Cal.

RECOMMENDATIONS

We recommend that the Department of Health exercise its existing authority to change the regulations which would permit the use of Medi-Cal funds for the purchase of personal care aide services.

In the absence of such action by the Department of Health, the Legislature should amend Section 12301.5 of the Welfare and Institutions Code to require the Department of Health to issue appropriate regulations.

SAVINGS

By using Medi-Cal funds in conjunction with the homemaker-chore services program, the Department of Health will be able to obtain an estimated $11.3 million annually in federal matching Medi-Cal funds.

SUMMARY OF COMMENTS BY DEPARTMENT OF HEALTH REPRESENTATIVES

Representatives of the Department of Health stated that because of the limited time available for their review of this report, they could not provide detailed comments at this time. Our summary of the comments made by the department's representatives at the exit conference are as follows:

- The estimated cost of total statewide implementation of the management information system, which has been piloted in two counties, would be approximately $2 million.

- If the state were to distribute its matching funds to all social services programs, and assuming the same program level, those counties that have a higher proportion of homemaker and chore services to total social services, when compared to the statewide proportion of homemaker and chore services to total social services, would have to use additional county monies to partially fund that part of their program which exceeds the statewide proportion.

- There are two "myths" generally associated with the homemaker-chore services program. The first myth is that failure to provide homemaker or chore services will automatically result in institutionalization; it has been estimated that only 28 percent of those now receiving homemaker or chore services would have to be placed in an institution for care if these services were not provided. The second myth is that the use

of the homemaker-chore services program to maintain a person in his own home always saves the state money when compared to the cost of institutional care; in actuality, in many cases the cost to the state for homemaker or chore services exceeds the cost to the state for institutional care, but the social value of in-home care must be considered even though a dollar value cannot be placed on it.

A Model for Providing In-Home Supportive Services

The following descriptions of five provider classifications and their duties has been synthesized from suggestions and practice by state and county administrators and staff. They are presented here only for reference, and are not necessarily intended as a recommended course of action.

Chore Provider (Title VI Funds)

- Provider is employee of either client, county or contract agency. (Current providers may qualify for this position.)
- County coordinates provider assignments
- Function of the provider is to perform domestic services (i.e., cleaning, laundry, shopping and cooking)
- Relatives of the client are paid only for the extraordinary services they provide
- County deducts employee's share of social security contribution and adds the employer's share of social security
- Taxes are paid to Internal Revenue Service by the county.

Homemaker Provider (Title VI Funds)

- Provider is a county employee, or an employee of a contract agency
- Special training and certification required
- Function of provider is to train clients to perform personal and household activities which are difficult to perform due to accident or illness
- Service is expected to be of short duration
- Client must have a high probability of being trained and becoming self-reliant.

Personal Care Aide (Title XIX Funds)

- Aide is under contract to county, or is an employee of a contract agency
- Special training and certification required
- Supervised and coordinated by registered nurse
- A doctor's plan is required to qualify for Medi-Cal funding
- County is responsible for social security contribution as previously described
- Service is not to exceed 20 hours per week

- Services are of a personal care nature (i.e., bedbaths, passive exercises, ambulation and special diet preparation)

- Relatives of client do not qualify for this classification

- Section 249.10(b)(17)(vi) of the Code of Federal Regulations, Title 45 defines the conditions under which personal care services are Medi-Cal eligible:

> "Personal care services in a recipient's home rendered by an individual, not a member of the family, who is qualified to provide such services, where the services are prescribed by a physician in accordance with a plan of treatment and are supervised by a registered nurse."

Home Health Aide (Title XIX Funds)

- Aide is an employee of a home-health agency

- Special training and certification required

- Supervised and coordinated by a registered nurse

- A doctor's authorization is required to qualify for Medi-Cal funding

- County is responsible for social security contributions as previously described

- Services are of a personal care nature.

Attendant Provider (Title VI and Title XIX Mixed Funding)*

- Three-way contact between provider, client and the county
- Special training and certification for personal care (current attendants could qualify after training)
- Services are combined chore and personal care for clients requiring in excess of 20 hours of personal care per week (severely impaired)
- Doctor's plan required for personal care component of needed services
- County registered nurse supervises personal care component
- County is responsible for social security contributions as previously described.

* This class of provider embodies the chore providers who are now full-time providers for severely impaired clients and represents a mechanism whereby the personal care element of that service is Medi-Cal eligible.

COUNTIES	Total County Population	Number of Clients by Delivery Method					Cost/client/mo (2nd quarter claim 1974-75)
		Co Empl	Indiv Provi	Contr Agency Non Profit	Contr Agency Profit	Total	
ALAMEDA	1,096,900	130	3800	---	---	3,930	$ 84.61
ALPINE	700	---	---	---	---	---	---
AMADOR	14,400	---	23	---	---	23	29.57
BUTTE	115,000	551	---	---	---	551	58.07
CALAVERAS	15,500	---	62	---	---	62	69.35
COLUSA	12,500	13	1	---	---	14	154.57
CONTRA COSTA	585,900	---	2761	---	---	2,761	109.48
DEL NORTE	15,500	68	---	---	---	68	106.70
EL DORADO	53,300	41	130	---	---	171	98.81
FRESNO	441,400	---	262	202	777	1,241	124.26
GLENN	18,500	38	1	---	---	39	132.61
HUMBOLDT	103,700	---	174	116	---	290	104.12
IMPERIAL	80,600	---	---	---	163	163	134.65
INYO	16,900	52	3	---	---	55	124.51
KERN	341,100	424	610	3	---	1,037	85.25
KINGS	69,500	112	41	---	---	153	89.33
LAKE	23,600	---	170	---	---	170	33.01
LASSEN	18,100	85	---	---	---	85	103.90
LOS ANGELES	6,961,200	---	18332	---	---	18,332	119.01
MADERA	45,200	---	25	---	231	256	62.36
MARIN	214,700	3	303	---	---	306	169.15
MARIPOSA	7,600	---	15	---	---	15	95.73
MENDOCINO	56,800	---	---	266	---	266	65.25
MERCED	118,100	---	64	381	---	445	73.38
MODOC	8,100	---	9	---	---	9	64.00
MONO	7,100	---	1	---	---	1	96.00
MONTEREY	261,200	---	356	---	---	356	127.68
NAPA	86,900	---	129	---	---	129	63.19
NEVADA	31,200	---	4	---	67	71	92.73
ORANGE	1,656,300	---	2230	---	---	2,230	71.28
PLACER	89,800	---	40	---	164	204	74.84
PLUMAS	13,400	---	---	---	53	53	134.87
RIVERSIDE	509,600	---	353	1700	---	2,053	91.09
SACRAMENTO	683,100	18	2397	---	---	2,415	154.27
SAN BENITO	19,400	---	26	---	---	26	124.30
SAN BERNARDINO	702,500	---	---	1626	---	1,626	103.31
SAN DIEGO	1,509,900	711	2731	---	---	3,442	168.53
SAN FRANCISCO	679,200	50	2962	490	898	4,400	204.61
SAN JOAQUIN	301,600	---	183	850	---	1,033	52.91
SAN LUIS OBISPO	123,300	---	---	---	285	285	102.30
SAN MATEO	573,700	---	1200	200	---	1,400	139.50
SANTA BARBARA	279,800	---	---	573	---	573	146.03
SANTA CLARA	1,178,900	---	1929	349	504	2,782	177.94
SANTA CRUZ	144,600	---	---	629	---	629	133.44
SHASTA	86,000	183	256	---	---	439	100.54
SIERRA	2,600	---	4	---	---	4	80.00
SISKIYOU	35,200	---	24	---	---	24	128.16
SOLANO	184,700	44	393	---	---	437	89.73
SONOMA	237,800	---	614	---	---	614	63.64
STANISLAUS	210,600	---	85	912	---	997	75.39
SUTTER	44,800	---	4	---	59	63	82.92
TEHAMA	31,900	---	---	---	106	106	70.68
TRINITY	9,200	9	6	---	---	15	145.06
TULARE	203,700	---	279		1533	1,812	59.18
TUOLUMNE	25,600	---	50	---	---	50	50.24
VENTURA	426,000	---	---	679	---	679	79.26
YOLO	104,400	131	81	---	---	212	164.58
YUBA	44,200	1	148	---	---	149	55.84
GRAND TOTAL	20,933,000	2,664	43271	8976	4840	59,751	$119.69

Change in Funding For
Homemaker-Chore Services Due To
The Addition of $8,448,000
State Funds to the Program

	Funding Agency			
	State	County	Federal	Total
Approved Budget				
Homemaker-Chore	$16,250,000		$48,750,000	$ 65,000,000
Other Services		$41,192,972	123,579,128	164,772,100
Total Social Services	16,250,000	41,192,972	172,329,128	229,772,100
Changes to Budget				
Homemaker-Chore	8,448,000		4,000,002	12,448,002
Other Services		(1,333,267)	(4,000,002)	(5,333,269)
Total Changes	8,448,000	(1,333,267)	-0-	7,114,733
Appropriation as Changed				
Homemaker-Chore	24,698,000		52,750,002	77,448,002
Other Services		39,859,705	119,579,126	159,438,831
Total Social Services	$24,698,000	$39,859,705	$172,329,128	$236,886,833

SUMMARY--SURVEY OF STATES

State	Method of Funding	Administering Agency	Approximate Number of Clients	Approximate Cost of Program	Cost/Client/Mo.	Primary Delivery Method	Comments
Alabama	Title VI	State	n/a*	n/a	n/a	State employees	Program not yet implemented statewide
California	Title VI	County	59,800	$7.2 million/mo.	$119	Individual contracts	
Hawaii	Title VI	State	425	n/a	n/a	State employees for H/M; agency contracts for chore	
Illinois	Title VI	State	4,084	$359,460/mo.	$88	State employees and agencies for H/M; individual contracts for chore	
Indiana		County	n/a	n/a	n/a	County employees	No chore services yet
Louisiana	Title VI	State	n/a	n/a	n/a	State employees	
Maryland	Title VI	County	1,500	$120,120/mo.	$80	County employees	
Michigan	Title VI	State	10,000	$1,478,922/mo.	$147	Individual contracts	
Nevada	Title XIX Phy. Aide Title VI H/M	State	25 250	$20,000/mo. (Title VI only)	$80	Agency contract for Title XIX physician's aide; state employees for H/M	Physician's aide used where personal care is primary need. No chore services offered.
New York (New York City only)	Title VI, XIX	County	11,000 (Title XIX only)	$1.7 million/mo. (Title XIX only)	$150 (Title XIX only)	County employees or agency for H/M; agency contracts or individual contracts for chore	Title XIX is for personal care and home health aid services
Oregon	Title VI	State	63 H/M 1,298 chore	$123,375/mo. (for chore only)	$95 (chore only)	Nonprofit agency contracts for H/M; individual contracts for chore	
Pennsylvania	Title VI	State	n/a	n/a		State employees and agency contracts	
Virginia	Title VI	County or city	1,896	$383,595/mo.	$202	County or city employees or agency employees for H/M; individual contractors and county or agency employees for chore	
Washington	Title VI	State	2,700	$306,300/mo.	$113	State employees for H/M; individual contracts for chore	
W. Virginia	Title VI	State	1,050 H/M 612 chore	$34,021/mo. (for chore only)	$55	State employees and agency contracts	
Wisconsin	Title VI	County	n/a	n/a	n/a	Individual contracts for chore	State has a home health aid program under Medicare

* Not available

Prepared from an Auditor General questionnaire