

Date of Hearing: April 29, 2025

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Alex Lee, Chair

AB 346 (Nguyen) – As Introduced January 29, 2025

**SUBJECT:** In-home supportive services: licensed health care professional certification

**SUMMARY:** Revises the definition of “licensed health care professional” for purposes of authorizing specified services in the In-Home Supportive Services (IHSS) program. Specifically, **this bill:**

- 1) Specifies that for purposes of ordering IHSS paramedical services, “licensed health care professional” has the same definition as “health care practitioner,” as defined in existing law, as described in 1) below.
- 2) Specifies that for purposes of certifying the need for IHSS services, a licensed health care professional may also include a nurse or nurse practitioner who is working under the direction of the licensed health care professional; and revises the definition of “licensed health care professional” to mean a “health care practitioner,” as defined in existing law, as described in 1) below.

**EXISTING LAW:**

- 1) Defines, for purposes of healing arts licensure, “health care practitioner” as any person who engages in acts that are the subject of licensure or regulation under the Healing Arts division or under any initiative act referred to in this division. (Business and Professions Code § 680(c))
- 2) Establishes the IHSS program to provide supportive services to individuals who are aged, blind, or living with disabilities, and who are unable to perform the services themselves or remain safely in their homes without receiving these services. (Welfare and Institutions Code [WIC] § 12300 *et seq.*)
- 3) Specifies that supportive services include: domestic services and services related to domestic services, heavy cleaning, personal care services, accompaniment by a provider when needed during necessary travel to health-related appointments or to alternative resource sites, yard hazard abatement, protective supervision, teaching and demonstration directed at reducing the need for other supportive services, and paramedical services which make it possible for the recipient to establish and maintain an independent living arrangement. Provides that personal care services mean all of the following:
  - a) Assistance with ambulation;
  - b) Bathing, oral hygiene, and grooming;
  - c) Dressing;
  - d) Care and assistance with prosthetic devices;
  - e) Bowel, bladder, and menstrual care;

- f) Repositioning, skin care, range of motion exercises, and transfers;
  - g) Feeding and assurance of adequate fluid intake;
  - h) Respiration; and,
  - i) Assistance with self-administration of medications. (WIC § 12300(b))
- 4) Requires the California Department of Social Services (CDSS) to adopt regulations establishing a uniform range of services available to all eligible IHSS recipients based on individual needs. (WIC § 12301.1 (a))
  - 5) Requires a county welfare department to assess each IHSS recipient's continuing monthly need for IHSS at varying intervals as necessary, but at least once every 12 months. Further, requires the results of the assessment to be divided by 4.33 to establish a recipient's weekly authorized number of hours of IHSS, subject to certain limitations, as specified. (WIC § 12301.1(b))
  - 6) Authorizes counties to choose to contract with a nonprofit consortium or establish a public authority for the provision of IHSS services. Requires nonprofit consortia and public authorities to, among other things, establish a registry to assist recipients in locating IHSS providers, and to investigate the background and qualifications of potential providers, as specified. (WIC § 12301.6)
  - 7) Maintains an IHSS recipient's right to hire, fire, and supervise the work of any IHSS provider, regardless of the employer responsibilities of a public authority or nonprofit consortium, as specified. (WIC § 12301.6 (c))
  - 8) Requires, as a condition of receiving IHSS, an applicant for, or recipient of, services to obtain a certification from a licensed health care professional, as specified, declaring that the applicant or recipient is unable to perform some activities of daily living (ADLs) independently, and that without services to assist the applicant or recipient with ADLs, the applicant or recipient is at risk of placement in out-of-home care. (WIC § 12309.1)
  - 9) Provides that a skilled nursing facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth in federal law. (42 Code of Federal Regulations 483.21(c) (1))

**FISCAL EFFECT:** Unknown, this bill has not been analyzed by a fiscal committee.

**COMMENTS:**

**Background:** IHSS offers personal care assistance to eligible low-income individuals who are blind, 65 years of age or older, or have disabilities. These services include help with feeding, bathing, bowel and bladder care, meal preparation and cleanup, laundry, and paramedical care. Qualified individuals can receive up to 283 hours per month in assistance with these tasks. The

goal of the program is to help recipients remain safely in their homes and avoid or delay more costly institutional care.

CDSS oversees IHSS at the state level, and local counties are responsible for administering the program. County social workers determine IHSS eligibility and perform case management after conducting a standardized in-home assessment of an individual's ability to perform ADLs. In general, most social workers annually reassess recipients' need for services. Based on authorized hours and services, IHSS recipients are responsible for hiring, firing, and directing their IHSS provider(s). The average number of service hours that will be provided to an estimated 771,650 IHSS recipients is projected to be 123.7 hours per month in 2025-26.

To qualify for IHSS, applicants must obtain a certification from a licensed health care professional. This certification must confirm that the individual cannot perform certain ADLs without assistance and would be at risk of being placed in out-of-home care without these services. Under current law, a licensed health care professional is defined as someone licensed in California by the appropriate regulatory board, operating within their legal scope of practice as outlined in the Business and Professions Code. This includes, but is not limited to, physicians, physician assistants, regional center clinicians or supervisors, occupational and physical therapists, psychiatrists, psychologists, optometrists, ophthalmologists, and public health nurses. The certification must include at least the following two elements:

- A statement that the individual is unable to independently perform one or more ADLs and that one or more IHSS services are recommended to help prevent the need for institutional care.
- A description of the condition or functional limitation that causes or contributes to the individual's need for assistance.

Additionally, IHSS covers certain paramedical services that a person could manage on their own if not for their functional limitations. These services must be prescribed by a licensed health care professional legally authorized to do so and include tasks such as medication administration, skin punctures or insertion of medical devices, procedures requiring sterile technique, and other activities requiring professional judgment. These paramedical services must be provided by a caregiver under the direction of the licensed health care professional and with the recipient's informed consent, as part of the prescribed care. However, the law does not specifically define "licensed health care professional" in the context of prescribing paramedical services under IHSS.

*This bill* uses the definition of health care professional for licensed health care professionals, which expands who can authorize necessary services. Thereby, making it more accessible for individuals to get approved for services.

**Author's Statement:** According to the Author, "In-Home Supportive Services (IHSS) is a vital support system for older adults, blind individuals, and people with disabilities in California, allowing them to live safely and independently at home. Paramedical services are a crucial part of IHSS, but inconsistent form-signing requirements have created unnecessary delays in accessing care.

“[This bill] streamlines this process by allowing the same expanded list of health care professionals to sign both IHSS forms, reducing delays and easing administrative burdens for applicants. This bill ensures that vulnerable Californians receive the critical care they need in a timely manner to stay safely in their homes.”

**Equity Implications:** IHSS recipients are older adults or adults with disabilities who need assistance with their ADLs. IHSS helps recipients live independently and prevent unnecessary or premature admission to congregate care. By expanding who can sign off on confirming the appropriate hours needed to live an independent life, it will likely ease the administrative burden for recipients and applicants.

#### **RELATED AND PRIOR LEGISLATION:**

***SB 1245 (Ochoa Bogh) of 2024***, was identical to this bill. *SB 1245 was held on the Senate Committee on Appropriations suspense file.*

***AB 426 (Maienschein), Chapter 424, Statutes of 2019***, prohibited a licensed health care professional from charging a fee for the completion of the medical certification form required to be eligible for IHSS.

***SB 72 (Committee on Budget and Fiscal Review), Chapter 8, Statutes of 2011***, adopted the requirement that applicants for, and recipients of, IHSS obtain certification from a licensed health care professional, as specified, declaring that the applicant or recipient is unable to perform one or more ADLs independently, and that without one or more IHSS services, the applicant or recipient is at risk of placement in out-of-home care, among other things.

#### **REGISTERED SUPPORT / OPPOSITION:**

##### **Support**

County Welfare Directors Association of California (Sponsor)  
Association of Regional Center Agencies  
California Advocates for Nursing Home Reform  
City and County of San Francisco  
County of Humboldt  
County of Kern  
County of Los Angeles Board of Supervisors  
County of Sacramento  
County of San Bernardino  
County of Yolo  
Del Norte County Department of Health and Human Services  
Mendocino County Department of Social Services  
Monterey County Department of Social Services

##### **Opposition**

None on file.

**Analysis Prepared by:** Alexandria Smith / HUM. S. / (916) 319-2089