

# Comparing Consumer- and Agency-Directed Models: California's In-Home Supportive Services Program

By A. E. Benjamin and Ruth E. Matthias

Until recently, there has been little research to inform the debate about expanding consumer direction to the elderly and other populations with supportive services needs. Most paid supportive services at home are provided by homecare agencies. Critics of this agency

approach argue that clients themselves should be organizing and directing their own home-based services, which are personal and mostly nonmedical and thus amenable to individualized design. This article describes a study funded by the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services that was designed to examine the experiences of clients and providers under different supportive-service arrangements in the home (Benjamin et al., 1998; Doty et al., 1999). The study compares service experiences and outcomes for clients in a traditional homecare-agency model with those in a consumer-directed model. The locus of the study is California's In-Home Supportive Services (IHSS) program, a large and well-established program that offers both

---

*Findings to inform the  
debate about expanding  
consumer direction to older  
people and others.*

---

agency-based and consumer-directed services.

## BACKGROUND

The IHSS program is authorized under the Medicaid personal assistance benefit and provides funds for services to nearly 200,000 Californians monthly. Those qualifying are aged, disabled, or blind

state residents living in their own homes whose low incomes qualify them for Supplemental Security Income (SSI). Covered home-based services include personal care, household and related chores, paramedical services, protective supervision, and transportation to medical appointments. Seriously impaired recipients are eligible for up to 283 hours per month of reimbursed services.

IHSS services are provided through two very different models. One, which we call the professional agency model (PAM), consists of homecare agencies that hire and train providers and coordinate services to eligible clients. The second model, which we call the consumer-directed model (CDM), delegates all responsibilities for recruiting, hiring, training, and supervising the

worker to the client, with direct payment by the state to workers for certified hours. Under the CDM, the program will pay an hourly rate (usually the minimum wage) to anyone, including a family member, selected by the client as a provider. More than 40 percent of CDM providers are relatives of eligible clients, and about 25 percent are friends or acquaintances. Under state law, the CDM is mandated in all fifty-eight California counties, while the PAM is available at county option in twelve counties. In counties offering both models, county-employed case managers decide which model is appropriate in a given case, with client preference as one criterion.

In late 1996 and early 1997, telephone interviews were completed with a random sample of 1,095 IHSS clients. The study client sample was stratified to ensure roughly equal numbers of clients receiving services under each of the two models, clients over and under age 65, and clients more and less severely limited in functional status. Questions addressed service experience and five client outcome areas: safety, empowerment, unmet needs, service satisfaction, and quality of life. In analyzing outcomes, we took into account differences in client characteristics and level of assistance needs (Benjamin et al., 1998).

## RESULTS

The results of the study are as follows.

*Clients and workers differ across models.* In the IHSS program, CDM clients have poorer functional status and greater service needs than do PAM clients. Because CDM clients hire their own workers, including family and friends, their workers are more likely than PAM workers to be ethnically and linguistically compatible with the client. CDM clients also report that their workers have longer tenures and lower turnover. Because of their greater service needs and latitude to negotiate with their workers free of agency constraints, CDM clients are much more likely than PAM clients to receive unpaid service hours from their providers. This situation is true for CDM clients served by strangers and friends as well as by family members.

*Agencies make it easy for clients to initiate services.* For clients referred to the PAM, initiating supportive services is relatively easy, since the

contracted agency receives the referral from the county, contacts the client, selects the provider, and arranges the schedule. For CDM clients, there is little or no outside help in arranging for services. Once notified by the county of their eligibility, CDM clients are on their own in recruiting and hiring a worker. A majority hire family members or friends, but start-up difficulties are most often experienced by clients recruiting and hiring strangers. About one-third of CDM clients say that finding a provider was difficult.

*Overall, CDM clients report more positive outcomes.* When client outcomes are compared across models, either CDM clients report more positive outcomes or there is no difference between them and PAM clients (Benjamin, Matthias, and Franke, 2000). We find (statistically significant) differences in how empowered PAM and CDM clients feel in the service relationship, how satisfied they are with the technical and interpersonal aspects of services, and how they rate the quality of their lives. On each, CDM clients have more positive scores than PAM clients. Our initial expectation was that PAM clients would report more satisfaction with the technical dimensions of service, while CDM clients would rate their experience better on interpersonal dimensions. Surprisingly, it is on satisfaction with technical quality that the client data most clearly indicate a CDM advantage.

*Agency training and supervision do not alter client outcomes.* Although PAM workers receive more formal training and supervision, these differences are not reflected in client satisfaction with services. A majority of CDM clients have exercised some degree of choice in hiring and supervising their workers and have selected providers with whom they are familiar and comfortable. Moreover, despite not receiving much formal training, CDM providers receive a surprising amount of informal, individualized training from family physicians, home health nurses, and other professional personnel. This client-specific training may be more tailored to the needs of individual clients. One result is that CDM clients are generally more satisfied with their service experience.

*CDM clients must arrange their own backup assistance.* Being assured of back-up help when the regular provider is unavailable is important to

anyone dependent on supportive services, and especially to those needing assistance with activities of daily living. Most PAM clients rely on the homecare agency to arrange backup when needed, although about one in seven PAM clients believes that no one would be available. Among CDM clients, most of whom rely on family and friends, about one in six reports having no one to count on for backup help.

#### DISCUSSION

As assessed by clients and providers, both the professional agency and consumer-directed models seem to be working in the IHSS program in California. In many respects, consumers with support needs embrace the CDM more enthusiastically than they do the PAM. Analysis of elderly and younger recipients revealed few systematic differences. A wide range of clients of all ages and diverse needs seem to make the CDM work for them, but they do so in different ways. Mostly, CDM clients depend on resources not provided through the program, especially family and friends, to fill a number of gaps in the model, including assistance in recruiting, hiring, training, and supervising workers. Except in a handful of counties with registries or "supportive" back-up services, the program has provided little help to clients new to consumer direction. One-quarter of CDM clients in California who are unwilling or unable to hire family or friends as providers must rely on a range of community resources, informal help, and some luck to find an acceptable provider. For the roughly one in five CDM clients without family and friends to rely on, a missed visit by a provider can mean uncertainty or crisis.

Even with the demands of consumer direction, any statistically significant differences between the service models on client outcomes consistently favor the consumer-directed model. CDM clients report feeling no less safe than PAM clients, while being more empowered in their service relationship, more satisfied with the technical and interpersonal aspects of services, and more positive about the quality of their lives.

We believe that the consistency of these findings across varied outcomes outweighs the limitations of this study. In one well-established program in one state, when people needing maintenance and support are asked to organize and direct their own services, outcomes are likely to be relatively positive. Importantly, these results are not based on selecting an exceptional minority of users, but apply across a diverse and broad-based population of users. Also, these outcomes are not simply the result of permitting consumers to hire family members. While paying family providers is also associated with positive outcomes (Benjamin et al., 1998; Benjamin et al., 1999), it represents only part of the CDM "advantage." Finally, these outcomes are found across age groups and are not confined to younger clients who direct their own services. As issues of the availability and cost of homecare become more salient, less elaborate and possibly less costly consumer-choice models can be a viable alternative to traditional agency-based homecare. ☺

*A. E. (Ted) Benjamin, Ph.D., is professor and chair, Department of Social Welfare, and Ruth E. Matthias, Ph.D., is senior research associate, both at the School of Public Policy and Social Research, University of California, Los Angeles.*

#### REFERENCES

- Benjamin, A. E., et al. 1998. *Comparing Client-Directed and Agency Models for Providing Supportive Services at Home*. Final Report to the U.S. Department of Health and Human Services. Los Angeles, Calif.: School of Public Policy and Social Research.
- Benjamin, A. E., et al. 1999. "Consumer Direction and In-Home Services: Recipient Perspectives on Family and Non-Family Service Provision." *Journal of Rehabilitation Administration* 22:233-47.
- Benjamin, A. E., Matthias, R. E., and Franke, T. M. 2000. "Comparing Consumer-directed and Agency Models for Providing Supportive Services at Home." *Health Services Research* 35:351-66.
- Doty, P., et al. 1999. *In-Home Supportive Services for the Elderly and Disabled: A Comparison of Client-Directed and Professional Management Models of Service Delivery*. Non-Technical Summary Report. Washington, D.C.: U.S. Department of Health and Human Services.