

**California IHSS Consumer Alliance**  
**Statewide Call Notes**  
**August 17, 2016**  
**10 a.m. to 11 a.m.**

**The recording was sent out with this!**

**Roll:** There were 34 participants on the line! Not everyone announced their names and numbers did not match to past calls.

Teresa Sable – Calaveras, Candy – Solina, Greg Thompson – PASC, Ben – Riverside, Jewel Lee – Riverside, Fran Smith, Yolo, Jerry Graham, Randy Hicks – Sacramento, Rick Simonson – Sacramento, Christie Bovell (?), William Reed – Placer, Mel Beattle – SF, Heidi Ahranian – PASC, Collen Philly (?), Bev – IEHP, Linda Roberts – Shasta, Randi Bardeaux – PASC, Michael Condon – San Diego, Joy Riley – San Diego, Paula Herman – PASC, Karen Keesler – CAPA, Elaine Paoli – Napa, Michele Geving – San Diego, Rosita Whitaker – Riverside, Kristine Loomis – Riverside, Janet Clark – Calaveras, Janie Whiteford – Santa Clara

**Karen Keesler** shared information about Bills AB 1584, AB 1930, & SB 1234.

It was noted the State Legislation is coming down to its last two weeks to get bills past as of today. Once these are passed the Governor will have 30 days to sign them. In December they will meet for one-week to organize and then again in January 2017 to begin work on FY 17-18.

**AB 1584:** Sponsored by Assemblymember Cheryl Brown. This bill will restore the COLA to the SSP portion of the SSI/SSP payment. It has passed the Senate and needs to go to the Assembly for confirmation and then on the Governor for signature. CAPA working with CA4SSI is in support of this. Thanked Randy Hicks for his work on this through CA4SSI. Generally this type of bill goes through the budget committee, but it is being pushed by Assemblymember Brown who is a strong advocate for Senior and Disabled People interests.

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201520160AB1584](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB1584)

**AB 1930:** Assemblymember Lackey is a sponsor with others. To establish a task force to look into individuals getting credit for work and paying FICA. As it is today, individuals who provide services through the state's IHSS program to their child or spouse are not allowed to contribute towards Social Security, Medicare, or state Unemployment Insurance (UI). This means that when they retire, if they become disabled, or if they lose their jobs, they do not have access to our nation's most critical programs for seniors and the uninsured. This has resulted in significant economic hardship for IHSS providers who are at or near retirement age.

This bill has passed through the Senate Appropriations Committee and then the full Senate and moves to the Governor for signature.

The Fiscal Department opposes AB 1930 sharing it is a tax inequality caused by Federal IRS Tax regulation. It is believed by Fiscal this would still need to be changed at the Federal level. This may be vetoed.

[http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill\\_id=201520160AB1930](http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201520160AB1930) (read the most recent Bill Analysis)

**SB 1234:** Not directly on IHSS but could affect providers. This is to establish Retirement Programs; presently, the California Secure Choice Retirement Savings Trust is paid into by State employees. This will help providers who do not or do have a retirement to earn addition retirement investments (June 15 IHSS Providers were added to this bill). It is an opt-out type program meaning if you do not opt-out you will see a 3% (example percentage) taken out of your pay check and it will go into a savings to create a nest-egg when you retire.

If this is passed it will still need to be approved by the California Secure Choice Retirement Savings Trust Board to be sure it meets Federal regulations and other Retirement Savings rules.

It is expected this may happen in the following manner:

- Step 1: The Trust Board Verify this is legal and IHSS providers can participate in this Saving Plan
- Step 2: If IHSS Providers can participate they will need to be educated on the overall program and how it works, while learning what will be the advantage of opting in or out will be.
- Step 3: It is expected this may take effect late in the coming year or January of 2018.

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201520160SB1234](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB1234)

**Michael:** Any proposition coming up on the ballots dealing with IHSS?

**Karen:** None that will directly affect IHSS, but maybe an indirectly, like extending funding. It is understood there are different measures throughout the States different counties that may increase the minimum wage. San Diego is a good example though it did give residents a higher minimum wage, IHSS providers did not receive the increase.

**Janie:** SB 1234 has it been flushed out on how people will be paid out?

**Karen:** Not sure if it will be like a 401K, if you can take it all out or whatever. It is a defined contribution. It is hoped someone from fiscal will explain it to CAPA and others. It is thought this is a good program for, just need more information and will share as it comes out.

**Janie:** What can folks do now regarding AB 1584?

**Randy:** Doing a phone tree and asking others to call their state representatives. Charlie sent this request out. There is a letter being done and CICA has signed on already. CICA is a member of the CA4SSI.

**Kristine:** Asking about SB 1234; wondering about the Able Act, something similar to SB 1234. About the Able Act?

**Karen:** Familiar with the Able Act, but only have little information. It was understood there were two bills to start it here in California.

Bean had the found the below information:

California AB 1553 addresses the “Achieving a Better Life Experience Act of 2014 (ABLE Act),” and SB 324 also address the “Achieving a Better Life Experience Act of 2014 (ABLE Act).”

**AB 1553** [click here](#). This amends section 4875 and 4877 of the Welfare Instructions Code and do not know the status of its approval. Was passed by both the Assembly and Senate, but amended. In Assembly. Concurrence in Senate amendments pending. May be considered on or after August 18 pursuant to Assembly Rule 77.

**SB 324** [click here](#). SB 324 was signed by the governor June 11, 2015.

“[Achieving a Better Life Experience Act of 2014 \(ABLE Act\)](#)” Here are ten things to know about the Able Act, [click here](#). Speaking with my Social Security Representative it is important to speak with them about this and develop a plan. Here is a short note about this after Obama signed it, [click here](#).

**Randy:** Noted there are two propositions on bringing revenue for marijuana and cigarettes and asked opinion.

**Karen:** It was noted the Prop 30 will continue tax on higher incomes to continue. Regarding Marijuana there is opposition and the way our politics is going this year be unwilling to predict.

**It is important for all to vote!**

**Jewel Lee**, Executive Director (Public Authority), Riverside County IHSS Program made a presentation on Riverside's "Provider Back-Up System (BUS)."

**OVERVIEW:** The "IHSS Provider Back-Up System" is an emergency in-home care intervention for clients at risk of removal from their homes due to health, safety concerns. The concept of the BUS was started three years ago.

Introduction video: [click here](#)

Overview: [click here](#) Flow Chart

Innovation Award: [click here](#)

The program is a partnership, Inland Empire Health Plan, Molina Health Plan, Adult Protective Services, and local IHSS program. This could not have been possible without the commitment of the partners involved.

She played the short video that was made a Supervisor showing how the calls are handled.

The question came up about 5-years ago asking if there was an emergency need for the IHSS program, how would it be addressed. The answer at the time, was there was no system in place.

The way the BUS program works is an emergency request is received through our 800 number and individual receiving the call identifies the needs and looks through the list of providers kept for someone to meet the need. If no one is found then they go to the BUS list and locate someone able to assist at a higher cost per hour (instead of \$11.50, the hourly rate will be \$14.50).

There is no limitation if the need is there. The need is met and the Public Authority or other Social Services Director approves this to activate someone from the two registries (regular list and BUS list). When this is done the Social Worker/Assistant is notified to be sure the individual receives assistance they need and another provider is found if need be. It is important to recognize that the provider through the BUS program is limited to \$500 in costs (this only may cover 2 – 3 days. depending on the need).

This action is followed up with case management meeting to determine the emergency needs are met and what to do afterwards.

Shared the video here! [click here](#). The video was quick because it was edited, a call usually gets more detail than what was presented here.

There potential safety questions asked, such as are their pets, what is needed in the way of tasks to be done, and other family members or friends around.

**Janie:** How much is the consumer involved?

**Jewel:** The consumer's voice is very important they are told about the program and it is to provide services short-term services in the least restrictive way possible. The consumer needs to agree to hiring the provider in the emergency period and they understand it is temporary until a provider can be found in the long-run to meet their needs. Once the Social Worker and Consumer agree to this, then the Public Authority is contacted to use the BUS program.

**Michael:** What are the hours this program is available?

**Jewel:** Critical component of the program is the availability of the provider being able to meet the emergency need. The ability to pay the extra \$3 an hour helps strengthen this program. The consumer does not receive any more hours, but the provider will be paid the \$11.50 through the CMIPS II while the \$3 is pad through APS and the Health plans cover this. The video was quick because it was edited, a call usually gets more detail than what was presented here.

It is for 24/7, but we like to engage the district offices to let people know as soon as possible. If the barrier is time or location, we look at our BUS list and work it out to meet the consumer and provider's need.

**Unknown:** Do these hours count against the Recipients monthly hours? Because it is a higher rate of pay?

**Jewel:** Consumer needs to agree to the hours they are going to use. The BUS provider will work the regular provider's hours they would have been scheduled for. When a consumer asks for the BUS program they agree to the regular hours they would have scheduled the regular provider. So, if the regular provider would have worked 20 hours, the BUS provider would work 20 hours. This time is documented to allow for proper payment of the \$3 an hour and also to document that this is for a limited time. **NOTE:**

There is a \$500 limit, so the more hours needed limits the number of days if it is a need for a full day!

**Michael:** When there is a higher rate paid per hour does it effect the hours?

**Jewel:** No, it does not. The hours are paid through the CMIPS II processing for the regular hours the provider works and the \$3 over times the number of hours worked is paid in a separate check through the health Plan. It does not reduce the authorized hours.

**Lena:** The \$3 rate is paid for by the health plan, yes?

**Jewel:** Yes, it is, depending on the health plan they are under. If they are not under a health plan, it goes through Adult Protection Services. This service is not limited to the IHSS program. The BUS program also works with consumers under the APS program.

**Lena:** If they are union members they will not be paying dues on the extra \$3 they are being paid, yes?

**Jewel:** Yes, that is correct.

**Lena:** How often is this used?

**Jewel:** Referring to the overview handout, page 4 ([click here](#)). There was one individual where the Social Worker did not agree to the use of the program because the tasks were not covered. This individual went into the hospital. 1 of every 5 were APS and they left the hospital against medical advice and they had no one to care for them (hospital called APS).

**Unknown:** Is the consumer limited to how many times they can use this service?

**Jewel:** No, it is based on the need and emergency.

**Kristine:** How can this be advertised? Do we have enough providers?

**Jewel:** We always need care providers. This the reason for tying the need to Social Workers and Assistances. For opening it up it is a goal, but need to be sure providers are available.

It is hoped to look at numbers and identify consumers who may need this service (bed-bound and so forth) and identify providers who can assist when the need arises. It is hoped to get back-up providers trained in using different types of equipment (those who are bed-bound often have specialized equipment individuals need to be trained).

**Paula:** What happens if a single parent goes into the hospital and they have a child who needs 24 hour care, the hours awarded only allow for 9 hours per day. What will happen to the child?

**Jewel:** What we would do is to identify the need for the client to remain home. (Answer is only an example) APS, IHSS, and the PA needs to ask questions and look into what is best for the consumer.

**NOTE:** This is an issue state-wide for parents who care for children 24/7 hours. The need for finding a provider to assist an individual who needs 24/7 assistance is a concern and because of our aging population this is going to be in greater need.

**Janie:** Who manages this afterhours?

**Jewel:** We have a Social Worker who responds to the 800 number after hours, even if it is 2 a.m. in the morning.

**Janie:** Where do these providers come from?

**Jewel:** They are regular IHSS providers who have signed up to provide assistance when needed.

**Randy:** What about the different rates, how are they paid out?

**Jewel:** They will get overtime if they earn it under the BUS program or not.

**Michael:** Yes, assume they are restricted to the 66 hours per week!

Randy: Where can I see this material?