

CICA Statewide Call
Wednesday, March 18, 2015

Notes

Roll (not all names were recorded):

Michelle Geving, San Diego	Jackie Robinson, UHW-Chico
Fran Smith, Yolo	Sean Stewart, Orange
Joan Weber, Contra Costa	Joey Riley
Mike Conley	Joe Samora
Felice Connelly, Riverside	Heidi A
Gina	Janie Whiteford, Santa Clara
Doug Schneider	Rick Simonson
Bud Sayles, San Diego	Louise Osejo, Mendocino
Lena Berlove, Orange	Pat Dorn
Ellen Cast	Lisa Brown
Ron Schmidt, Placerville	Leoma Lea
Bradley	Karen Keesler, CAPA
Elaine Paine	Susan Pellirini
Paula Herman	Jannettje Vrieze, Humboldt
Ralph	Doug Weir, Napa
Mark Beckwith	Cindy Calderon, Humboldt
William Reed, Placerville	Charlie Bean, Humboldt

Karen Keesler – CAPA: Budget Issues: 1) They are working to restore the 7% cut; this is tied to the Managed Care Organization Tax; there is some difference of opinion between the Governor's proposal and the Federal Government; this past week the Assembly Budget Subcommittee #1 passed to restore the 7% without linking it to the Managed Care Organization Tax and not sure what will happen in the Senate Budget subcommittee #3 will do next week. 2) The next issue is on overtime where the Federal court knocked down the complete ruling thus California dropped its plans to provide overtime; the unions and other organizations have been pushing for the State to live up to what was originally proposed. The Assembly Budget Subcommittee #1 passed supporting the overtime rules as presented by the governor earlier and this would be good for 90% of the care providers; the subcommittee created a place-holder for a trailer bill (wording to be created later) to protect families and others where the 66

weekly cap will hurt the recipient and care provider; there are those under the waiver program and those with multiple clients who work high hours who the 66 weekly hour cap will hurt and the trailer bill is to address these two groups – **something to watch for**. At his point this has not been addressed but plans are intended to.

Another concern deals with the Share-of-Cost, Disability Rights California is pushing this. Prior to 2009-10 consumers who had share-of-cost the State bought this out so there would be no share-of-cost. *“Because of a change made in the bad budget year of 2009-2010, there are people on IHSS who pay a share of cost which brings their income down to \$600 a month, much less than the already-inadequate SSI level. The \$600 level is the Medically Needy standard, which should itself be increased. Prior to the change, the state “bought out” the difference between the SSI and MN levels for these IHSS consumers.*

Living on \$600 is impossible, and it is a real barrier to people being able to stay at home or to leave nursing homes. This means that for some people, the state is paying \$75,000 + dollars on a nursing home rather than paying the share of cost buyout and the cost of IHSS for the same person to live at home.

This particular policy is one of the egregious examples of California's non-compliance with the Olmstead decision (taken from letter of support).”

This was raised by Disability Rights California at Assembly Budget subcommittee #3 meeting last week (inserted in quotes is in the IHSS Coalition letter dated March 20, 2015 ([click here](#))). This may not be on the agenda for the Senate Budget Subcommittee but it is now listed as a priority of the IHSS Coalition.

AB 11 – Current law provides that an employee under the Healthy Workplaces, Healthy Families Act of 2014 does not include a provider of in-home support services, as described. This bill would revise the definition of an employee under the Healthy Workplaces, Healthy Families Act of 2014 to, as of July 1, 2016, include providers of in-home support services, as described; Concerns about state computer dealing with record keeping and posting of notices telling employees of legal rights. ([fact sheet](#))

AB 67 - Would enact the Double Pay on the Holiday Act of 2015 that would require an employer to pay at least 2 times the regular rate of pay to an employee for work on a family holiday as defined. This bill contains other related provisions and other existing laws. All workers would be paid double pay for Thanksgiving and Christmas; concerns is funding at the county level since they are under the MOE agreements and may not have funds to cover and would need to cover using general funds. ([fact sheet](#))

AB-97 – Would declare the intent of the Legislature to enact legislation to create a mechanism to pay In-Home Supportive Services program providers for additional hours worked through the Coordinated Care Initiative. This bill contains other existing laws. Health plans were supposed to evaluate recipients and if they needed more assistance provide this. ([fact sheet](#))

AB-211 – Current law requires the California In-Home Supportive Services Authority (Statewide Authority), no sooner than March 1, 2013, to assume specified responsibilities in a county upon notification by the Director of Health Care Services that the enrollment of eligible Medi-Cal beneficiaries described in specified provisions of law has been completed in that county. Under current law, the date of assumption of these responsibilities by the Statewide Authority is known as the county implementation date. This bill would, instead, make the implementation date January 1, 2016, would delete the reference to the "county" implementation date, and would make conforming changes. Collective bargaining; Puts all 58 counties under the State Authority. ([fact sheet](#))

AB 470 – CAPA sponsored, Current law requires the Department of Justice to charge a fee to the employer of in-home supportive services providers to cover the costs of administering the background check program. This bill would require the above fees to be placed in the IHSS Fingerprint Account, which would be established by the bill. The bill would continuously appropriate those funds to the Department of Justice for use to offset costs incurred in administering the background checks and for maintenance and improvement to the systems from which the information is obtained. ([fact sheet](#))

AB-662 – Californians for Disability Rights sponsored – Would require a commercial place of public amusement that serves over 1,000 people on a daily basis constructed on or after January 1, 2019, or that renovates a bathroom on or after January 1, 2029, to install and maintain at least one adult changing station, as defined, for a person with a physical disability, as specified. The bill would also make conforming changes. ([fact sheet](#))

AB-1235 – Disability Rights of California sponsored - Would declare the intent of the Legislature to enact legislation to prohibit the use of in-kind value of housing as a basis for calculating the home upkeep allowance for a patient in long-term care and prohibit eligibility for the allowance from being based on the date when patient status is established, and to require the calculation for the allowance to be based on the actual cost of maintaining the patient's home. The bill would declare the intent of the Legislature to enact legislation to require the State Department of Health Care Services to adopt conforming regulations, and to notify specified parties of those regulatory changes. ([support letter](#))

AB-1261 – Would establish the Community-Based Adult Services (CBAS) program as a Medi-Cal benefit and would specify eligibility requirements for participation in the CBAS program. The bill would require that CBAS providers be licensed as ADHC centers and certified by the California Department of Aging as CBAS providers. The bill would require CBAS providers to meet specified licensing requirements and to provide care in accordance with specified regulations. The bill would require that those provisions be implemented only if federal financial participation is available. ([fact sheet](#))

AB-1418 – IHSS - Existing law establishes the In-Home Supportive Services (IHSS) program, administered by the State Department of Social Services and counties, under which qualified aged, blind, and disabled persons are provided with services in order to permit them to remain in their own homes and avoid institutionalization. Existing law requires that those services be performed by providers within a workweek that does not exceed 66 hours, reduced as specified. This bill would state the intent of the Legislature to enact legislation that would improve the economic security of In-Home Supportive Services program providers. ([PDF](#))

AB-1436 – CWDA Sponsored - Would authorize an applicant for, or recipient of, in-home supportive services to designate an individual to act as his or her authorized representative for purposes of the In-Home Supportive Services program. The bill would define an authorized representative to mean an individual who is appointed in writing, on a form designated by the State Department of Social Services, by a competent person who is an applicant for or recipient of in-home supportive services, to act in place or on behalf of the applicant or recipient for purposes related to the program. ([fact sheet](#))

AB-1518 – Disability Rights California sponsored; The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Current federal law authorizes the state to obtain waivers for home and community-based services. Current law authorizes the Department of Health Care Services to seek an increase in the scope of these waivers, in order to enable additional nursing facility residents to transition into the community, subject to implementation of these amended waivers upon obtaining federal financial participation, and to the extent it can demonstrate fiscal neutrality within the overall department budget. This bill would make a technical, non-substantive change to those provisions. ([bill](#))

SB-128 – Would enact the End of Life Option Act authorizing an adult who meets certain qualifications, and who has been determined by his or her attending physician to be suffering from a terminal illness, as defined, to make a request for medication prescribed pursuant to these provisions for the purpose of ending his or her life. The bill would establish the procedures for making these requests. This bill contains other related provisions and other existing laws. ([fact sheet](#))

SB-199 – Would, commencing January 1, 2017, include within the definition of supportive services assistance in reading and completing financial and other documents for a recipient of services under the IHSS program who is blind. By expanding the scope of available services under the IHSS program, this bill would impose a state-mandated local program. The bill would also require the Director of Health Care Services to seek any federal approvals necessary to ensure that Medicaid funds may be used in implementing this provision. ([bill](#))

SB-492 – Establish a bill of rights for CCI; Would establish the Coordinated Care Initiative Consumer Bill of Rights, which would set forth rights to which an individual receiving care under the CCI would be entitled, including, but not limited to, rights to self-direction and choice, quality, flexibility, and accessibility of service, cultural competence, and an appropriate grievance and appeal process, as specified. The bill would require the State Department of Health Care Services to make the information available to the public, as specified. This bill contains other existing laws. ([bill](#))

Question/Concern: SB-199 it was noted this would be good to cover individuals with no hands. Remember this bill did not get through last year and at this time adding more to this bill than to assist the blind the governor may not sign; one step at a time needs to be taken to move forward to meet other needs. This bill was introduced by the Council of the Blind and CAPA (CICA as well) supports it as it is written. It is recognized there are others who may need this service, but taking them in incremental steps and what is presently accepted by the present administration is most positive towards reaching and providing services needed by the blind; others may be worked on in the future. Brown is not in favor of expanding this beyond the blind; supposedly a Social Worker will provide this service for others if needed (we know how this works).

Question: Waivers, asking about parents who may be hurt if overtime would go into effect, they are going to put in a separate category to cover parents; would this cover grandparents and other care providers (relatives or IPs with multiple clients). Waiver 1518 is this to take away the caps referring to the yearly cap \$48K

First question, the Assembly action simply indicated they want to have statutes in place that did not harm parent providers and they did not go beyond this, or other providers. Legislators' staff are aware of the different categories that could be effected if the State was to begin paying overtime and they want to protect them from harm. There are efforts are underway to construct rules to protect individuals under the waiver if the State was to begin paying overtime, but it does not look like the State will pay overtime unless it is so ordered by the federal government. Categories for those under the waiver programs are being looked into so no harm will be caused if overtime was to happen in the future.

AB 1518 it is not believed this will add additional slots or increase the caps.

Question: DOJ funding, where does this money go providers have paid? The funds collected has gone directly into the state general fund. It is believed that re-directing funds collected and having them go to DOJ will improve the timeliness of getting provider background checks done.

Discussion about DOJ Fees higher for providers compared to others – DOJ Fee Schedule as of August 17, 2012 ([click here](#)).

Question/comment: It is difficult to pay the fees and then not receive timesheets and pay in a timely manner. Signing the timesheets by others there is a concern, especially as a single parent caring for a child who cannot sign their own timesheet....

There is a lot of issues about getting paid in a timely manner. There was some discussion about seeing problems referred to on Facebook – people have not been paid for two-months. Karen will be asking for statistic on the timeline for getting people paid.

AB 1436 concern was to provide for improved direction on who can sign a timesheet. Is there a form to become a designated signer for a recipient referring to the timesheet? Yes, there is a waiver at the County.

Can you go into the information the Statewide Authority when it is due and talk a bit about it? It is due May 1, 2015. There are 5 appointees by the governor and 13 individuals who may apply for the Statewide Advisory Committee from anywhere in the state. [Click here](#) for more information.

Questions: Stress about not receiving a Notice of Action (NOA), wondering when these are supposed to be sent to recipients? Concerns expressed about being the only care provider of their child.

County is required to send out a NOA (the time they have to mail out is not known at the time of this call; believed to be 30 to 45 days). Agreed it is not good that timesheets do not have time balances on them. There are conversations about redoing timesheets to include remaining time balances but not until after they have used the timesheets already printed originally set-up up if the FLSA went into effect.

As a parent signing for your child over 18 this may need to be added to the new regulations (to talk to CWDA about situation shared).

Question: 1115 Waiver application – This waiver is done every 5-years that allows the Federal government to pay the state funds.

There was a concern that SEIU had put in certain training in the application to be used in 9 counties. It is felt training should go through individual County Public Authorities if there is any funding to come to the state under the 1115 training. CAPA letter about training can be read [here](#).

There is concern if the SEIU training recommendation is accepted it could become a medical model, which is beyond the scope of what the IHSS program is about. It is important to follow this and as CICA gets information to add input we will notify you.

It is important to be active advocates on the bills presented.

Question: Information about IRS 2014-7 Bulletin there is some confusion on this.

The IRS put out a Q&A a couple weeks ago and clarified this, that live-in workers would be eligible and non-live-in are not - [click here](#) for Publication 907.

“Medicaid waiver payments. If you are an individual care provider who received certain payments under a Medicaid waiver program for caring for someone who lives in your home with you, you may be able to exclude these payments from your income. See the Instructions for Form 1040, line 21. If you reported these payments on your return for 2013 or an earlier year, see www.irs.gov/Individuals/Certain-Medicaid-Waiver-Payments-May-Be-Excludable-From-Income.”

NOTE: CICA or the PA is not giving tax advice just sharing information.