



CICA Statewide Call Minutes June 20, 2012

Call Participants

[Note: If you were on the call and we missed your name (or misspelled it) send the corrected information to info@cicaihss.org]

Connie Soucy, San Diego, Access to Independence
Leoma Lee, incoming Chair, Sacramento IHSS Advisory Committee
Chandra Livingston-Banks, incoming Vice-Chair, Sacramento IHSS Advisory Committee
Cathy Houle, Chair, Calaveras IHSS Advisory Committee
Melissa Kinley, outgoing Chair, Sacramento IHSS Advisory Committee

Shirley Stacy, Solano IHSS Advisory Committee
Janie Whiteford, CICA President Emeritus, Santa Clara IHSS Advisory Committee
Cindy Calderon, CICA President, Humboldt IHSS Advisory Committee
Andy Rossoff, Mendocino IHSS Advisory Committee
Lawrence Zynda, San Diego IHSS Advisory Committee

Bud Sayles, Executive Director, San Diego IHSS Public Authority
Charles Calavan, Executive Director, Alameda IHSS Public Authority
Fran Smith, Executive Director, Yolo IHSS Public Authority
Charlie Bean, Chair, Humboldt IHSS Advisory Committee
Felice Connolly, Riverside IHSS Advisory Committee

Mary Tucker, Nevada IHSS Public Authority
Karen Keeslar, Executive Director, CAPA
Deborah Doctor, Legislative Advocate, Disability Rights California
Shirley Adams, Orange IHSS Advisory Committee
Jenilyn Jiminez, San Diego IHSS Advisory Committee

Eric George, Mendocino IHSS Advisory Committee
John Metzler, Solano IHSS Advisory Committee
April Wick, Sonoma IHSS Advisory Committee
Jeff & Tim, Placer Independent Living Services, Auburn
Forest Harlan, Chico Independent Living Center

Terrance Henson, Southern California Rehabilitation Services, Downey
Dolly Clemente, San Mateo IHSS Advisory Committee
Kristine Loomis, Riverside IHSS Advisory Committee
Robin _____?

Cindy Calderon moderated the call. The presenters were Deborah Doctor, Legislative Advocate, DRC (Disability Rights California) and Karen Keeslar, Executive Director of CAPA (California Association of Public Authorities).

Deborah Doctor - Coordinated Care Initiative (CCI)

CCI is the most complicated proposal she has ever worked on.

CCI is the Governor's proposal for an eight county demonstration to integrate into managed care people known as "Dual Eligibles, that is, people eligible for both MediCal and Medicare.

"Managed care" means the state will contract with a health care plan to pay a fixed (capitated) rate per year for each person in the plan. The plan is then responsible for coordinating and providing all medical and Long Term Services and Support (LTSS) (including IHSS) for each plan member.

Included in the CCI proposal is a provision that IHSS consumers in the demonstration counties who are *not* Dual Eligibles, but who receive either MediCal or Medicare would also move into managed care.

The CCI proposal allows people on Medicare to opt out. Federal rules prohibit Medicare recipients from being forced into managed care. But there is no opt-out for MediCal services for Dual Eligibles.

While the state budget was passed last week, the trailer bill implementing it has not been passed. In fact, we have not seen the latest version of the CCI trailer bill.

Unanswered questions:

- What will the legislature give the Governor permission to do?
- Still unknown are details of future legislative oversight of managed care.

Federal Aspect Separate but related to current proposals is that the state has to get permission from CMS (Centers for Medicare and Medicaid Services) to go ahead with the "demonstration". For a complete copy of the

state proposal, [click here](#) .

The public comment deadline is June 30. To comment on the CCI go to this e-mail address CA-MedicareMedicaidCoordination@cms.hhs.gov.

For more CCI information go to the official website at www.calduals.org. There are several workgroups going on now which are open to participation. See a calendar at the CalDuals website.

Many organizations including CICA and CAPA are very concerned about the speed and scope of the CCI. They contend that managed care plans are simply not ready --

- To take on the IHSS population at all. Most of the plans have not served this population before.
- None of the managed care plans have any experience in providing long term services and supports as part of managed care.

Thus, DRC and others have been working hard to slow it down, but it does not appear the legislature is slowing it down as much as we would like. The start date has now moved from January 1, 2013 to June 1, 2013.

DRC (and others) contend an arbitrary start date and an arbitrary number of demonstration counties is not the best way to proceed. Instead, DRC recommends the legislature adopt *readiness standards* and start with managed care plans that are *actually ready*. [Click here](#) to see the proposed "readiness criteria" submitted to the legislature by DRC and the Western Center on Law and Poverty. CICA is a co-signer of the letter along with six other disability rights groups.

It is not accurate to call CCI a "demonstration" once you include Los Angeles County and much of the rest of the state. A "demonstration" is usually understood to mean trying something out in one or two spots and see how it works. If it works, then try it in other areas.

DRC and others are now focusing on Congress and CMS to deny acceptance of certain aspects of the proposal. For example, CMS rules do not allow a "lock-in" for Medicare recipients. However, it is still in state's application to CMS.

CMS could question or disallow the state request to cover eight counties and eighty percent of the state's population.

Nursing Home Waivers California has a nursing home "waiver" program. It allows people who would go into a nursing home (or who want to get out) to use some of the nursing home money to get community services, including IHSS.

While the CCI does not propose to cut the nursing home waiver benefits, it fails to provide that the money for those benefits will go into the CCI. In effect, the state is saying to managed care plans, "You can still provide the benefits, but we are not going to give you any more money to do so."

The state claims it will be in the financial interest of plans to continue to provide waiver benefits to keep people out of nursing homes. DRC does not believe it is right for nursing home waiver recipients to have to rely on the "hope" that managed care plans will continue to provide the services.

Failure to include nursing home waiver money in the CCI goes against the promise that people will be better off in managed care rather than the current system.

There are about 800 people on the nursing facility waiting list who are likely to qualify for the waiver. The state proposes they would go into managed care and even if a waiver spot opened up, they would no longer be eligible for waiver services.

DRC is asking the state to delay CCI implementation until at least January, 2014 by which time many of these issues can be resolved.

DRC is hoping to avoid some of the serious problems experienced when the state moved 400,000 seniors and people with disabilities into managed care. People got separated from long-time doctors, treatment was interrupted and surgeries were postponed. The state has finally acknowledged these problems actually happened, but we are not at all clear how these problems will be avoided under the CCI.

Question: Eric, Mendocino County: Concerned re nursing home waiver. Not enough beds to go around.

Answer: The Governor's CCI proposal includes nursing home services. A possible silver lining is that managed care plans would see it is less expensive to serve people in home rather than nursing homes. While it is true there may be a shortage of beds in some areas, over the whole state, there is a consistent 20% vacancy rate. DRC hopes that rather than building more nursing homes, the money can go into managed care.

Question: Please comment on the fact that managed care providers have poor ratings.

Answer: The National Senior Citizens Law Center (NSCLC) did a report on the health care plans approved by the state. To read the report [click here](#). Relying on state and federal data, the report concludes:

- Each of the seven plans got the lowest possible rating for MediCal services
- Only three of the seven plans got a satisfactory rating for Medicare services

DRC is concerned that the state has picked plans with poor records. Why is there any expectation they will do a good job? It is not enough for plans to simply *say* they will do a good job. The state should *require proof*, before enrollment begins, that plans *can* provide the services they *say* they will provide. That includes proof they can provide access for people with disabilities.

Deborah was recently in Washington DC discussing California's CCI. She is amazed at how incredibly well-informed some Congressional staffers are about CCI issues. If you are in the district of Congressman Xavier Becerra (Democrat, District 31, Los Angeles) Deborah urges you to commend his office. If you are not in his district, then raise these issues with your own member of Congress.

Question: What will IHSS services look like in a managed care environment?

Answer: The state proposes to maintain the county IHSS role for three years with no change in procedural rights, assessments, etc. DRC is concerned about what will happen after three years. Plans will not be happy if they are financially responsible for IHSS, but have no ability to control the costs.

Karen Keeslar - Budget Status

Agree with Deborah that CCI proposal most complicated thing worked on in 30 plus years of IHSS.

Union Proposal to Shift Collective Bargaining from Counties to State
Role of PA (Public Authority) and local ACs (Advisory Committees): Governor in May Revise stated intent to move collective bargaining from counties to state. It is clear that will be part of the final CCI language.

Unions circulated trailer bill language pushing for a statewide PA while continuing to have local PAs. Language in union proposal does not match what they say they are trying to achieve. They propose a statewide PA and local PAs would be branch offices. Statewide PA would establish standards, thus improving poor PAs and leaving good PAs alone to continue as they have.

The union proposal completely severs local governance whether by county board of supervisors or by citizen governing board. Complexity (and unanswered questions) follow if you sever the board of supervisors from the local from PA. Who appoints the AC? Where would the funding for all this come from? Is it an unfunded local mandate? There are a lot of concerns.

Current understanding from Governor's staff is that only collective bargaining will be shifted to state. All other local PA functions of training, back up services, background checks, and local AC would continue. Conversations are fluid. Very political. Negotiations are above the staff level directly involving the Governor, Senate President *pro tem* Steinberg and Assembly Speaker Perez.

CAPA and other groups heard that unions asked for an "impasse procedure". An impasse occurs if parties are stuck in negotiations. Unions asked for binding arbitration meaning a neutral third party makes a decision. Employers resist turning the decision over to a third party who has no responsibility for balancing a budget.

The Governor rejected binding arbitration. CAPA (and others) heard that the unions then asked for a right to strike if they could not have binding arbitration. Unions deny they ever made such a request.

State pushing for uniform assessment tool to cover all services under CCI. Health plans say they should be able to decide what services IHSS consumers get. CAPA, DRC and CICA feel counties should always do assessments and eligibility. Trailer bill says managed care plan cannot go below county assessments, but can go above.

It is expected the Governor will either blue pencil line items or veto the budget by the June 27 deadline. Thus, there is pressure on legislature to resolve remaining 22 trailer bills, one of which is the CCI. There is an expectation of a cleanup bill to resolve unanswered questions.

IHSS Budget

Good news is that legislature has rejected the worst cuts proposed by Governor for a 7% across-the-board cut layered on 20% trigger cut enacted last year. Also rejected proposal to eliminate domestic and related services.

Legislature approved a one-year extension of a 3.6% cut due to expire June 30, 2012.

Legislature has scored \$31 million in savings but not said how they will achieve it. Karen expects it will be in a trailer bill.

Possibilities are:

- CAPA proposal would identify veterans receiving IHSS. If they could get better services from the Veterans Administration (VA), they would have the option to leave IHSS and receive home-care benefits from the VA. The proposal is permissive, not mandatory and has built in consumer protections. There is potential savings if veterans choose to move to a VA program.
- Unions are revisiting the provider tax. Federal law allows states to assign sales tax to home care services. The proposal would not affect either IHSS providers or consumers. It could be worth \$100 million additional money from the federal government.

Questions:

- Information on home care services provided by Veterans Administration (VA)? Karen prepared a paper comparing IHSS and VA authorized benefits. In some cases they pay for more things than IHSS, such as durable medical equipment with no co-pay and better medication benefits. To see Karen's paper [click here](#).
- Is state still pushing for 20% cut from last year? Answer by Deborah Doctor - the case is still pending in federal court. The preliminary injunction remains in place until the case concludes. DRC expects the state will lose.

County Happenings

Sacramento County Moving to monthly meetings. Advisory Committee had a meeting with the board of supervisors and that went well. Melissa Kinley reports she is terming out as an AC member and is the outgoing chair. New AC members are Leoma Lee, incoming Chair and Chandra Livingston-Banks, incoming Vice-Chair. CICA wishes Melissa the best and thanks her for her years of service to the IHSS community.

Janie Whiteford

Commented that it is imperative during this difficult time and with all the information we have received from Karen and Deborah that IHSS Advisory Committees be educated on these issues. It is important for those on the statewide call to take the call minutes back to your Advisory Committees and make sure they know what is going on.

It is important that Advisory Committees insist that Public Authority directors give a full report, on a monthly basis, on what is going on at CAPA.

CICA is grateful to CAPA and DRC for our partnership. We need to extend those relationships and make sure we are in continued dialogue with them. Advisory Committee members can voice concerns about IHSS in their county to their Public Authority director and have them take that to CAPA. If, for some reason, that is not working, they can contact CAPA directly to make sure your message is getting to them.

We have so much in common with CAPA and DRC. We cannot stress enough how important those relationships are and how important it is for CICA to foster those relationships.

As always, if you have any questions, please do not hesitate to contact me at cindy@cicaihss.org

Sincerely,

A handwritten signature in cursive script that reads "Cindy Calderon".

Cindy Calderon, CICA President