

**CICA Statewide Call  
February 18, 2015  
10 a.m. to 11 a.m.**

**Notes**

**Call in:** (888) 296-6828

**Pass code:** 753825 followed by #

|                              |                 |
|------------------------------|-----------------|
| <b>Roll:</b> Felice Connelly | Deborah Doctor  |
| Dennis Schnieder             | Jan Clark       |
| Michelle Geving              | Randi Bardeaux  |
| Bonnie Newman                | Jene McCovey    |
| Doug Weir                    | Janie Whiteford |
| Leoma Lee                    | Mary Tinker     |
| Timothy Cooper               | Bradley (SF)    |
| Bud Sayles                   | Michael Condon  |
| Joey Riley                   | Cindy Calderon  |
| Charlie Bean                 |                 |

**1115 Waiver Update:** *Deborah Doctor from Disability Rights California will share an update on the 1115 Waiver Application and its status sharing position on training included.*

**AB-11 Employment: paid sick days: in-home supportive services**, introduced by Assembly Member Gonzalez (Coauthor: Assembly Member Bonta), December 01, 2014; This a re-introduction of a bill presented in FY14-15 where at the last minute IHSS Care Providers were removed from the original bill.

There are concerns and questions on how this would work for IHSS workers considering the type of work they do compared to a job in the office where one may be absent the work will go on; but if an individual care provider is the sole individual caring for assistance. No stance on this has been taken, just have concerns and questions presented yet to be answered.

We want to watch this and follow its progress:

[http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201520160AB11](http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB11)

Another one to watch: AB 304 [http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab\\_0301-0350/ab\\_304\\_bill\\_20150212\\_introduced.html](http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_0301-0350/ab_304_bill_20150212_introduced.html)

**SB 128 End of life:** Introduced by Senators Wolk and Monning (Principal coauthors: Senators Jackson and Leno) (Principal coauthor: Assembly Member Eggman) (Coauthors: Senators Block, Hall, Hancock, Hernandez, Hill, McGuire, and Wieckowski) (Coauthors: Assembly Members Cristina Garcia, Quirk, and Mark Stone), January 20, 2015;

This bill 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. The bill would also establish the forms to request aid-in-dying medication and under specified circumstances an interpreter declaration to be signed subject to penalty of perjury, thereby imposing a crime and state-mandated local program.

No stance taken to be watched:

<http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml>

**1115 Waiver – Training Portion** One portion of the waiver has to do with developing workforces with this interest SEIU put forth a voluntary 61 hours of training for certain IHSS workers.

This is to assist consumers from using the emergency room as often by having trained Care Providers to prevent the use of emergency services by those on Medi-Cal. This training would only happen if it was agreed on by the care provider's recipient. The idea is to have the care provider trained to coach, observe and better assist the recipient and lessen the need for using emergency services while serving as the eye and ears of the managed care

program they are enrolled in. This is mostly targeting 35% of those under the CCI managed care program.

DRC's objections would be the fundamental change required to the IHSS program role in the workers. Change in clinical setting in the home and changing the role of workers to medical services which goes against to the original purpose of the IHSS program. The care providers becoming the eyes and ears of the managed care program is taking away the role of the programs which was sold by the state as to being their jobs. The training and jobs being asked to perform for the managed care who will pay for them?

Those service the IHSS worker will be trained for tasks not IHSS tasks and who cover these? Also, this kind of improvement is one of the selling points for managed care. Tying it to those under the CCI is not good, especially considering many of those under the CCI have opted out, the numbers are just not there. If this is to prevent the over usage of emergency services they need to identify why individuals are using these services; the lack of money to buy prescription drugs or other necessary needs cannot be done by the care provider.

In the next week or two the State will submit a proposal to the Federal Government for approval of the 1115 Waiver program. If anyone wishes to share their concerns you can write to: **Anastasia Dodson, California Department of Health Care Services. Via Email: [WaiverRenewal@dhcs.ca.gov](mailto:WaiverRenewal@dhcs.ca.gov)**

**DRC's final protest on training:** ([click here](#))

**UCSF Medi-Cal 1115 Waiver Workforce:** ([click here](#)) Review prior to writing.

**Note:** This proposal has been put forth by SEIU as a sole source proposal. If we are going to support our Public Authorities it is believed the funding should go directly to the counties for providing necessary training as needed.

**McCovey:** Explained her situation and concerns about her needs in training especially because she is getting older having senior needs. It was recommended she look into Nursing Facility Waiver. Unfortunately this program has a long waiting list for those not in a facility; there is no waiting list if you are in a facility. The State limits spending here, not sure how this would assist.

**Schneider:** The success of the IHSS program has always been the relationship between the provider and recipient.

**Doctor:** DRC is in absolute support of training to meet the needs of the client, but the proposal is in addition to what is being offered and can be problematic for some.

**Riley:** Let's say the Managed Care asks the provider to report back to them, does this not interfere with the confidentiality relationship of the recipient and provider?

This is exclusively voluntary and an agreement would have to be prepared in order to share information

Would like to know if this training is paid? It is in the training proposal that the training would be paid.

The 1115 waiver you noted there are all kinds of components, K or J, would this have anything to do with the overtime proposed with weekly capped of 66 hours? No it is different.

Wonder what the use of those who may be using emergency services so often, what group are they in? It seems these individuals would already have high hours and are of high risk and may have a need to use emergency services more often. This is a national problem and it was thought managed care was to address. The numbers are so small that may be in this group.

It is wondered if the training is to justify higher pay moving workers from untrained to trained justifying higher wages.

If this is so, what of those who are already at the high level of competence in considering this training.

There is concern expressed about improving a higher wage level but not as a stepping stone to move on.

While we are not facing any cuts in IHSS we all should pay attention to what is being done.

**Training:** *Mary Tinker will share information on training as offered from the County of Santa Clara and provide ideas for others.*

Santa Clara has had two training committees consist of consumers, members of the union and staff in addressing training; Janie is one of the consumers who sat on this committee since the beginning.

There were 9 initial classes, CPR, Diabetes, transfer tips, First Aid, Personal Care, Paramedical Care, Nutrition, Last Stages of Life (use to be Grief Death & Dying training), and mental health. In the beginning they met and identified topics individuals may wish to have training in. This was done about 10 years ago and a survey was sent out and this is how they came up with the 9 training classes.

As they have progressed budgets have been cut, but not the training. Part of this was because it was included in the agreement between the union and County. This last bout with the union it was agreed to add 10 more classes to training; working jointly with the union (5 members on each side) surveys were sent again and the top 10 choices were selected to add to the training schedule. They are: how to work with difficult people, Old timers and dementia, Body mechanics, emergency preparedness, food safety and preparation, working with somebody with diabetes or heart disease, Attendant care basics, care giver support and community services, understanding mental health disorders and understanding neurological health disabilities. These ten classes are what they are gearing up for. Yearly schedules are sent out twice a year. In order to accomplish these classes working with local schools and resources are used. Classes are offered in Spanish, English and Mandarin.

Curriculum used is shorted by taking important topics from classes and presented as 3 hour classes to meet the workforces needs. Classes are taught using the idea of “independent living philosophy” and that IHSS is not a medical model, but a social model. An example of a class is the “Tips for Transfers” you are being shown how to do this, but even though you are shown one-way, your employer is the best teacher, follow their direction.

They have a certificate of completion given to those who take classes; it is placed on a list and provided to care providers and added to the information given to recipients when looking at a potential provider showing their past training received.

Curriculum is available for the first 9 groups and will be shared with Ms. Doctor. Possible share information with CICA to share with others.

**Future Topics:** What would you like to hear about in the upcoming months?

Tax Information – is IHSS wages to be included?

