



The Consumer Voice

California IHSS Consumer Alliance Quarterly Newsletter

January – February – March 2015

***Dear Fellow IHSS Advisory Committee and Governing Board Members
What a Busy New Year!***



What a busy New Year it has been for all of us dealing with IHSS and issues that concern our

IHSS Consumers and Care Providers. CICA has been following the course of Governor Brown's proposed budget closely as well as many new bills introduced in the legislature this session that will impact many of us.

Many of our CICA members and other supporters have been on our monthly calls where we have kept you informed about what is happening in Sacramento regarding IHSS and other important issues. You can also access this information on our website. This newsletter also has some good up to date information.

I encourage all of our members and IHSS consumers and providers to participate in our CICA monthly calls and go to our website and our links to other helpful websites. Helping you to be informed and knowledgably advocate for the improvement of IHSS and other

important issues affecting IHSS consumers and providers is one of CICA's primary goals.

I hope to see many of you at our **1st Annual CICA Advisory Board Summit** to be held Tuesday, May 19, 2015. It will be a fun and informative day. I also strongly encourage you to participate in Disability Capital Action Day (DCAD) on Wednesday, May 20, 2015. We are celebrating the 25th Anniversary of the

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Consumers are invited to submit articles. They need to be received by the 15th of June and can be emailed to Charlie at info@cicaihss.org or mail to: 735 P Street, C4, Eureka, CA 95501

American's with Disabilities Act (ADA); so vitally important to us in our work!

I would like to give a huge THANK-YOU to Charlie Bean for all his work on the administrative side of CICA. CICA's Executive Committee is pleased to announce Charlie's new role and title as CICA's Executive Director commencing April 1.

Both Charlie and the Executive Committee of CICA are here for you, our Members and Supporters. Let us know how we can assist you in your roll as IHSS Advisory Committee Members. What issues affecting our IHSS consumers and care providers do you want more information on? Who in Sacramento would you like to hear from?

You can contact Charlie by emailing info@cicaihss.org or by calling 707-441-1974.

Let us hear from you!

Janie Whiteford

CICA Co-President

**1st Annual CICA
Advisory Board Summit**
The Pagoda

429 J Street, Sacramento, CA 95814

May 19, 2015 - 9:45 to 4 p.m.

Your California IHSS Consumer Alliance (CICA) Executive Committee has scheduled a full day of information and opportunity to network with others who work and support the California In-Home Supportive Services Program. The summit is free except for your lunch you are asked to pay \$5 and CICA will contribute to the balance. You will be responsible for your lodging and travel.

The Summit will begin with a brief history of CICA and IHSS Advisory Board mandates presented by Elton Luce and Cindy Calderon. This will be followed by a panel discussion made up of IHSS program supporters Karen Keesler, California Association of Public Authorities, Deborah Doctor, Disability Rights California, Janie Whiteford, California Alliance for Retired Americans and we hope to confirm a couple others.

After lunch Mr. Charles Calavan, Alameda County's Public Authority and an unknown guest will present "How to be an Effective Advisory Board Working with your Public Authority." (*Charles is retiring in June and he is wished the best in his future endeavors!*) Following this presentation Gail Gronert, Special Assistant to Speaker Toni G. Atkins, will share tips on dealing with the legislative process from her experience.

The day will be concluded with William Reed, CICA Regional Vice-President reviewing the day and guiding those

present in answering the question “Where do Advisory Boards go from here”?

Lodging: As noted lodging will be the attendee’s responsibility and CICA did not book a block of rooms. Here are a few places of lodging you may wish to look into (not limited):

- Vegabond Inn Executive
909 3rd Street – 916-446-1481
- Holiday Inn
300 J Street – 916-446-0100

- Travelodge
1111 H Street – 916-444-8880
- The Citizen Hotel
926 J Street – 916-447-2700

Registration for the summit has been forwarded in a separate email earlier. If you did not receive it you can email info@cicaihss.org or call Charlie by dialing 707-441-1974.

Hope to see you there!

CICA Executive Board

Free Training!

1st Annual CICA IHSS Advisory Board Summit

The Pagoda Building
429 J Street, Sacramento, CA 95814
May 19, 2015 - 9:45 am to 4:00 pm

Sessions will include, among others

- How to be an Effective Advisory Board
- Legislative Interaction/Legislative Visits
- Current IHSS Happenings in the Capital
- Panel Discussion with CAPA, DRC, CARA, and others we work with
- How to work with your Public Authority
- IHSS Advisory Boards—Where do we go from here?

The day will also include a Networking Lunch.
Lunch will be provided for \$5 per person.
(CICA will pick up the balance)

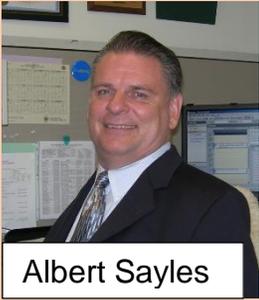
LeBou Sandwiches will provide three choices of sandwiches:
Choice of beef, turkey, or vegetarian

Space is limited, and priority registration is given to member advisory committees.

Registration: Info@CICAIHSS.ORG

THE PAGODA BUILDING

San Diego County Public Authority Haps!



Albert Sayles

The IHSS Public Authority – San Diego currently has 48 employees. Having geared up for the Fair Labor Standards Act (FLSA) changes we also brought on 15 temporary employees. We now anticipate that it will take many months if not years for the implementation of FLSA regulations to occur and we will be reducing the size of our organization shortly. We are hopeful that the FLSA overtime, travel time, and accompaniment time will come to fruition soon.

The San Diego Public Authority began providing services in 2001. Our first initiative was actually to take over timesheet processing from the County. This was actually quite unusual, because handling payroll is not one of the core public authority services. When CMIPS II went live, our payroll responsibilities were pretty much cut in half.

Like many public authorities, we offer voluntary training for providers. The training we use was developed by Medifecta and is called the National Caregiver Training Program or NCTP.

When provider enrollment responsibilities rolled out, San Diego County asked the Public Authority to

handle that new role. We move approximately 500 soon-to-be providers through the enrollment process every month.

Besides our regular Registry program, we also offer an expedited services program where we identify and send one provider to a consumer's home. The consumer can then accept or reject that provider.

San Diego is a member of the Coordinated Care Initiative (CCI)/Cal MediConnect County. Public Authority staff sit on an advisory committee that provides advice to all four Cal MediConnect health plans. We have signed two Memorandum of Understandings (MOUs) with the health plans but have not yet provided many Registry services to the plans.

Because San Diego is the CCI (County it is anticipated that the Statewide Authority will take over collective bargaining with the union in late spring early summer.

Our IHSS/Public Authority Advisory Committee has been a proud member of CICA since its inception.

San Diego IHSS Public Authority

780 Bay Boulevard, Suite 200,
Chula Vista, CA 91910

Toll Free: 1-866-351-7722

TTY/TTD call 1-619-476-6306

Personal Advice from IHSS Consumers

The information submitted is from experience. If you have questions you are encouraged to seek medical advice before you act from a physician!

PREVENTATIVE CARE OF SKIN WOUNDS

Kristine Loomis, IHSS Consumer

I'm not a medical professional – but as a wheelchair user I'd like to share information I've gathered over a decade of hard won trial-and-error experience. Hopefully one of these tips will help someone else to use prevention successfully!

Our skin is one of the largest organs of our body, and keeping skin healthy while living a relatively sedentary lifestyle and/or using a wheelchair can be challenging. Specific diagnoses like diabetes or skin cancer can create additional vulnerability to chronic wounds or skin ulcers. But there's a lot that we – as well as our caregivers – can do to prevent compression sores, ulcers and other problems.

A Word About Diagnosis of Skin Issues

Getting a clear diagnosis is important if you already have skin issues occurring. While this may seem like a “no-brainer”, preventative (or healing) care may differ according to the condition you're working

with. In particular, prescription medications taken for other conditions can cause or exacerbate skin problems. Furthermore it's been my experience that persons with disability (or those that are elderly/bedridden) having skin lesions are easily dismissed by doctors and it takes persistence to get an accurate identification of the cause.

Even with the right diagnosis, I've found that most general practitioners and even dermatologists or wound care specialists don't have the time to study holistic, metabolic or *preventative* therapies. They usually work within a rather narrow, mechanistic system to fix problems after they have occurred – some of which are unnecessarily invasive. While wound care and healing after-the-fact is clearly important, most of us want to practice prevention and stop re-occurring problems. Fortunately there are lots of available options and resources to do that. Natural or holistic therapies address “whole body health” and as such are relatively safe and easy to practice. Unlike prescription medicine, the natural

therapies below work for both prevention and healing – plus they have great side-effects: better overall health!

Circulation is fundamental to healing and prevention

There are two primary systems in our bodies that contribute to circulation and skin health. One is blood circulation which is moved through our heart and cardiovascular systems. The other is our lymphatic fluids which are circulated by muscular-skeletal (body) movements like walking. Here are some great ways to improve circulation of both systems, even when sedentary:

- **Range-of-motion exercise and regular re-positioning** is fundamental. This would include either self-directed or assisted movements that provide gentle stretching to maintain or increase range of motion in arms, legs etc. Regular re-positioning in the wheelchair or bed is required so that the same areas on the body are not always compressed. Hospital regulations are to reposition patients every 4 hours but in my experience that is not nearly enough. It is much healthier to reposition every 15 to 20 minutes (except when sleeping).
- **Good Cushioning Systems** on wheelchairs and beds are also crucial.



Gel-based cushions are great, but expensive so they may require some advocacy to get through insurance. Chairs & beds can be customized using foam cushions cut to fit your body (use an electric kitchen carving knife to cut foam – it works great!). Breathability is also very important for circulation and rash prevention; cotton and/or sheepskin covers help with that.

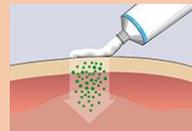
- **Cardiovascular exercise** that gets the heart pumping increases blood-flow. It takes some innovation to design exercise for limited range-of-motion, but even in bed or in a wheelchair it can be done. I use a “Body Blade” (find it online) which is a simple exercise device that can be operated in a wheelchair or standing - even with very little range of motion. I also do modified exercise in my bed.
- **Lymph massage** is a light, simple to perform series of strokes that can be even more effective in moving lymph than walking, or exercise. Circulatory massage is recognized by hospitals as fundamental to healing – Lymph Massage is a specific type of circulatory massage.
- **Isometric exercise** (tightening/release of muscles) can be done anywhere, in almost any position, and increases blood circulation to muscles and extremities as well as strengthening them.
- **Dry Brushing** is another type of skin circulation therapy. You use a soft

bristled body brush (available in most drug stores or health food stores) and stroke the skin upwards towards the heart. Because the brush is used on dry skin, dead cells are easily exfoliated. This improves circulation and is far gentler than a loofa or exfoliating granules commonly used on wet skin. I was advised by a doctor that loofas and exfoliating granules are too harsh on fragile skin.

- **Hot & Cold water therapy** was used by clinics extensively in the past but is largely overlooked as a therapeutic model in this country. There are entire books written about it. Hot & Cold water therapy can be simple to do and is fantastic for increased circulation -- better than aspirin for pain relief of joint inflammation and good for wound healing of all types. In my opinion it's even an effective treatment for depression. The therapy doesn't need to be drastic, or applied to the entire body. Best if "client controlled" so that hot & cold water can be aimed directly at a specific area of the body using a flexible shower hose. If wounds are present, they should be covered with waterproof bandages. The water is applied as hot and as cold as can be tolerated (around wounds not directly on them), and switched from hot to cold repeatedly over the same area multiple times. Hot and cold packs (without water) are also useful but require more work for multiple repetitions and don't cover as large an

area or penetrate as deeply as water. Additionally it's much easier to gradually increase the temperature difference using water. Repeated sequences of hot to cold increase the toleration level almost immediately and this is what makes it really effective.

Nutritional Supplementation



Topical skin *nutrients* create well-nourished and hydrated skin that will be less vulnerable to wounds. The highly funded beauty and anti-aging industries have created a great deal of research on topical skin nutrients. Look for products that encourage healing and collagen regeneration. Vitamin C, Vitamin E and Coenzyme Q10 are good skin nutrients to look for. Pure virgin olive oil is great for an inexpensive skin treatment that moisturizes and feeds topical nutrients to the skin. A good dermatologist I treated with recommended spraying skin with a mixture of distilled water and cider vinegar (2 tsp vinegar to 20 oz. of water). This normalizes the skin pH and is a great "tonic".

There are many vitamins and herbs that can increase skin vitality and overall circulation when taken internally. Additionally there are nutrients that can help control blood glucose levels in diabetics and that will help prevent diabetic neuropathy and skin ulcers.

While this topic is too large to cover here, it is worth researching online or using the advice of a good nutritionist.

Wound Treatment – when prevention fails

I can't really cover this topic well, but here are a couple tips for things I discovered:

- Do NOT use prescription or over-the-counter antibiotic creams for extended periods of time. This can create antibiotic resistant strains of bacteria (like MRSA) that are very dangerous.
- Natural and effective alternatives for the prevention or healing of infections are available in health food stores and do not create this problem. I've successfully used these (for external treatments); colloidal silver, Manuka honey (this is not ordinary honey), diluted oil of oregano and also poultices made from Hawaiian Noni & Royal Jelly (from bees).
- Alcohol and hydrogen peroxide are both harsh and can damage fragile skin that is trying to heal. I wouldn't recommend these.
- If you need to continually bandage and cover wounds, use a non-adhesive gauze that doesn't stick to the wound, and a low-adhesive tape so that skin surrounding the wound doesn't get damaged by the constant application of the dressing.

- "Wet-to-Dry" is a wound care principle used by some good nurses and care providers. When wet saline or anti-bacterial packs are applied to the wounds the affected area is allowed to air-dry afterward (rather than being immediately covered). The wound can be re-wetted and dried several times before bandaging, to speed healing.
- [Debridement](#) (regular removal of dead skin cells on or around a wound) is crucial. It needs a steady and gentle hand as well as a great deal of patience. Much too large a topic to cover here, but worth researching or having a specialist demonstrate.
- Last but not least; sometimes doctors will recommend overly invasive treatments. Make sure to get a second (or even a third) opinion before undergoing these types of procedures.

IHSS and Prevention or Treatment of Wounds

There are IHSS categories that cover some of the preventative suggestions listed above (rubbing/re-positioning; range-of-motion exercises etc.) Make sure to document all phases of skin and wound care.



If provider assisted exercise or wound care is directed and taught by a health care professional then these are "Paramedical" services under IHSS. Paramedical services are classified as a

high priority by your case worker, and require the healthcare practitioner to sign an IHSS form stating they have instructed you and your provider about this type of care. Remember that health care professionals can be physical therapists, chiropractors, dermatologists, nurses and others – not only MD's. One more tip about the IHSS paramedical form for your healthcare professional, is that the form asks them to estimate the amount of time required to perform each service and also the frequency (# of times per day or week). Sometimes a health care professional doesn't realize that time-for-task under IHSS includes all

sanitary precautions before & after the treatment, getting out and putting away supplies etc. Make sure to let them know or give them your estimate of the actual time needed - and why.

Whatever your situation, there is always a great deal that can be done at home coming from a little initiative, imagination, and the help of a great care-provider. *Let's all feel good in our skin!*



The Long-Journey from a Care Provider to a Care Consumer

Phan Vu, IHSS Consumer

I am a senior, 82, living alone in an apartment. I enjoy my meals I prepare. I wash dishes, doing the house chores. I am happy with them.

However life is not all plain sailing, and there are problems. On February 9th, my cardiologist told me that I had to have a coronary angiogram at St. Joseph Hospital. Right away I figured out that I would need a care helper, while staying at home, after I would have been released. I called IHSS Registry and a social worker answered and interviewed me. She told me that she'd send me an application form. I felt relieved.

On February 13th, I got my release papers from the St. Joseph Hospital and the application form. I was a little bit surprised that the application form requested my family doctor's signature. However, I acted as I was told. I sent both my release papers and the application form to my family doctor's office.

On February 16th, I was asked by phone to come over to my doctor's office to see the doctor. I said that I was so painful and tired that I could not come.

After a week, I felt fine enough to see the doctor on February 23rd. I got the doctor's signature on my application

form. I sent it back to the IHSS Registry on the same day.

- On March 17th, a social worker from Registry came to my house to interview me.
- On March 21st at last arrived my approval letter.
- On April 1st I happily had a care provider coming to my house to care for me.

Thank God.

My experience:

In my ailing senior age, I gladly have a care helper in my daily chores under the Health Care Program.

However after my release from the hospital, it was the time I needed care most, but I did not have it. I wanted to have hot, tasty, nutritious and easily-chewed food, but I could not get it. I had a hard time to cope with it. I thought that healthcare program had been created to provide urgent care to the consumer patients in need; that means the health recovery time after surgery.

To my understanding, a M.D. is a person skilled in the art of healing and engaged

in general medical practice. He/she checks blood pressure, blood test, X-ray... analyzing data...to determine the illness and prescribe medicine. In my case the release papers showed that the clinical period had been done and my cardiologist sent me home to rest for health recovery. What did I have to see another doctor for? That was a waste of time and of tax money.

Health care social workers are the ones trained to provide care to the sick, the blind, the hard-hearing and the disabled. They are the specialists in giving them care, comfort, good food and practical advices. They know what a patient exactly needs for each case. These specialists are capable to teach care providers how to take good care of the consumer patients newly released from hospital. They need to have good, tasty, nutritious and easily-chewed food for their health recovery. In my case, the time I needed tasty, nutritious and easily-chewed food, favorite dishes most is after my release from the St. Joseph Hospital, but I did not get it. It took a-40-day journey for a care provider to reach me, a care consumer patient in the age of internet.

May 20th, 2015 • 9AM
West Lawn, State Capitol



12th Annual Disability Capitol Action Day Sacramento, California

ADA - Today, Tomorrow, Forever!

ADA Forum • Disability Resource Fair • Education Rally

- Participants are welcome and encouraged to schedule their own legislative visits
- ASL Interpreters, Text Captioning and Simultaneous Translation will be provided

For registration, transportation scholarships and general information go to:

DisabilityActionCoalition.org

or contact Christina Mills at christina@cfile.org or
(916) 325-1690 x333 / (916) 325-1695 TDD

2015 Disability Capitol Action Day is brought to you by the Disability Action Coalition.