

**California IHSS Consumer Alliance
735 P Street, #C4, Eureka, CA 95501**

**Monthly Statewide Call
December 21, 2016**

Notes

On Call: Dalye McIntosh, Bonnie Newman, Carl Moss, Cindy Calderon, Michele Geving, Linda Roberts, Karen Keesler, Bet Tzedek Lega, Deborah Doctor, Rosita Whitaker, Michael Condon, Joey Riley, Lena Berlove, Cheri-Lynn Wortham, Paul Van Doren,, Erie Nagy, Karen Madsen, Janet Canterbury, Randi Bardeaux, Virginia, Sandy Hilton, Randy Hicks, Kathleen Rio, Brad Toy, Jene McCovey, Ann Howett, Charles Bean, Mya Shone, Janet Clark, Janie Whiteford, Mark Beckham, Eve Stafford. There were 38 individuals on the call; 7 names were not given.

Karen Keesler, CAPA – Had 5 informational topics to share:

Federal Legislation on Electronic Visit Verification (EVV): This was passed in the 21st Century Cures Act, HR 34, EVV is in [section 12006](#) of this Bill requiring State who offer home care services (IHSS) to begin using EVV by January, 2019. By then if the State does not have this started Medicaid funding will be reduced by 25% and each year after this funding is lowered. There are provisions within the bill for the penalty to be waived of the State is making an effort and shows progress towards the EVV system.

Don't expect to see much in the way of action on this in 2017. There is supposed to be a vibrant stakeholder involvement process and the Federal Government is to have a report out on Best Practices by January 2018. It is expected there will be legislative action in the Capitol about this in 2018 to meet the requirements by 2019.

It would be good if CAPA and CICA would put together some good standards and practices prior to this coming out as final.

The **Fair Labors Standard Act (FLSA)** violations appears to be a small number of providers who have received their 3rd violation notices (unknown actual numbers). Therefore will be suspended for 3 months County by County numbers has been requested. The Unions know who the providers are but this is to be kept confidential. The Union is supposed

to work with the provider to assist in finding if there was a mistake and the possibility of rescinding a violation (County can do this), but also to work with the provider to assist in correcting the violations for in the future. These are providers that occurred violations back to back. The suspension is for 3 months and it is sad it come at this time of year!

Exemptions there are still a very small number of providers who have requested exemptions approved. There is sort of a core group of IHSS lobbyist who have advanced the “FLSA simplification proposal” to legislators is to broaden the exemption criteria to include appeals rights and send out notices so more would know about and understand the exemptions as well as add appeal rights. The lobby group is made up of California Welfare Directors Association, Disability Rights California, California Association of Public Authorities, California Association of Counties, SEIU and UDW Unions and California IHSS Consumer Alliance.

Federal action, President-elect could rescind past Obama actions such as overtime. It is not sure how this will affect overtime in California for Providers because of the wording in California Statue. It is something to pay attention to.

State budget, Brown is to release his budget on January 10th! It is to be conservative. Because of the possibility for Trump Administration reducing funding the budget may be very conservative to protect programs funded. Because of the MCO tax in effect the 7% cuts to IHSS hours do are protected from not happening. There is concern for the Coordinated Care Initiative being cut. Enrollments are low and the expected savings in Medicaid funding is not being seen. The governor needs to announce in January to turn off the CCI, so it is something to be watched for. If the MOU is terminated it could increase the cost to the counties to accomplish work they are doing under the CCI, if Brown keeps this the cost to the counties will be covered, otherwise if Brown stops the CCI many programs the PA and advisory committees are doing with the funding will end December 31st. A lot of people are looking at for this it cause some big changes.

Late Pay checks and timesheets: There is a report to be out in Late February and early March. It is expected to have legislation introduce to address the report and its findings.

Electronic Timesheets: The goal is to have a pilot up and going in May, and a couple months afterwards offer as an “OPTION” statewide to

providers and recipients. Both the provider and recipient must agree to going from paper to electronic timesheets. Electronic signature would be used in place of hard-copy, both electronic approvals will be needed.

State Legislation timeline must be presented by the end of January and new bills submitted through February. CAPA is working on two bills: One is restore Share of Cost buy-out with not much encouragement of this being passed. The other is working on Waiver providers, currently their hours does not go to health benefits. Working to identify an employer of record to enable these work hours to go toward health benefits.

Randy: How do they handle the exemption ruling, is it continued, are violations counted?

Karen: They do not lose it, they have to apply. Violations continue. As it is there have only been 50 exemptions approved statewide, demonstrating that not all counties have turned in names of individuals eligible for these exemptions. At this time there is no way of appealing decisions and this is a flaw being addressed.

They are making another budget request to broaden the criteria for the exemptions.

Joey: Shared there are violations made for some counties are not listening to provider's proof that the violation is in error. CIMPS is reading the machine incorrectly, the counties are not even listening to fix these.

Another provider having two children involving protection supervision missed time restrains for applying for exemptions – showing there needs to be an appeal system.

Karen: We need people with these types of concerns travel to the capital and share stories of problems they are having with applying for exemptions and other issues. CAPA can help with travel. Spread the work on Facebook about this and when hearings happening we can get people to speak to the legislators (talk to Karen about this to clarify, Bean).

Sherri from Merced: Receives disputes and have rejected some, but on Merced, we look at all rejects.

It was noted that there are counties that hold strict compliance, as Merced shared and others that do not. We are not saying things are not being done, some can do more than others.

Sue: This reflective of all counties, some doing their own things and making rules on their own. This is not only under the IHSS program, but other programs as well. There are 58 counties within the State and the programs should all be the same from county to county, we need more consistency in the programs offered.

We want to qualify the exemptions and much more clarity in how they are handled. An example of this is a form consumers can assign weekly hours and it is believed to be an optional form. Some counties require this and others have it as optional. It is believed CICA has been working on this to clarify the use of this form.

Bradly: Share of Cost questions, background?

Medical has always has a share-of-cost, in 1993 the consequences of bringing in in billions of dollars should not cost consumers and created a program they call "Buy-out". This kept the share-of-cost to a minimum, but in 2009 this was stopped and now individuals must paid a very high share-of-cost living. It is hoped a new bill will be passed to create equality in the program.

Janie: Shared her thoughts about Deborah retiring from CDR, an advocate for any years, worked with Contra Costa as a Public Authority, and many other programs always supporting the IHSS program. She is a very strong Advocate for the consumer!

Deborah Doctor: She first started working with IHSS in 1995, also when she first met Karen. At the time she was a Public Authority of Alameda County. At the time there were around ¼ million consumers.

The program has come a long ways and much is this is because of the various advocates fighting for the program and its development of the IHSS program where it is today.

A few years ago, my biggest fear was to see IHSS taken over through managed care, but as shared earlier it looks like the CCI will not be happening.

Sometimes one might take a look and wonder what or who is the IHSS program. One part of it is it is made up of mostly woman and the IHSS Advisory Committee is an opportunity for each and every one of us to share our views. .

While looking at past files I see many are hungry for information and how Facebook and other applications are used is to be sure to have accurate information. We should strive to improve information that is provided. What role should CICA or Public Authorities have to improve information distribution.

Wish for the future is for the program to grow and not always have to defend itself. Even by the State's own admittance there have not been any more nursing bed facilities built and this is largely due to the IHSS program.

The improvements to the program is unique to California, noting the 283 hours per month is used as an old formula. It is a program individuals can ask for help without feeling ashamed to get the help needed to stay in their own homes.

Janie: Who do you think will be our allies?

Deborah: I think it is a hard to know. We once thought we could always count on Democratic legislators, but this has not always been true. I believe the Legislative Counsel and staff have been very supportive and helpful. Working closer with the unions is very possible and great, especially with past work on the FLSA.

Then should IHSS develop a stronger outreach for other populations; going to meeting it seems that most of the time all those there are white. What about other segments of the population, different languages, and groups? Involvement of different groups such as the Veterans? Should we be building more bridges in these groups?

Karen: Encouraged by State Senate President pro Tempore Kevin de León and Assembly Speaker Anthony Rendon asking what CAPA's and others stakeholder concerns were about Trump's election and damage to the IHSS program. Asking what kind of solutions can be done to meet possible changes?

In terms of Legislator there are about 40 new members, but encourage with the thoughtfulness of the leaders.

Encouraged with the partnership with the Collaborative and believe this will be very good now and in the future. With Trump being elected unions may feel threatened which will not be good for IHSS, unions have been very important supporting the IHSS program. It is believed if it was not for the involvement of the unions when Arnold was governor the IHSS program may not be here.

There are other groups such as ARC and senior groups that would be great to be more involved and in the future this can be encouraged.

Want to stop and note the consumers are very important and this is something Deborah as always spoke up about to the State, more consumer involvement. The State looks towards CICA to provide consumer input, but more can be done with more getting involved. Deborah has consistently called for more consumer involvement. The voice of the consumer is often the least heard but the most needed.

Joey: In 1999 it was tried to get PAS through the Veterans program as a pilot program but it never got off the ground

What about if the CCI is closed down, what happens to people on this program? Regular Medi-Cal?

Deborah: No one knows how the state will proceed. There has to be a thoughtful process on what replaces this and how the disruption will be dealt with. It is not necessary that folks will be thrown back into the fee for services method. It is encouraged that all is involved and provide input as things change.

Jene: Can we ask for an exit interview out of your long position for your position as an advocate for the disabled and seniors?

Deborah: Yes....There is nothing I know that Karen does not know.

If there are questions people have forward them to Charlie:
info@cicaihss.org

Janet (LA): How do we get to the table, give advice and it does not seem to be taken when given?

Deborah: Don't feel alone...given a lot of advice and sometimes a lot seems overlooked.

What is needed in California is a “grassroots” activism to create a stronger need within the disabled community. Besides this, it is always a problem that we constantly need to remind others to involve consumers.

We need to reach out to the younger population as being a part of CICA, how can this be accomplished?