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*California's protection and advocacy system*

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January 26, 2015

Anastasia Dodson,  
California Department of Health Care Services  
Via Email: [WaiverRenewal@dhcs.ca.gov](mailto:WaiverRenewal@dhcs.ca.gov)

**RE: Section 1115 Medicaid Waiver Renewal – Workforce  
Development In-Home Supportive Services**

Dear Anastasia:

I write to express DRC's objections to the IHSS worker training proposal for the 1115 waiver. We support training; it should be available – on a voluntary basis – but it must not undermine the statutory right of the employers to train their workers, a cornerstone of the IHSS program. Our concern is consistent with our opposition, authorized by our Board of Directors, to the 2014 ballot initiative on mandatory IHSS training, which failed to gather sufficient signatures.

The disability rights movement gave voice to a minority group for whom others have spoken and about whom others have made decisions throughout history. The movement is predicated on the belief that people with disabilities are the experts in their own lives. The IHSS program is based on a social model which recognizes that people with disabilities are not patients, their homes are not medical settings and that IHSS services do not have to be performed by medical personnel.

This proposal ignores or undermines those concepts, starting with the first bullet, which refers to workers improving their “clinical skills” and “coordination of patient care.”

Is a goal of the waiver improving the outcomes for consumers or is it training workers? If a goal of the waiver is “to ensure that ...clients are

empowered to communicate their care needs and direct their care” then why not do that directly, in response to consumers’ identified needs, perhaps through peer-to-peer advocacy, not through the IHSS workers?

IHSS workers provide services which are crucial to the community living of IHSS consumers, but this proposal, similar to the failed ballot initiative, assumes fundamental changes in the respective roles and responsibilities of the IHSS consumers and their employees.

There is no mention of all the current training opportunities nor the years of work by consumers and others to design training curricula which actually meet the needs of consumers and workers.

The great majority of IHSS workers are related to their employer and will never work for another IHSS consumer; that is the primary driver of worker turnover. This document proposes using public funds to train workers for work they will likely never do, when there is voluntary training, some of it also supported by public funds, already available.

IHSS workers have testified strongly and convincingly about their devotion to the husbands and sisters and children for whom they work; some have done this work for decades. They do not need mandatory training to do what they have done for so many years; many of them could be trainers, not trainees.

For all these reasons, we ask that this training proposal not be included in the waiver application.

Thank you for your consideration of our concerns.

Sincerely,

A handwritten signature in black ink that reads "Deborah Doctor". The signature is written in a cursive style with a large, sweeping initial "D".

Deborah Doctor  
Legislative Advocate  
Disability Rights California