



March 5, 2018

Senator Richard Pan, Chair
Health & Human Services Committee
State Capitol, Room 5114
Sacramento, CA 95814

Senator Bill Monning
Health & Human Services Committee
State Capitol, Room 313
Sacramento, CA 95814

Senator Jeff Stone
Health & Human Services Committee
State Capitol, Room 4062
Sacramento, CA 95814

Joe Stephenshaw, Staff Director
Senate Budget Committee
State Capitol, Room 5019
Sacramento, CA 95814

SUBJECT: Budget Subcommittee 3 on Health & Human Services, March 8, 2018

The California In-Home Supportive Services Consumer Alliance (CICA), a non-profit organization, works to give a voice to consumers of California's In-Home Supportive Service (IHSS) program. There are over 547,000 IHSS Recipients and well over 500,000 Care Providers who depend on the IHSS program for personal care and employment. Many have the same concerns being addressed below and it is hoped you take appropriate actions to fund the IHSS program that supports the recipients and providers keeping seniors and disabled home and out of costly care homes.

On your agenda for March 8th, you will be presented information about the In-Home Supportive Services (IHSS) program and Supplemental Security Income/State Supplemental Program (SSI/SSP). Many consumers have concerns about these subjects and below are some:

735 P Street, #C4, Eureka, CA 95501 - (707) 441-1974
www.cicaihss.org – info@cicaihss.org

In-Home Supportive Services: There are concerns surrounding the IHSS program, some are problems with past issues and some are dealing with new programs and guidelines being forced on the programs without funding.

Electronic Visit Verification (EVV) – The federal 21st Century Cures Act, signed into law on December 13, 2016, requires states to use an electronic visit verification (EVV) system for Medicaid (Medi-Cal in California) covered personal care services by January 1, 2019, and for home health care services by January 1, 2023. Failure to comply with this requirement for personal care services will result in the escalating Federal Medical Assistance Percentages (FMAP) penalty below for only those services:

- For calendar quarters in 2019 and 2020, by 0.25 percentage points;
- For calendar quarters in 2021, by 0.5 percentage points;
- For calendar quarters in 2022, by 0.75 percentage points; and
- For calendar quarters in 2023 and each year thereafter, by 1.0 percentage point.

In total it is estimated that the impact is as follows across all program areas.

FY 2018-2019 = \$15,540,760
FY 2019-2020 = \$34,883,985
FY 2020-2021 = \$59,537,416
FY 2021-2022 = \$112,082,524
FY 2022-2023 = \$173,590,185
FY 2023-2024 = \$218,569,389

Consumers of the IHSS program understands the cost of implementing the EVV system was to be funded 90% by the feds and the remaining 10% by the State, but this has never been confirmed. It is felt a cost analysis needs to be completed prior to beginning a program no one can give a straight answer about.

There are concerns on consumers will be required to record their time for services provided. Will it be required to clock in and out for each service (IHSS may have up to 25 tasks a provider may be required to do in a day, depending on the need of the recipient). Other concerns:

- Ability to connect to the EVV system; many in rural parts of the State do not have access to the Internet, telephone, or other tools for using technological equipment required.

- Being connected to Global Positioning System (GPS) used by many EVV systems. There are fears, individuals under the IHSS program will be limited to their participation in their community, in travel, and loss of their personal privacy.
- Use of digital equipment is often very difficult for individuals, especially for the clients of the IHSS program. Some because of their digital use of their fingers or cognitive ability learning technology places individuals to be more dependent on others and this is costlier, not only monetarily but personal.

There are other concerns individuals have connected to Family Care Providers who must be available to the recipient 24/7 and how time will be recorded.

CICA has met with representatives from Social Services Department and understand the “intent” is to keep the IHSS program as it is. It is understood there may be a possibility of using the Electronic Timesheet System (ETS) already in place. This would be in the State’s favor, as well as benefit many consumers under the IHSS program.

Sick Leave/Urgent Back-up Program – With the passing of SB 3, April 4, 2016. This bill allows IHSS providers to accrue eight hours of paid sick leave for each year, calendar year, or twelve-month period of employment, beginning July 1, 2018.

This bill also created the need for “Urgent Back-up” providers to be available to those who are permanently or temporarily severely disabled when their regular provider needs to take sick leave. Many recipients have steady providers with back-ups, or family members caring for them, so if a provider got sick, there was another who could cover. But this is not true for everyone who depends on the provider through the IHSS program.

The need for an “Urgent Back-up” provider program happens when a severely disabled individual who needs assistance daily to get out of bed, personal bodily functions, assistance with taking medicines, and with meals. If a provider is not available to do assist with these daily tasks, it could be detrimental to their health.

Even before SB-3 was signed into law, “urgent back-up” providers have always been needed. Counties to meet this need have asked providers they knew in the area or have often contracted out to local Home Care Nursing Agencies at a much higher cost.

Even at the higher cost, it kept severely disabled individuals in their homes and out of higher costs of local hospitals and care homes.

Now, with Sick Leave going into effect July 1, 2018, and the reduction of the State's Public Authorities budget, funding is greatly needed for the development of "Urgent Back-up" programs to keep clients of the IHSS program safe and in their homes.

Public Authority – It is understood that with the changes made with the State's ending of the Coordinated Care Initiative (CCI) and final approval of the Maintenance of Effort (MOE) the County Public Authorities are going to be about \$5 million dollars less in their budget to accomplish the work they do.

This is sad for the recipients and providers who depend on County Public Authorities to manage the Registry of Providers, provider needed training for both recipients and providers pertaining to home care and completing tasks assigned, as well being of assistance to recipients and providers when they have problems with payroll and other personnel matters.

The lack of funding will create longer times for connecting providers to recipients needing assistance to stay in their homes. Much needed training will be placed on hold, thus creating back-logs of matching providers with recipients. Lack of funding will cause less check and balances on how the program is working. Just these three items will be detrimental to the clients of the program, but in the long-run cost the State more.

Yes, the Public Authority on each County may operate differently compared to the next county, but they are there to create an In-Home Supportive Services program usable by a very diverse population of California. Improved funding for the operations of the Public Authority is an investment into the future to keep seniors and disabled in the community and in their own homes employing ½ million people alone!

It is hoped the State Senate Budget for Health & Human Services Subcommittee support upcoming requests to support the programs I have addressed in this letter.

Please do not hesitate to contact me if more information is required.

Respectfully,

Charles Bean

CHARLES BEAN
Executive Director