

**California IHSS Consume Alliance
Statewide Call
Wednesday, January 18, 2017**

Notes

Roll Call: Dayle McIntosh, Mya Shone, Brad Toy, Leslie Tsang, Michelle Rousey, Michele Geving, Becky Stockton, Cindy Calderon, Andrea Noble, Lega Bet Tzedek, Gary Gray, M. Smith, John Roe, Louise Osejo, Kristine Loomis, Randi Bardeaux, Felicia Connelly. Karen Keesler, Eldon Luce, Rick Simonson, Michael Condon, Joey Riley, Linda Roberts, Jene McCovey, Rosita Whitaker, Bonnie Newman, Bruce Bauer, Janie Whiteford, Carol Taylor, Marina Guerrero, Christi Savella, A. Ellington, Heidi Aharonian, Michelle Gomez, Sandi Hilton, Lena Berlove, Rose (Alameda PA), Lena Berlove, and 27 no names given. 72 callers.

Debbi Thompson, Deputy Director Adult Services, CDSS – Shared her past experience and goals for the IHSS program (listen to the recording for her experience at about the 12 minute mark).

Goals for the program to work for the consumers of the program, make it less complicated and easier for the user.

Michael: Hoping that the Statewide Stakeholder Committee is continued. Is this possible to hold meetings a couple a year.

Debbi: Yes, it is ending immediately. It is hoped to keep individuals involved in other Stakeholder meetings regarding changes in IHSS.

Janie: Electronic Timesheets, how do you see this rolling out?

Debbi: It is an aggressive rollout, but it is important to recognize it is not a mandate. It is felt it will be a benefit to improving the processing of the timesheet, avoid future errors from being made, and etc. Again, it is not mandated and it will be optional.

Janie: Do you know the counties that will be used as pilots?

Debbi: At this time, no. We are working with the California Welfare Directors (CWDA) asking for counties to participate. Looking for counties in the south and north.

Jene: When you talk about electronics, what is it you are talking about?

Debbi: It is having the ability to enter and approve timesheets on-line (Note: this can be done over the phone – you need access to the Internet). I have not taken any of the mock up apps yet, so I may not be the best to answer your question.

Jene: I live in the rural county of Humboldt having 5 workers with three not having a computer, how would this be met?

Debbi: It is not being required. It is optional.

Brad: Training for Social Workers, are you going to continue this?

Debbi: We do have an IHSS Training academy through San Diego State. They do present training on several topics for social workers on top of what is offered at the counties. This will be continued in statue. There are some special things under the FLSA, but this did not affect how individuals are assessed.

Brad: What about civil rights? Concerning about what is in personal files. Unable to get from the county the complete file.

Debbi: You should have access to your personal records and you should only need to request this through the county. If not, you could contact us at the State.

Brad: My case is up for a hearing...

Debbi: You still need to go through the county. The county should have a person you can go through if it involves a civil rights issue. (Charlie to get contact information to Brad)

Kristine: Big interest is for consumer (provider) training, they are the employers, and want to see more training for consumers.

Debbi: Agreed, and in the future it is hoped to keep individuals involved in the Statewide Stakeholder group involved in other groups being formed. It is important for training to be provided for the consumer as the employer of record, they need easy access to information as well. This is something Public Authorities can provide on their counties when

scheduling training. In some ways consumers will be more integrated into future work groups.

Kristine: Communication was mentioned in at the State Stakeholder meetings between consumers and county offices (example was about the distribution about the exemptions), where information is given to the counties but not always related to the consumer. When the responsibility is placed on the county to distribute information it is not always perfect. Where the State or the county has access to addresses, there needs to be a better way of distributing information. There is a need for an improved venue for sharing information.

Debbi: Thank you.

Jeffrey(?): With the CCI stopping, how do you see this program going forward?

Debbi: It will continue on as a “Fee for Service” and there will be no effect on the IHSS program. The county will now be paying for the IHSS portion that was going through the CCI.

Jeffrey: What about if the Federal funding is reduced?

Debbi: Can't predict what will happen. I can say 50% of the IHSS program funding is from the Federal government, if this is cut, it definitely will have an effect. But no one can say right now!

Rose: Will counties still have Medi-Cal HMOs?

Debbi: Yes, they will still have HMOs. The state intends to move forward with the Medi-Care-Medi-Cal to coordinate care. The state will still be pushing this throughout the state.

Brad: Do you see this as becoming mandatory the coordination of care.

Debbi: No, I do not. I believe talking to individuals in this situation with both Medicare and Medi-Cal it has been advantageous to keep their duals under the Managed Care system.

Kristine: The Managed Care was Mandatory, with IHSS being a part of this under the CCI here on Riverside, has this changed?

Debbi: What happened was two different things. IHSS was a part of the Managed Care program expecting less costly results, this did not happen. The State pulled the IHSS portion of the CCI out and will now be operated by the county as a Fee for Service Medi-Cal program. Other services offered through managed care will remain the same.

It was noted that there are concerns about individuals with specialized needs unable to receive appropriate care under managed care. This may not change, only IHSS is being pulled from the Managed Care

Elden: With the counties losing the CCI portion the counties lose the maintenance of effort how will the counties meet the costs?

Debbi: I am not the one to answer that, this will be done through other state management areas.

Joey: Governor kicked back AB 819 to the State Stakeholder committee to provide recommendations, I feel it is important to for this type of a committee to continue, even if there is no funding there should be away to continue meeting.

Other concern deals with Managed Care and the need for more choices of doctors to see under the fee for service....

Debbi: CCI going away is not changing managed care on the county. If your county' Medi-Cal is being administered through Managed Care this is not changing. IHSS is the only program returning to the Fee for Service program, all other medical needs will still be under the Managed Care System.

Joey: Another thing about the CCI the collective bargaining will return to the county. Here in San Diego we are being paid less than the minimum wage here by \$1. This makes it difficult to compete for providers. Our Board of Supervisors do not wish to pay higher wages to providers.

Debbi: Thank you for your comments

(Bean's Note: The agreements made with the counties under the Coordinated Care Initiative (CCI) does not change the fact the State of California Health program is being administered under Managed Health plans and will be responsible for providing the full continuum of services

authorized under Medicare and Medi-Cal. IHSS program will no longer be under the CCI and it will be the responsibility of the counties to pay for services offered through the IHSS program as done prior to the creation of the CCI. This may be of heavy costs to the counties, but at this time, services offered in regards to IHSS nothing has changed.)

Karen Keesler, CAPA – One point made was in regards to the Governor's release of his budget where 90 of the State Legislators commented they felt it was a cautious one. The Governor used a lower revenue figure than the State Legislative Analyst used and overall his proposed budget shows a deficit in 2017-18. He also decided to determinate the Coordinated Care Initiative (CCI) which was originally signed into agreement in 2012.

When the CCI was passed the Legislature gave the authority to the Governor to determinate it if it was not saving money. Last year when the Managed Care Organization Tax did not receive 2/3rd vote it kind of doomed the CCI because it did not have the needed support.

Now Collective Bargaining will return to the counties and counties will pick up the cost of IHSS. This is actually going to be difficult for the 7 counties to cover the extra costs.

The way the CCI was set up was to allow the health plans to add to a consumer's hours if they were already receiving the maximum and it would be covered by the Health Plan, not the IHSS program. It is not known if this ever happened, but it was part of the plan and part of the new [maintenance of effort](#) (gives an explanation of the MOE) agreed to by the counties and the state. This was the goal.

The IHSS program 5 years earlier (2012) had about 432K participants, average 82 hours per month, cost \$5 bill; now there are well over 500K participants averaging 102 hours per month over \$10 billion dollars per year. With this going back to the counties it is estimated the counties combined will have to put up \$625 million more in FY 2017-18. This could mean for LA they would need to come up with \$200 million, San Diego could be \$20 million, still this funding comes from the county general fund. The consumers' hours are not cut nor are the wages for the providers.

As it is the first year the effect could be \$625 million dollars, but in the years ahead the cost could reach \$4 billion dollars. This will make

counties throughout the state stress for cash to fund needed programs. This could mean loss of funding to fund Adult and Child protective services, less Social and eligibility workers and etc. for the county and state to meet mandates approved to go into effect. This cut is so big it could affect all of the operations of the county.

This also effects 1991 realignment structure that funds other parts of the Health and Human Services programs throughout the state.

CICA needs to work with CAPA to put a face on what these cuts will do.

Brad: You said the Cal Medi-Cal Connect was going to be mandatory, but when I asked Debbi, I was told it was not.

Karen: The mandatory enrollment part was under the CCI, but those with both Medi-Cal and Medicare had an option to remain in both or just Medi-Cal. This was part of the concerns for many chose to remain under both.

Brad: Funding for Advisory Boards and Public Authorities are funded separately, but you shared they are lumped together.

Karen: Yes, they are funded separately, but under the Maintenance of Effort (MOE) they are together. Before the MOU there was money from both Federal and State and whatever the county may add to it, this was separate before the MOE.

Joey: The county share-of-cost, say 35% is put up front and paid back in arrears. It is my understanding that the county puts the money upfront and they get it back, yes? Could another organization front this money? There is a lot of confusion here.

Karen: In [1991 Realignment](#) (*The term "1991 Realignment" refers to a fiscal arrangement between the state and counties that dedicates portions of Vehicle License Fees (VLF) and Sales Tax revenues to county health, mental health, and social services programs.*) the State changed financial relationship the way 19 different programs were paid for by increase license fees and so forth. Before that the counties had pretty much zero share before this. But the realignment revenues have not kept pace with the expenditures. The fact is the taxes collected under the 1991 realignment does not cover today's costs. (Note: [Realignment for Dummies can be read here](#)).

Lena: Question about block grants? Would these reduce the county cist share?

Karen: Yes, this is on the table in DC. But there is not a clear direction on how this could work out. The State has stated they will work to protect the services as much as possible.

There are concerns about funding coming from the Federal government through the Affordable Care Act, especially if this is repealed.

Kristine: How much of money could we lose if they went to block grants to the states?

Karen: Essentially all of it, receiving what is received today but without the protections. It is expected if they go to block grants dollar for dollar the first year the amount will not be kept up to future costs and the State will be expected to make up the difference. They are cost shifting to future costs to the states.

What Trump proposes to do is eliminate the ACA which had a lot of funding to the States for the health programs. Remember, Trump's goals to do this was within the first 100 days so expect a fast and bumpy ride.

Unknown: Where did you get the 15%for the counties?

Karen: It is a rough number. It comes from the [Welfare & Institutions Code 12306.1](#) giving the breakdown of the different share of costs. Breaking the costs out, roughly the Federal government provides 55% of the cost, then the State and county has 15% and 35% of the remaining balance to cover.

Unknown: How was the county MOE divided between the county and state?

Karen: Based on their fiscal year 2012 expenditures and grows 3.5% each year (refer to [County Fiscal Letter 15/16-38](#) for percentage). Those also grew depending on the county's share when increased wages were given, depending on the county's share of cost.

Unknown: So, the \$652 million will be divided among the counties?

Karen: It will be based on the number of hours and cos each county has.

Unknown: How much of the realignment funds went to the counties from the state to the IHSS program?

Karen: It depends and very difficult to get those figures out, CWDA has a couple staff working on this. In general speaking in 2012 the \$952 million it was coming out of the general fund. Remember in 2012 we were coming out of a recession, so at the time sales tax revenue might have been down for big ticket items. At the time, it might have been covered by the taxes collected, but not all of the county costs. There were some counties that had to use general funds to cover costs in 2012.

Unknown: Allocation Letters, Can you tell me what year is used to figure our administration cost would be. It seems they are usually a couple years behind in figuring our actual costs.

Karen: I can only share what the most recent Fiscal letters were. The County association of counties will be figuring this. The only one I can be sure of is the last [County Fiscal Letter \(CFL\) 15/16-38e](#). I would not bet on this being accurate for the future figures. It is believed that CSAC, CAPA, & CWDA will be working on this to avoid the counties from being hit so hard. Counties can be expected to pull up past CFLs to see what their share of the \$652 million will be.

Michael: Is that likely to include legislation to bring realignment monies up to date to allow counties to get closer to what their shares will be?

Karen: Can't speculate on how this will turn out, do not know how this will turn out. Just know CSAC, CAPA, and CWDA this is the number one priority to mitigate the hit. It is believed that it will take a statutory change to protect the counties from the hit.

Joey: Isn't there two streams of funding, one for services and one for administration?

Karen: No, that is not so. Within the Sales Tax growth account where funds are placed to cover IHSS costs (services and admin) and there just is not enough sales tax collected to cover the costs.

Note: [Understanding California's Sales Tax, published by LAO, May 2016](#)

Janie: Bring the discussion back to what the Advisory Committees can do....Concerns about phone calls and requests not be responded to locally.

Karen: Voice at the local level is important as well as important in Sacramento. This budget change will be hit everyone throughout the state and counties may be hit hard; unanswered calls and requests could take longer as staff is hit with cutbacks. Counties already face staff shortages these possible budget concerns could make it worse.

It will be important to work both locally and in Sacramento by making calls and appearing at hearings to testify, this very important. It is not known what the direction will be, this is only a week old and more needs to be know.

Tomorrow there is an IHSS Coalition meeting and with the dissolving of the IHSS State Stakeholders Advisory Committee it is hoped the work can be completed another way. The need for a mandate to form a Statewide IHSS Advisory Committee is important and needed.

This crisis does provide a chance for restructuring our program for financing and providing the consumer voice.

Joey: Shared a conversation with Will Lightbourne and it was understood the administrative cost was 6%. Then it was understood that counties were encouraged to hire more staff at no cost. So, with these new possible budget changes the county will have to pick of the cost of new staff?

Karen: I hear the figure given, but I believe it was a point in time prior to the time the MOE went into effect. Some counties did take advantage of the MOE and some did not. Those that did under the MOE increase its staff will be hit the hardest

Unknown: Will this not have to go to the Legislature to get an answer to this crisis to get the lift needed.

Karen: Yes, it will be the legislature that will need to change this. Considering LA has about 40% of the IHSS program this is going to be a huge hit on LA and it is not seen that the legislature will be sitting to the

side to allow this. This is like a \$200 million hit, stakeholders and all those involved need to be involved showing the importance of the IHSS program.

Jene: I believe the idea of having a consumer advisory committee is great! It's the Federal government that takes so much money away placing it into other spots that do not meet our needs. We need to have a voice.

Karen: CAPA is working with CSAC to put forward a document with information I shared and to give information that can be used to use when discussing our case. There is information not completed before it can be shared, then we can share the document as talking points for future meetings. "Out of Crisis there is opportunity"

Next Statewide Call:

Wednesday, February 15, 2017 at 10 a.m.

Topic: Achieving a Better Life Experience (ABLE)

Carrie Fisher Stone, Deputy Executive Director|Cal**ABLE** Board, Office of State Treasurer.

If you have questions about CalABLE please forward them to info@cicaihss.org by February 9th, 2017

Karen Keesler, Executive Director of CAPA will follow her and give an update on haps in Sacramento and CAPA.