



# The Consumer Voice

California IHSS Consumer Alliance Quarterly Newsletter

October – December, 2015

Dear CICA Members and Supporters,

Happy Holidays and a Very Healthy, Happy New Year to All.



CICA has had a very successful 2015 and we want to thank all of our members and supporters for their involvement and continued support throughout the year.

I want to give special thanks to the CICA Executive Committee members who have given so much of their time and talent to all of our efforts. Their vision and ideas for CICA have allowed us to provide so much more for our members. Another special thanks to our Executive Director Charlie Bean. He is the backbone of CICA and has expanded our organization in all areas this past year.

Some of CICA's goals for next year include:

- Continuation of monthly, informative membership conference calls.
- Providing at least one training opportunity in each of our Regions
- Providing a training opportunity the day before DCAD
- Updating our website to make it more user friendly and informative
- Providing a Newsletter on a regular basis for our members
- Continuing to email important information and updates to our contact list

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- Reaching out to non-member Counties to encourage membership
- Increasing individual and organization membership in CICA

The Executive Committee values all of our members input and involvement.

We look to you for content ideas for our monthly calls. We would be glad to visit your Advisory Committees to get to know you better! Questions, comments, concerns let us know by emailing me or Charlie. CICA is here for you, to help make our Advisory Committees the best they can be and to keep all of our members informed and involved.

Thank You all for all you do for IHSS; our consumers, providers and the system.

Merry, Merry and Happy New Year

Janie Whiteford, President  
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## TECH INFO:

### SwiftKey Symbols App Helps Non-Verbal Kids Communicate

By Stephanie Mlot – Published: December 11, 2015

<http://www.pcmag.com/article2/0,2817,2496473,00.asp>

The Android beta app is targeted at, but not limited to, kids with autism and other learning difficulties.



SwiftKey this week launched a symbol-based assistive communication app geared toward young, non-verbal individuals with special needs. The Android beta app, SwiftKey Symbols, is targeted at, but not limited to, kids with autism and other learning difficulties.

"We wanted to bring an accessible, free app to people with talking and learning difficulties so that they could communicate more easily with their friends and family," Product Manager Ryan Barnes wrote in a [blog post](#).

Powered by SwiftKey's core contextual language-prediction technology, the app helps users build sentences by choosing hand-drawn images from a set of categories. The service learns and adapts to the individual with each use—a natural fit, Barnes said, for folks who respond particularly well to routine-based activity.

A prediction slider surfaces images relevant to the user. And the program factors in the time of day and day of the week for more accurate symbols. If the user, for example, has music class at 11 a.m. on Tuesdays, and has



previously selected symbols during that time, those icons will appear in the predictive sentence strip.

The app can also be customized: Add your own images and categories, and use audio playback—a speech-to-text feature that reads out the formed sentence for a child who has verbal impairments.

### [SwiftKey Keyboard App Autocorrects Full Sentences](#)

"The communication opportunities that this app will provide are amazing," said Charlotte Parkhouse, speech and language therapist at the Riverside School in England, with which SwiftKey worked closely on this project. "The flexible use of symbols will allow pupils with severe communication difficulties to express themselves in meaningful ways and the predictive symbol function means that it can be truly personalized."

SwiftKey Symbols follows the company's ongoing work with Stephen Hawking and Israeli start-up Click2Speak, both of which use SwiftKey's core technology to enable people with mobility issues to better communicate.

Interested users can visit the [SwiftKey Greenhouse](#) for more details, and [download the free app](#) from Google Play.

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## PRESCRIPTIONS TIP:



<http://www.goodrx.com/>

Right now, generic Lipitor costs \$150 at one major pharmacy chain but the exact same medication is FREE at a pharmacy across the street.

In America, prescription drugs cost too much. Up to 45% of Americans have trouble paying for the prescriptions they require, and 26% of Americans simply don't fill prescriptions because they simply can't afford it. The #1 reason Americans don't take their medications as prescribed is cost.

Even if you can afford to pay, you (or a combination of you, your insurance company, your employer and/or the government) are likely paying too much for your prescriptions. It can cost less than \$0.01 to manufacture a pill, so why do we pay \$10, \$100 or even \$1,000 for meds? Even a \$10 insurance co-pay can often be 2-3 times what the fair price of a medicine should be.

You probably already knew drugs were expensive. But did you know:

**1. Prices for prescription drugs vary widely between pharmacies.**

Most Americans assume that drug prices are regulated or fixed. That's simply not true. Prices vary wildly in drugstores that are literally across the street from each other, especially when filling generic medications (which make up about 80% of the prescription fills in America).

**2. Uninsured? It's easy to get a better price.**

Prices for most drugs at most pharmacies are very high for the uninsured patient. However, there are many ways to save 80% or more - coupons, savings tips, pharmacy discounts, manufacturer discounts, cheaper alternative drugs or even just asking for a better price! Sadly, there's never been an easy way to find these discounts and know the fair price for your drug.

**3. Insured? Your co-pay may not be your lowest price.**

Health insurance is great, but it's far from the only way to save money on your meds. For example, hundreds of generic medications are available for \$4 or even free without insurance ...if only you know where to go. Your

insurance co-pay of \$10 doesn't sound so great if GoodRx can point you to the exact same drug for 60% less.

Plus, many insurance plans have high deductibles or limited formularies that don't cover the drugs you need. Lastly, even insured patients buying covered brand-name drugs would probably want to know about coupons that could save them \$500 or more per year.

**4. [The price of drugs has been decreasing, but you're paying more.](#)**

Many big brand-name drugs (such as Lipitor, Lexapro and Singulair) have recently become available as generics. When brand-name drugs go generic, their price rapidly decreases from potentially hundreds of dollars to as little as \$4. However, insurance companies are pushing more of the cost of drugs onto the patient - your share of the cost is now 25-80% more than just 10 years ago as insurance companies make you pay for your drugs.

**5. [Your doctor may not know how much your drugs cost.](#)**

A doctor's primary job is to make sure that you receive the best care, not track costs. Drug prices change all the time, pharmacies charge different prices, and everyone has different insurance plans - so it's very hard for them to know what you'll pay. But it is important that you know, so that you don't leave the doctor's office with a prescription that you can't (or don't want to) fill.

Fortunately, [GoodRx can help](#).

**Editor's Note:** *The above site was shared by J. Whiteford sharing information. If others have tips for saving money on medical supplies or prescriptions please share for others use.*

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## **MEDI-CAL SPECIALIST:**

**[Partnership HealthPlan of California - Medi-Cal Specialist Directory](#)**

This directory is provided for those under Medi-Cal living in the Del Norte, Humboldt, Lassen, Modoc, Shasta, Siskiyou, and Trinity Counties. Call for questions: (707) 863-4100 <http://www.partnershiphp.org>

**Editor's Note:** *There are other Health Plans throughout the State and they are invited to share directories for IHSS Recipients and Care Providers to receive services. They only need to contact Charlie at [info@cicaihss.org](mailto:info@cicaihss.org)*

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## **MINIMUM WAGE TO INCREASE**

On Jan. 1 California will have the highest minimum wage in the country.

California workers earning minimum wage will get an extra dollar an hour at the beginning of the year. The state raised the rate from \$8 to \$9 in July 2014. Soon it will be \$10 an hour.

<http://www.capradio.org/articles/2015/12/21/new-california-laws-2016-california-leads-the-country-in-minimum-wage/>

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## **THE COMMUNITY INTEGRATION ACT – FACT SHEET**

### **The Disability Integration Act**

Exciting News for people who wish to remain at home as they age.

The Disability Integration Act addresses the fundamental issue that people who need Long Term Services and Supports (LTSS) are forced into institutions and losing their basic civil rights. The legislation (S.2427) builds on the 25 years of work that ADAPT has done to end the institutional bias and provide seniors and people with disabilities home and community-based services (HCBS) as an alternative to institutionalization. It is the next step in our national advocacy after securing the Community First Choice (CFC) option.

The legislation, when enacted, establishes new federal law - similar in structure to the ADA - that requires states and insurance providers that pay for LTSS (Long Term Services and Supports) to change their policies, provide community-based services first, and offer HCBS (Home and Community Based Services) to

people currently in institutions. DIA operates alongside CFC, but these two laws work very differently. CFC is an option which states can choose. Even though CFC provides money for states to support independent living, many states have not chosen CFC.

The Disability Integration Act, also known as the DIA, requires states and insurance providers that pay for LTSS to make real and meaningful changes that support the right of people with disabilities to live in freedom like every other American.

To learn more about the Disability Integration Act [click here](#).

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## **FLSA UPDATED, OVERTIME, TRAVEL TIME, AND WAIT-TIME APPROVED!!**

Yes, February 1, 2016 overtime, travel time, and wait-time will go into effect for IHSS Care Providers, yet it does not meet the needs of some with greater needs to stay in their homes! More needs to be done!



Thank you for your work on the below information!

### **[Call to Educate on IHSS Overtime Rules](#)**

#### **[About the Issue:](#)**

Overtime will benefit most of the In Home Supportive Services (IHSS) consumers and providers who receive it, but a small group of people will be harmed by the limits on hours set by the state of California. Current state law says that an IHSS provider can't work more than 66 hours per week. But this can be a problem for family members providing support for more than one family member on IHSS (for example: an adult child supporting two parents). If the hours for the consumers add up to more than 66 per week, the consumer would have to find another provider. This can also be a problem for non-family providers who support more than one person. State law has NO exceptions. Disability Rights California has proposed an exceptions process, which is also supported by California IHSS Consumer Alliance, Hand in Hand, Senior and Disability Action, and other organizations.

**Who would benefit from an exceptions to the weekly hour limit?** Everyone in these categories: 1) providers who would be prevented from providing services for a recipient who is closely related, and 2) providers who are paid to provide services only because it has been established that no other suitable provider is available. Individual exceptions (including for the weekly travel limit) for people who cannot get another appropriate provider and would be unsafe or at risk of institutionalization.

### Three (3) Simple Things You Can Do to Educate:

1. **Please write a letter or email to your representative**, telling them your IHSS story and why an exceptions process to the weekly hour limit for IHSS overtime would be good for you.
2. **Make a phone call** to your representative and tell them your IHSS story and why an exceptions process to the weekly hour limit for IHSS overtime would be good for you.

Here's a **sample letter or phone call script** to help you develop your message:

**“We need an exceptions process for California’s IHSS overtime rules by February 1, 2016. There are some cases where a weekly hour limit on provider hours will make it difficult or impossible for a person with a disability or a senior to get the support they need to live in the community. Insert your personal story...”**

3. **Tweet your representative** and retweet other’s on this using hashtag **#CAIHSS**

**Here is a sample tweet:** **@CAlegislature**: “People with disabilities need exceptions to the #CAIHSS weekly hour limit!”

**[Click here](#)** to find your representative.

**[Click here](#)** to find your representative’s Twitter information.

Click here to visit the **[DOnetwork News Alerts page](#)**.