



The Consumer Voice

California In-Home Supportive Services Consumer Alliance

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March - April, 2017

President's Message by Janie Whiteford

Welcome to CICA's Spring Newsletter. We hope you enjoy it and find it helpful as Advisory Committee Members, IHSS Consumers and Providers, and our Supporters.

I would like to extend a big THANK YOU to CICA's Executive Committee Members. They are all totally committed volunteers who work tirelessly for CICA in implementing our goals and adhering to our vision and mission statement.

I would also like to THANK Charlie Bean, our Executive Director for all his efforts on CICA's behalf. He keeps us informed about IHSS, handles all our administrative tasks, and holds our feet to the fire to ensure that we are fulfilling our promises to our members and supporters.

This is a very interesting, confusing and even scary time for IHSS, Medicaid (Medi-Cal) and Medicare recipients. I can assure you that there are many folks out there advocating at the Federal, State, and local levels for your best interests. However, no one can tell their

own story and advocate for their own interests better than YOU!! We encourage you to become involved with us to educate our legislators at all levels on the importance of Medicaid (Medi-Cal), Medicare, IHSS, and other service in our lives.

How can you do this?

Sign-up for CICA's alerts and information by email by sending an email to info@cicaihss.org requesting to be placed on our email mailing list (this is only used by CICA and is not shared).

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Join CICA's monthly calls on the third Wednesday of every month at 10 a.m. Join us in Sacramento for an IHSS Advisory Committee and Advocate Workshop on May 24, 2017. Become involved with your local County Advisory Committee, public participation is encouraged and welcomed.

Contact your local County Board of Supervisors, State Legislators, and Federal Representatives and let them know your personal story and how these programs affect you!! You can contact them via telephone, emails, fax, and writing a short letter describing your story.

Contact your local media and tell them your story...radio, television, and newspapers...in all languages!

Through this newsletter there are other opportunities to become involved. We cannot afford to be silent any longer!!! Join us and help us educate your legislators and the public at large your needs!

Thank you in advance for your efforts.

Sincerely,

Janie Whiteford
President, CICA



Advocacy - Get Empowered! by Michelle Rousey Alameda Advisory Committee

The Public Authority, through its staff and Advisory Committee, supports and advocates for public policy that maintains and improves services that help seniors and people with disabilities live safe, healthy, independent lives in their homes. They do this by engaging in efforts to influence and educate legislators, the public and public institutions. Our advocacy includes public education, meeting and communicating with legislators and government officials, providing stories and information to the media, mailings, attending and testifying at hearings, and participating with the advocacy efforts of other organizations.

The Public Authority for IHSS in Alameda County has an Advisory Committee (AC), whose members are appointed by the Board of Supervisors. AC meetings are open to the public. View the [Advisory Committee](#) page to find out more about its role, scheduled meetings, agendas, minutes, and members.

Public Authority Advisory Committee Chair, Michelle Rousey, Speaks Out about the "restoration" of services.

When I first heard that the cuts had been restored I was grateful - until I found out that it was only for a year. If the state doesn't find a permanent funding source for the IHSS program then we will be right back living with the hardship of the 7% cut. I don't know about you but that

makes me angry. There needs to be an enduring solution. We need to contact our elected representatives and let them know that we need a permanent funding stream for the IHSS program. And no more cuts for the IHSS program. Not now or in the future. I don't know about you but I'm tired of being the one that is being cut and having to decide which of my services to not do today. It's inhumane. No one should be asked to not have the care they really need.

Since the writing of this experience, restoration of IHSS funding has been extended for a few years, but with the uncertainty of actions in D.C., our Congress it is important to be more involved, and an advocate for oneself, as well as others.

Please join me, write a letter, make a phone call or visit your legislator in person. We all need to Speak Out.

Thank you,

Michelle Rousey
Alameda AC President
<http://ac-pa4ihss.org/index.html>



**Humboldt County Registry
by Cindy Calderon
Advisory Committee Member**

One of the duties of an In-Home Supportive Services Advisory Committee is to know how the Care Provider Registry is working in their county. The local Registry is often the only place that recipients can find care providers that

suit their own individual needs, and also recipients know that if a care provider is listed on the registry, they have cleared a back ground check and completed their paperwork. However, I have often heard how 'the registries' are not always able to provide a name of a care provider, or to find one in your area that is a good match.

A good practice to know the current state of your own county Registry is to request a brief report, whether monthly or quarterly whichever best suits your committee's needs.

In Humboldt County our reports are quarterly. For example at our meeting in January, we received a summary report for September 2016 through December 2016. We wanted a report that was easy to read, had colored graphs so that we could visually (and easily) take in the information, and along with written explanations. For example, the categories for our report include:

- **IHSS Care Provider Totals**
This report gives us the number of care providers for the quarter, and whether this is an increase or decrease from the previous report. This report also includes the average number of care providers in 2016.
- **IHSS Registry**
Includes the numbers of care providers on the Registry for the quarter, also broken down by months. Since this was the end of the year report, it also included the average number for the year.

- **IHSS Intakes by the Month**

This report includes the average number of monthly intakes. For example, our recent report reads; “In September 2016 there were 61 intakes, while in December 2016 there were 56 IHSS intakes.”

- **The number of IHSS cases in the quarter.**

(And if it is an increase or decrease from the previous report.)

- **IHSS Care Provider Demographics**

At a glance, our Advisory Committee can see what parts of our county has had either an increase or a decrease in the number of care providers.

[Click here to view a sample report!](#)

Because we are a rural county, it is often difficult to find a care provider in the more remote regions; this is why we felt having information of the IHSS Care Provider Demographics was so important. This helps us, among other things, to know where outreach regarding the need for more IHSS care providers is needed. We divided our county into North, North Central, Central, South East, and South for our report. Every town is listed in these regions.

All of the above categories are also explained by accompanying colored graphs. It took some time, working with the county staff, to develop a report that not only included all of the information we needed, but is also useful to the IHSS staff.

The above demonstrates one example of IHSS Staff working with the Advisory Committee to meet the needs of all involved!



**RIVERSIDE INCLUSION OF CONSUMERS IN SOCIAL WORKER TRAINING GOES STATEWIDE
CICA Board Members participate.
by Kristine Loomis, IHSS Consumer**

Riverside County has had strong consumer and provider involvement since the early years of IHSS when Public Authorities (PA) and Advisory Committees (AC) were first formed. Some things develop over time, and this is an example of one idea we put forward through our local AC many years ago that eventually came to fruition with far-reaching results.

As an Advisory Committee (AC) it was proposed to create a venue where social workers could hear and/or have conversations with actual IHSS consumers and providers outside of the assessment or intake process. The AC sought to create a better collaboration between consumers, providers, and social workers. The objective was essentially to reduce anxiety and create more effective communication around interactions with county staff, particularly during the assessment process. The proposed method was to reach out to county workers so they might learn more about our lives and how we are helped through IHSS, as well as some of the

challenges we face in communication during assessments.

Riverside consumers are fortunate in that they have progressive people in our Riverside Public Authority and Department of Public Social Services (DPSS), both of which worked together with the AC to turn its idea into a reality.

It began with the use of video. Both consumers and providers were interviewed, and these dialogs were then shown during social worker and PA orientation trainings. The outcome was very positive, resulting in our DPSS and PA taking it one step further.

In 2015-16, under the direction of our DPSS Assistant Director, their staff and together with the Riverside IHSS AC members, a new model of training for social workers and PA staff evolved. It brought real IHSS consumers and providers to the table as an interactive panel during the program. These sessions focused on disability awareness, but what was unique about them was the inclusivity around IHSS consumers and providers in general; how our lives are impacted through county staff interactions and the IHSS program itself.

The curriculum incorporated two professionals from local non-profit organizations, who did presentations on the topic of disability awareness. These individuals were the Executive Director for our Independent Living Center(s) in Riverside, Paul VanDoren who is blind, and the Long Term Service and Supports

Manager for Inland Empire Health Plan (IEHP), Ben Jauregui, who is a former provider of care to a family member. Our IHSS panel had representation from five consumers and providers: A person with physical disability (me) and my provider of 25 years, a parent of a child with intellectual and physical disability requiring protective supervision, and a consumer with disability from severe chronic illness, along with that person's highly dedicated provider. This diversity of community professionals and real IHSS consumers and providers generated a rich dialog; a unique opportunity for transparency and sharing that was very positive. Our training events not only included social workers, but also IHSS payroll and front office staff.

In 2016-2017, some of us that partnered on the project from Riverside were invited to join a workgroup in Sacramento for the development of statewide IHSS social worker training. Charlie Bean, William Reed, Michelle Rousey, and I, from the California IHSS Consumer Alliance (CICA) executive board were part of this statewide workgroup. The Disability Awareness Training (DAT) model that is evolving out of the group also incorporated the work of some very bright people from San Diego State University (SDSU). SDSU under the direction of California Department of Social Services (CDSS), put together the curriculum and accompanying multi-media tools (video, power-point and online resources) for the finished product.

In February 2017, members from the CICA Executive Board participated in the resulting statewide (pilot) training which took place in Sacramento. This pilot incorporates many of the best practices from Riverside, and increases our vision even further through the inclusion of disability rights history, and interactive exercises that give background and depth to the classes. I'm sure these orientation trainings will continue to evolve through time. It is my understanding that CDSS and SDSU are additionally creating a series of "Just in Time" modules (to be posted on-line) that will allow social workers to learn more about specific disabilities when they encounter a consumer who has that unique circumstance.

Most importantly, this new inclusionary training process will hopefully provide a positive and personal impact on how social workers experience their introduction to working with IHSS consumers with and without a disability.

Public Authorities in all counties are encouraged to make inquiry from the state training division for IHSS social workers if they are interested in using some of these tools on a local level.

MANY THANKS to all the good and dedicated people involved, that are moving this in to the future.



Disability Awareness Training (DAT) April – June 2017 Statewide Training Schedule

Are you a consumer or provider who lives in the community DAT is taking place and would like to participate in a session? We are looking for just a handful of individuals. If so, contact CICA at info@cicaihs.org and someone will get back to you.

Orange County Training & Career Dev.
1928 S. Grand Avenue, Rm A110
Santa Ana, CA 92705
Tuesday, May 30, 2017

County of Riverside, DSS
7894 Mission Grove Pkwy Conf Rm 200
Riverside, CA 92508
Wednesday, May 31, 2017

Sonoma County IHSS
3600 Westwind Blvd, Orville Wright Rm
Santa Rosa, CA 95403
Tuesday, June 6, 2017
Wednesday, June 7, 2017

Picadilly Inn
2305 W. Shaw Avenue
Santa Rosa, CA 93711
Tuesday, June 20, 2017
Wednesday, June 21, 2017





CHALLENGES AND SOLUTIONS
by Randi Bardeaux
PASC Governing Board President

For over fifteen years, the Personal Assistance Services Council (PASC), the public authority for Los Angeles County, has been providing services for IHSS recipients. Forty percent of California's recipients are in this county which account for nearly 210,000 consumers and 140,000 providers, all spread throughout a 4700-square mile area. A huge challenge facing PASC was how to communicate with and reach out to as many consumers and providers as possible. As a result, two highly successful programs were created: The Tele-Town Halls and the Consumer Corps Peer Mentors.

Four years ago, Greg Thompson, the Executive Director of the PASC, began hosting monthly Tele-Town Halls where literally thousands of consumers and providers can participate by telephone or webinar to hear from legislators, government and agency officials, community organizers and advocates to discuss such topics as the Governor's proposed and revised budgets, FLSA rules, food and community programs, SSI/SSP grants and pending legislation; while other Tele Town Hall meetings are devoted to explaining how to fill out forms or new timesheets, how to navigate Cal MediConnect choices or how and where to reach case workers and social workers

within the IHSS system. Each month, Mr. Thompson and the PASC staff present topics of relevance to consumers and give them the opportunity to ask the guest speakers live questions during the calls. Questions that are asked but not answered during the Town Halls, are addressed at a later time by volunteers who call the callers back with answers for them. "The number one reason we do these Tele-Town Halls," according to Mr. Thompson, "is because it's the most effective way to reach IHSS consumers. Seniors and people living with a disability face many challenges making it difficult to get to meetings or open forums. Our Tele-Town Halls give them the opportunity to hear valuable information and voice their opinions on the very policies that will affect their lives."

In July of 2013, Mr. Thompson held a Tele-Timesheet Training Call with presenters' Scott Gardiner, Manager of CMIPS II Unit Adult Programs Division CDSS, Veronica Sigala, Project Manager of CMIPS II, DPSS, and Rodney Bullock, Director Member Action Center of SEIU. There were 6,580 IHSS consumers and providers who learned how to fill out the complicated changes to the new timesheets. This Tele-Town Hall demonstrated that we could effectively use this platform in the future for other trainings, also. More recently, the telephone town hall hosted Taryn Smith, staff person from the Senate Committee that sponsored the Los Angeles Hearing on IHSS Timesheet problems. Caller after caller described their often-heartbreaking experiences and

hardships with getting their paycheck regularly and on time.

Another program that's been very successful in connecting with many of our consumers is the Consumer Corps Peer Mentors, which was established by Janet Heinritz-Canterbury, Consumer Outreach and Legislative Advocacy Manager. Since these consumer-oriented outreach efforts started, two dozen IHSS consumers, called Peer Mentors, have received training on issues including Cal MediConnect and new Overtime Regulations that affect consumers. The Peers also receive training on skills needed to facilitate discussions with consumers, including listening, reframing questions, and referring people to appropriate organizations for help. Once trained and with help from PASC, these Peer Mentors meet with small groups of consumers throughout LA County in senior centers, senior high rise buildings, independent living centers, many other venues where IHSS consumers are interested. PASC sets up the meetings and develops a one-page handout on the issue that the Peer can use to guide their discussions with the consumers.

Each geographic area presents unique characteristics, so the discussions were held in different languages and with different size groups, depending on the complexity of the issue being discussed. The success of this program is largely based on having consumer-peers speaking with other consumers who share similar experiences. The discussions are more personal, candid

and open, which can result in robust, opinionated and creative conversations. Hundreds of consumers have the opportunity to get their individual questions answered concerning complex topics in a comfortable setting.

Thanks to Mr. Thompson's and Ms. Heinritz-Canterbury's leadership and resourcefulness, the Tele-Town Halls and the Consumer Corps Peer Mentors are just two of the programs that PASC has implemented to successfully deal with their vast geographical, language, and ethnic challenges in the large population of IHSS consumers and providers in order to share, explain, teach and simplify issues that affect their lives and independence.

Randi Bardeaux



WORKWEEK ASSIGNMENT ISSUES FOR CONSUMERS WITH MULTIPLE PROVIDERS

**Why the "SOC 838" may be causing
confusion and non-payment to
providers**

Kristine Loomis, IHSS Consumer

Are you a consumer with multiple providers? Did your provider get a "non-payment" for hours you felt should have been authorized? That happened to me and I found out it was caused by a form I signed – the **"RECIPIENT REQUEST**

FOR ASSIGNMENT OF AUTHORIZED HOURS TO PROVIDERS” (SOC 838).

The simple solution was asking the county to cancel it, but it took many weeks to figure out that was possible. In the meantime my providers went unpaid, and I wondered how many others were experiencing this issue. Providers could even quit if the situation is not resolved quickly.

First I want to be very clear I am NOT referring to the **“PROVIDER ENROLLMENT AGREEMENT”** (SOC 846). That is an essential document and all IHSS providers need to have it signed and filed with the county in order to get paid.

The SOC 838 (**RECIPIENT REQUEST FOR ASSIGNMENT OF AUTHORIZED HOURS TO PROVIDERS**) is a different form. It is being used in some counties, but not all. There are additional “workweek agreements” associated with overtime which is why this can be confusing. The SOC 838 is unique. Unlike other workweek agreements, it is tied directly to payroll and the assignment of hours is fixed. Once a recipient completes this form and gives specific hours to each provider, their providers will not get paid if they work over the number of hours assigned on that form. Even when that provider is within their overtime limits. The similarity of the names on these documents along with the general complexities of overtime limits, have created some misunderstanding and non-payment issues that could be easily resolved.

Example: I was mailed this form when overtime was implemented. I have multiple providers (currently three). I generally have to change my individual provider’s hours every month. This is due to days they are sick, family emergencies they must deal with, or other scheduling variations like the number of Saturday’s in a given month. For those of us with critical needs, we (hopefully) manage our survival by having one provider fill in when another is not available. That type of flexible scheduling is not possible under the SOC 838 assignment of hours. Unfortunately I signed it, thinking this was similar to the other workweek agreements. But all was resolved when the county cancelled it for me.

For consumers with only one provider, this may not be an issue. The form may not even get mailed to them. But some consumers and their workers have run in to real problems with unpaid hours triggered by the SOC 838 because they assumed the issue was about overtime. Provider pay-stubs do not give a reason for unpaid hours. The SOC 838 assignment of weekly hours and the weekly overtime limits are separate issues.

There are, no doubt, circumstances where the SOC 838 agreement is useful. I am not suggesting that every consumer should cancel theirs. Also remember not to confuse them with the other workweek agreements. Look for the document name at the top (**RECIPIENT REQUEST FOR ASSIGNMENT OF AUTHORIZED HOURS TO PROVIDERS**) and the number (SOC 838) at the bottom to see

if you have signed one. Or ask the county (your PA or social worker).

My IHSS Public Authority (PA) was responsive and helped make my situation manageable by cancelling the form once we determined what was causing the unpaid hours. This may take some persistence and patience, since PA's in most counties have been swamped with questions and timecard issues around overtime. And not every IHSS PA, Payroll or Social Worker will understand this particular topic. However, now you are informed, and know what to ask about. If your county is using the SOC 838 and you need to vary your provider hours, this assignment may be causing non-payment. If that is your situation, explain why the SOC 838 agreement is not appropriate for you and ask if they will cancel it.

Hopefully, that will simplify your life – we all need simplicity once in a while.

If you have any questions, please contact your county for more information!



As noted at the beginning of this newsletter, individuals are encouraged to be advocates for themselves, as well as for others. Working together for common goals strengthens our voice. One way of strengthening the voice of the IHSS Consumer and provider is by joining the

California IHSS Consumer Alliance. Click on the appropriate link below to join CICA.

Advisory Committees:	\$500
Organizations:	\$250
Professional Individual:	\$50
Family:	\$25
Individual:	\$10



California IHSS Consumer Alliance
IHSS Advisory Committee & Advocate Workshop

Wednesday, May 24, 2017
10 a.m. to 4 p.m.

Topics:

Advisory Committee Empowerment
Sharing Information
IHSS Problem Solving
How Can We Help
CDSS Training for Consumer & Provider

Senator Mike McGuire

More info: info@cicaihss.org

To be followed by Education Day with CARA, Thursday May 25, 2017

We will be urging legislators to pass the two bills below:

SB 562 (Lara/Atkins) - Healthy CA Act
AB 796 (Brown/Thurmond) - Increase SSI/SSP