

**IHSS Public Authority Advisory Board Meeting**  
**June 15, 2010**  
**MINUTES**

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**Members Present:** Bharat Desai, JoAnn Disbrow, Cindy Faulkner (tele-conference), Kai Lu, Richard Patterson, Janie Whiteford, Theresa Wright, Jim Ramoni (ex-officio), Elissa Young, Ellen Rollins

**Members Absent:** Sondra Corday

**COA Staff Present:** Leticia Sabadin, Mary Tinker

**Guests Present:** Daisy Chu, Policy Aide from Supervisor George Shirakawa's Office, Lee Sturtevant, Policy Aide from Supervisor Ken Yeager's Office, Charan Sijher, IHSS Independent Provider

**Approve Minutes:** April minutes approved as written.  
May minutes approved as written.

**Announcements & Public Comment:**

- Mary Tinker congratulated and welcomed the most recently appointed Advisory Board members Elissa Young, Theresa Wright and Ellen Rollins.
- The County sent reappointment letters to the following members whose current term is about to expire June 30, 2010: Theresa Wright, Janie Whiteford, JoAnn Disbrow and Sondra Corday. All are eligible for reappointment and are interested in serving another term. They have been in contact with the Assistant Clerk of the Board to secure another term on the Advisory Board.
- Janie Whiteford reminded everyone about the June 25<sup>th</sup> Town Hall Meeting located at the CET Office on 701 Vine Street in San Jose from 2:30pm – 4:30pm. All Consumers and Providers are invited to attend. Assembly members Jim Beall and Joe Coto will be in attendance. This is going to be a very informative meeting with discussions regarding the proposed IHSS cuts and Fraud Initiatives. There will also be an opportunity for people to write letters to their legislators. Mary stated it is vital that as many consumers attend this meeting as possible so they can have an opportunity to voice their opinions and comments on how the IHSS cuts will impact them. This is a great opportunity; these are critical times and no better place to share your concerns and comments.

- Janie announced that she had attended the IHSS Court Hearing this morning (June 15<sup>th</sup>) at The James R. Browning Courthouse in San Francisco. The scheduled hearing was the Oster (formerly VL) v. Wagner (Functional Index Score/Rank Issue). CDSS was appealing the court injunction on the issue and was there to provide "oral arguments". There was a demonstration beforehand, at approximately 8:00am, and the hearing began at 9:30am. There were various guest speakers and recipients in attendance. Among some attendees were: Loretta Stevens from SEIU, Deb Roth from Disability Rights California, Janie Whiteford and Michelle Rousey-IHSS Consumer. Janie stated the judges were very informed and seemed to have background information on the case. She said that "they apparently did their homework" on the cases and were well prepared.

**CAPA Report:** CAPA met May 27<sup>th</sup> in Sacramento.

CAPA has been trying to keep up with the Assembly and Senate budget hearings, respond to requests for comments from CDSS on draft letters, and monitor the various lawsuits that were filed in response to the Governor's budget decisions from the budget passed last year.

**Communication with CDSS:** Representatives from CDSS attended the May CAPA meeting to hear questions, comments, opinions, etc., on a range of issues. Directors offered comments on the draft letters to providers and recipients about the enrollment form. The comments from CAPA were mailed to CDSS on June 8<sup>th</sup>.

**State Budget:**

- The Governor's proposal is to achieve \$637.1 million in FY 10/11 through proposals that would be developed by stakeholders.
- The Senate set a goal to achieve at least 10% in savings and would rely on the administration's stakeholder group to come up with proposals to meet that target.
- The Assembly set a target of \$150 million (approximately 11%) through enactment of a provider fee. The Assembly also approved establishing an IHSS Budget Advisory Workgroup to work on cost containment strategies and explore if additional federal funds can be secured for IHSS

Karen Keeslar, CAPA ED, attends both Senate and Assembly budget hearings. Both Houses have rejected the Governor's proposal to reduce IHSS spending by \$637.1 million in FY 10/11 and by \$750 million annually thereafter. The Senate is looking to the Administration's IHSS stakeholder group to achieve at least 10% in General Fund savings and the Assembly is developing its own IHSS Budget Advisory Workgroup to develop a provider fee proposal to generate \$150 million in General Fund savings in FY 10/11.

The stakeholder meetings convened by the Governor's staff are "on pause" because stakeholders expressed concerns about the fragmentation between the administration and legislature's stakeholder groups. The small group of stakeholder that were invited to meet with the Governor's staff submitted a letter to the budget conference committee and to the administration asking for one stakeholder group.

The legislature informed the administration that the total amount of money the governor/department proposed to spend for fraud prevention was not approved and so could not be spent. Discussion continues on the fingerprinting of consumers. Some legislators want a “cost- benefit” model for analyzing fraud prevention programs – the estimated cost of the proposed anti-fraud activity and the estimated savings associated with each activity. They also asked DSS to provide the basis for the assumptions made in their analysis.

#### **1115 Waiver:**

- Approval for the application to CMS for the 1115 Waiver is included in the Budget Trailer Bill
- Budget Trailer Bill language submitted to the Assembly and Senate budget committees was not acted upon but referred to policy committees
- Enrollment for 370,000 seniors and people with disabilities (SPD) who receive treatment from “fee for service” medical providers will be mandatory in a County Alternative Option beginning February 2011 until January 2012.
- Fourteen counties have a plan that offers coverage and organized care delivery – the remaining counties are expected to meet the deadline. If counties have been working on an alternative model they can continue to develop it.
- Stronger care coordination will be required – care coordinators will be expected to more closely monitor the medical needs of enrollees.
- Plans for those who are eligible for both Medi-Cal and Medicare will need more coordinated funding.
- A tool to assist counties in building-in accessibility has been developed and advocates are urging counties to use the tool.

Janie Whiteford expressed concern about the “managed care” approach. The case management component is more of a medical model not a social model. Janie says that under “managed care”, the consumer voice will not be heard.

#### **CAPA’s Legislative Priorities are:**

**AB 1763** (Lieu) – UDW BILL CAPA support if amended letter. *This bill would if specified conditions are met, require a county, nonprofit consortium, or public authority authorized to secure a criminal background check clearance to accept a clearance for an individual, as prescribed, from another county, nonprofit consortium, or public authority with criminal background check authority*. By imposing new duties on counties, this bill would create a state-mandated local program.

*This bill would also, if specified conditions are met, require a county, nonprofit consortium, or public authority to obtain subsequent arrest notifications issued by the Department of Justice for a provider whose criminal record clearance was originally processed by another county, nonprofit consortium, or public authority with criminal background check authority*.

**AB 1801** (Yamada) – CDSS would continue to convene a stakeholder group beyond 2010 which would make recommendations on program quality and funding. UDW sponsored. CAPA Supports, submitted letter of support. **DEAD**

**AB 1970** (Fong) – In declared emergencies, shelter operators could work with the PA registries to provide IHSS services in the shelters. Being amended and working out issues regarding how it would work. CAPA supports in concept and provided a letter of support. **DEAD**

**AB 2274** (Beall) – Anticipating the new Medi-Cal Waiver, this bill allows for IHSS to be provided through entities named in the Section 1115 waiver. CAPA Supports, sent letter of support. This bill would also allow a person who receives services as part of an entity authorized by a specified waiver under the federal Social Security Act to select any qualified person to provide care. IN Policy Committee

**AB 2374** (Nestande) – Spot language deferring implementation to 2011 of a voluntary five-county pilot to expand IHSS participation. Removes requirement that the pilot be limited to consumers who are severely impaired. CAPA has Watch position. Don't think it's going anywhere.

**ARC 151** (Ma) In-Home Supportive Services – This proclamation would declare the intent of the Legislature to ensure the preservation of home care services to the elderly, blind and disabled through IHSS. CAPA Supports

**SB 886** (Florez) – Authorizes use of “electronic timekeeping” to verify provider completion of tasks. [This is being worked on by stakeholders and the author, needs work. CAPA is working toward amendments with other stakeholders, CWDA. **DEAD**

**SB 891 (Liu)** – In- Home Supportive Services: needs assessment. This bill would require the department and the State Department of Health Care Services to jointly convene a stakeholder review process, as specified, to obtain information and comments regarding imposition of a tax on payments received by IHSS providers and the potential for increased federal financial participation as a result of these tax revenues, and alternatives to the state's methodology for deriving a functional index score for IHSS consumers. CAPA supports in concept. **DEAD**

**SB 998** (Liu) – Bill sponsored by Disability Rights California requires, among other provisions, that all Medi-Cal patients referred by hospitals to a nursing home receive an assessment of their long-term care needs before the nursing home can be reimbursed for services. **DEAD**

**SB 1062** (Strickland) – Bill requires CORI recipients to convey the report to applicants who don't clear the DOJ check. In Policy Committee CAPA Opposes.

### **PA Programs Report:**

**Benefits Administration:** There were 7,072 IPs enrolled in the Valley Health Plan and 7,553 IPs enrolled in the Dental/Vision plans during the month of May. There continues to be a decline in the number of IPs enrolled in all three benefit plans.

Staff issued 3190 Eco Passes during May bringing the total issued this calendar year to 12,536.

**CURRENT IP Enrollment Sessions:** Sessions were held all day on Tuesday and Wednesday of each week in May. As of May 31, 2010 provider enrollment counts are as follows:

Number of NEW providers processed in May: 422

Number of existing providers processed in May: 3359

Number of IPs completely processed to date: 10,068

Number of IPs partially done: 2041

Number of IPs who we have information for but nothing is in CMIPS yet: 583

Fingerprint Processing:

- Bad print job need to redo: 53
- Pass: 10,618
- Failed: 29
- Delay: 91
- Have results but need to read and make determination on: 1901

There was discussion and questions asked about the enrollment process by members:

Bharat Desai, “Once the IP has completed and passed all the enrollment steps, do they get a consumer/client?” Mary answered this question by saying that there seems to be a misunderstanding on how the program works, and the answer is no, the IP does not get a client when all the steps are completed. The program is meant to link the IP with their client, once that client is approved and part of the IHSS program; at that point the client “hires” the IP.

Richard Patterson, “If an IP does not pass the background check with DOJ, what can they do, can they appeal?” Jim Ramoni answered by saying that if the IP does not pass the background check, both the IP and the Consumer receive a letter stating the results. The IP is then terminated at the end of the month. The IP has the option of appealing the ruling and the letter gives the IP instructions on how the appeal process works. IP has 60 days to request appeal, and the State has 60 days to respond to appeal. Once again, the automatic disqualifications are:

- Child Abuse
- Elder Abuse
- Fraud against a Government Agency

Mary stated that the appeal has to be done in writing to the State PEAU Office in Sacramento.

**Registry Services:** There are 489 active IPs on the registry. The Registry completed 44 new consumer intakes, 38 matches and provided 221 interventions.

The Urgent Care Registry authorized 27 hours of service for the month of May.

**Provider Training:** The Public Authority offered six classes during May training 195 IPs.

The number of requests for information regarding the Job Development fund continues with a total number of 13 inquiries in May.

**California IHSS Consumer Alliance Report (CICA):**

Janie announced that the CICA Central Regional Meeting has been re-scheduled from June 18<sup>th</sup> to August 27, 2010. She will provide more information at a later date.

Janie mentioned the CICA Conference is scheduled for October 22, 2010 at the Doubletree Hotel in San Jose. She will provide more information at a later date.

**Report from Social Services Agency:**

Jim Ramoni reported that IHSS received positive feedback from the Children, Senior's and Family Committee (CSFC) of the Board of Supervisors regarding the presentation of the Annual Report.

Jim reported that since IHSS has a primary focus on Fraud Prevention, the funding for this fiscal year 2009-2010, was a collaborative effort along with the District Attorney's (DA) office. There was a little over \$1 million in funding for this effort which included five new staff positions. Out of the five new positions, three went to DA and two to IHSS. There are several fraud referrals currently under investigation. This entire effort has some clerical and payroll staff working together to prevent fraud. For example, some of the payroll staff are verifying and checking for fraud on timesheets. The Fraud Prevention Unit is up and running.

Jim indicated he does not know what will happen with the funding for Fraud Prevention Unit in the next fiscal year.

The AB members indicated they are very interested in knowing more about some of the fraud referrals and what types of fraud occur. Jim asked the group if they would be interested in meeting with the Fraud team, maybe they can attend one of the AB meetings in the future. The group agreed this would be interesting and worth having them come and speak regarding the inquiries.

At this point, quite a few questions were raised about fraud and what happens when a client is on vacation and the IP still submits a timesheet. This of course is a forged timesheet which is fraud. Jim stated that the client needs to contact IHSS and let them know they will be on vacation, out of town or the country, etc.; technically, when the client is gone for more than 60 days the case should be terminated. The client has to be in the state for the IP to get paid, if in fact they are working.

Guest, Charan Sijher, IHSS Independent Provider, asked Jim about the assessment appointments that are made by social workers and whether or not the social worker has to provide ID and business card when they arrive; specifically when they are doing their "un-announced" home visits. Jim answered by saying that anytime someone comes to your home, and you do not know who they are, they should not be allowed in unless they provide valid identification.

Cindy Faulkner asked about cases where the client goes to the hospital or nursing home, which happens a lot, and sometimes the dates are unknown or an emergency. What happens when the timeframe is unknown and IHSS is not notified until later? Jim said that the case should be terminated because it can always be re-instated at a later date. Bottom line, the client needs to notify IHSS with any changes to their case, when they will be out of the country, etc.

Jim discussed the new Integrated Voice Response System that is being tested. He asked the AB to help by calling the number he will provide them to see how well the new system works. Hopefully this will help with the call volume and better direct people when they initially call into IHSS. At this time the queue has long hold/wait times and trying to get a hold of someone at IHSS is very frustrating because of so many incoming calls. The implementation launch date is June 30, 2010. The phone queue has 6 different languages: English, Spanish, Vietnamese, Cantonese, Chinese and Russian.

Jim announced that he is in the process of putting together a new Management Services Contract for fiscal year 2011-2012 with Council on Aging.

**CICA Dues Request:**

Mary Tinker informed the AB that the CICA dues invoice for next fiscal year arrived and do they want to pay CICA dues and if so when. There was consensus to continue active membership in CICA and to pay the dues invoice with current funds.

**Next Meeting:** The next meeting of the Advisory Board is scheduled for **Tuesday, July 20, 2010** from **11:30-1:30PM** at 2115 The Alameda, San Jose, CA 95126.