

IHSS Public Authority Advisory Board Meeting
August 16, 2011
MINUTES

Members Present: Deane Denney, JoAnn Disbrow, Cindy Faulkner, Brian Miller, Jim Ramoni (ex-officio), Ellen Rollins, Janie Whiteford

Members Absent: Theresa Wright, Elissa Young

COA Staff Present: Leticia Sabadin, Mary Tinker

Guests Present: James Charles, Home Care Worker & Union Steward of SEIU Local 521

Approve Minutes: May minutes approved as written.

Announcements & Public Comment:

CAPA Report: CAPA was fortunate to have Will Lightbourne present at the July meeting to discuss his perspectives on the future of IHSS and share his background and vision. He shared information regarding discussions with the administration to develop a proposal on Long Term Care Integration and how that intersects with the Realignment Phase II proposal. Mr. Lightbourne also discussed implementation of Medi-Cal managed care and potential impacts on IHSS, elimination of ADHC and the current plan proposal to use IHSS to meet some of the needs.

Eileen Carroll, Deputy Director, Adult Programs Division also attended a portion of the meeting and provided an update on the PA allocation for FY 11/12. She was provided with a status report on PA rate setting/budget methodology project and a draft timeline.

Andrea Mourninghan, SEIU ULTCW presented the goals and efforts the union has to collaborate with Public Authorities on IHSS registries. SEIU established a registry about six months ago in LA providing services for IHSS and private pay consumers. Issues were raised by PA directors regarding how the union was obtaining IHSS consumer referrals as well as other concerns.

CAPA is actively involved in the NOA-lite workgroup, Anti Fraud workgroups and the workgroup to advise CSUS regarding revision of the mandated orientation video and materials.

Budget Update:

Previous Budget Actions

In March, the following IHSS proposals were adopted:

- **Eliminate IHSS Hours for Recipients without Physician Certification:** certification from a licensed professional on approved form that personal care services are necessary to prevent out-of-home care, scored GF savings of \$67.4 million in FY11/12.
- **Eliminate State Funding for IHSS Advisory Committees:** Counties are no longer mandated to establish AC, providing a savings of \$1.5 million GF in FY11/12. PA maintains mandate and funding of \$3,000 with federal and local match possible.
- **Caseload Savings:** It is assumed that, on average, fewer individuals per month will enroll in IHSS than had originally been projected for both FY for a combined savings of \$83.2 million GF.
- **Community First Choice Option:** The legislature scored a savings for IHSS under the assumption that the state will apply for and receive the new federal Community First Choice State Plan Option. This new Medi-Cal State Plan Option would provide community-based attendant services and supports to IHSS consumers who meet nursing facility eligibility criteria. This would include a 6% increase in California's Federal Medical Assistance Percentage (FMAP), the amount that the state is reimbursed for the costs of services as part of its participation in the Medicaid program, for an anticipated savings of \$128 million GF in FY11/12.
- **Pilot Project for Medication Management:** A new pilot project will utilize automated medication dispensing machines to monitor and assist Medi-Cal recipients with taking prescribed medications. It is assumed that this pilot project will lead to \$140 million GF in savings for FY11/12 by preventing unnecessary hospital and nursing home admissions that result from individuals not taking medications as prescribed. To the extent that the pilot project and/or other savings proposals enacted by the Legislature do not achieve a combined savings of \$140 million, enacted legislation requires an across-the-board reduction in authorized hours for IHSS recipients beginning October 1, 2012 to account for the shortfall.
- **IHSS Public Authority Reduction:** PA administration funding was decreased by \$0.889 million GF. The governor's May Revision proposed further reductions to the Public Authorities of \$2.2 million GF. The Legislature rejected this May Revision proposal. Final impact to SCC PA Admin funding is a reduction of \$91,456. The Public Authority has already absorbed severe budget reductions for the past few years and as a result the current situation is as follows:
 - Already lowest number of staffing of all similar size PAs across the state—8 FTE with the closest PA coming in with 14.5 FTE (2 of our staff are for enrollment not registry or benefits)
 - Staff are already working at full capacity, cross trained doing whatever it takes to get the job done
 - We are as automated and streamlined as we can be—constantly looking for ways to be more efficient
 - Will mean elimination of UCR, all training, and at least one staff position

- Past reductions have already severely impacted our ability to respond to consumers and providers,
 - Hard To Serve Registry closed—no in-depth assistance for troubled consumer/provider relationships
 - No interview assistance
 - Problem solving capability severely reduced
 - Call wait times increased
 - Return calls wait time increased
 - Registry lists take much longer to get out to people
 - Unable to have more than two registry orientations/year
 - No annual report to present to the BOS
 - No newsletters

The “Trigger” for FY 11/12 Budget

The budget anticipates that GF tax receipt revenues will continue to be higher than forecasted, projecting an additional \$4 billion in estimated GF revenues. However, if the \$4 billion in revenues do not materialize, one or two “triggers” would be activated. The “Trigger” is structured as follows:

Tier 0: If tax receipts are projected to fall below budget estimates by less than \$1 billion, then no cuts will be triggered.

Tier 1: If tax receipts are projected to fall below budget estimates by more than \$1 billion, an additional \$601 million GF in cuts would be implemented, including health and human services programs beginning in January 2012, as follows:

- IHSS reduction in service hours by 20% (\$100 million GF savings)
- Elimination of IHSS local anti-fraud efforts (\$10 million GF savings)
- Extension of Medi-Cal co-payments and provider cuts to all Medi-Cal managed care plans (\$15 million GF savings)
- Department of Developmental Service reductions (\$100 million GF savings).

Additional cuts to higher education and public safety would also be implemented to reach \$601 million GF savings.

Tier 2: If tax receipts are projected to fall below budget estimates by more than \$2 billion GF, then the above Tier 1 cuts would be implemented along with Tier 2 education cuts totaling \$1.86 billion.

SB930 The bill will be in the Assembly Appropriations Committee Wednesday, 8/17/11.

This bill would repeal the requirements pertaining to obtaining fingerprint images of IHSS recipients, and the requirement that the provider timesheet include spaces for provider and recipient fingerprints. This bill would also delete the requirements and prohibitions relating to the use of a post office box address by an IHSS provider. The amendments worked out with stakeholders include:

- Authorization for counties/PAs to provide copies of CORIs to CDSS for appeal cases.
- Authorization for PAs to send a copy of the CORI to providers deemed ineligible for payment due to a disqualifying crime along with the notice of denial to providers and instructions on how they can contest their record with the DOJ.

PA Programs Report: Mary Tinker reported the following:

Benefits Administration: There were 7,463 IPs enrolled in the Valley Health Plan and 7,957 IPs enrolled in the Dental/Vision plans during the month of July. Staff issued 256 Eco Passes during July.

Registry Services: There are 413 active IPs on the registry. The Registry completed 47 new consumer intakes, 25 matches and provided 167 interventions. Staff will be providing an orientation for IPs to join the registry on August 18th with 77 enrollees.

The Urgent Care Registry authorized 14 hours of service for the month of July.

Provider Training: PA mailed new training schedule for July through December session. There were no training sessions during July, classes resume in August.

The number of requests for information regarding the Job Development fund continues with a total of 9 inquiries in July.

IP Enrollment Sessions:

Number of IPs processed in July: 325 (REVA).

Number of IPs completely processed as of July 31st: 20,062

Number of IPs partially done: 741

Fingerprint Processing:

- Rejected prints: 12
- Pass: 20,216
- Failed: 72
- Delay: 13

Presentation of New Website: Set to go live by the end of August, new web address:

www.pascc.org

The Public Authority staff will be moving back to the Qume office August 26th which should be seamless to consumers and providers. AB can conduct meetings at the Qume office or continue here at the Alameda.

California IHSS Consumer Alliance Report (CICA): Janie Whiteford reported that CICA is exploring new avenues to obtain additional funding. One way is to open up membership to consumers, organizations or any individual interested in signing up. There will be nominal membership fees for each category. Janie also reported that CICA will no longer host the annual CICA conference in October, but they will hopefully continue with the Regional Meetings. At the Regional Meetings they conduct quite a bit of training sessions that are valuable to Consumers and IPs and they would like to continue with this. CICA wants to know what kind of training should be scheduled and organized for future meetings.

Janie reported that CICA is very disappointed with the final draft of the medical certification form and that it still ended up four pages long. There are questions regarding number 5 and 6 on the form, if either of them is marked NO by the physician if this “trumps” the decision making power of the Social Worker?

Jim Ramoni stated that the State is providing counties flexibility to contact the doctor or licensed professional who completed the form, discuss the situation and the impact of the form. If they receive verbal verification from the doctor (or other LHP) IHSS can change the form and document the conversation supporting it. This is only for existing clients. They can also suggest the consumer find another licensed healthcare professional to take the form to.

Janie also mentioned that CICA is very concerned with the current “triggers” and all the across the board cuts that would take place in these programs. CICA is also concerned with the “un-announced” home visits and what the triggers are for this.

Ellen mentioned that she wanted to specifically give personal kudos to Mary Tinker for being a part of the consumer voice and all of the support she has given the consumers. Thank you Mary! Janie also added that now more than ever, consumers need to voice their support and cannot let Mary down after all the support, guidance and information she has provided over the years.

Report from Social Services Agency: Jim Ramoni reported on some recent changes within the IHSS program and how they are educating their staff on implementation. The new medical certification requirement became effective August 1st and has been a slow roll-out. It was a bit hectic since notifications from the state went out around July 28th and it became effective on August 1st. For new consumers who began the process in May or June they will be considered exceptions in the requirement timeframe to provide medical certification since they would have been considered existing clients if the application process had been completed.

Adult Day Health Care (ADHC) is not a mandated Medi-Cal benefit and was eliminated in the budget process. There is a big difference between IHSS and ADHC, the plan was to transition clients from ADHC to IHSS and other community based services as ADHC closes. This is scheduled to shut down by December 1, 2011. The State provided a list of clients on ADHC to the respective counties to assist in the transition. IHSS hours are to be increased for these clients, not all ADHC clients are on IHSS. There are 725 ADHC clients in Santa Clara County.

Jim also reported that the counties were informed by the State that if they are going to apply for the fraud investigation unit money they need to submit the plans by October 1, 2011. However if the current “triggers” are pulled in mid-December this funding would not be available and it would become all county/federal funds paying for it. Up to this point, the Special Investigative Unit for Fraud within IHSS has been maintained but most likely Santa Clara County will not be submitting a plan for this.

Elect New Chair and Vice Chair: JoAnn Disbrow announced that the AB needs to elect a New

Chair and Vice Chair. JoAnn nominated Theresa Wright (who was not in attendance), and JoAnn stated that she would follow-up with Theresa personally with a phone call. There was consensus within the AB in attendance to nominate Theresa Wright as the new Chair. Ellen Rollins has volunteered to be the Vice Chair.

Follow-up note: JoAnn called the Public Authority and confirmed Theresa Wright's nomination and acceptance as new Chair for the Advisory Board.

Report back – Future Make-Up of AB Meetings: It was reported within the AB whether or not to reconsider if monthly meetings are needed. There will be no meeting in September, and meetings will resume in October. The AB would like to continue to meet here at the Alameda Office, if possible. To be discussed further at the next scheduled meeting.

Report Back for the CICA Legislation Training Session and Disability Capital Action Day: Janie Whiteford reported that the training sessions went very well. There were 3 legislative offices in attendance. There was quite a bit of beneficial information and a good turn out. At DCAD, it was also a good day even though it was raining.

Next Meeting: The next meeting of the Advisory Board is scheduled for **Tuesday, October 18, 2011** from **11:30-1:30PM**, at the Council on Aging Public Authority Services Office at 2115 The Alameda, San Jose, CA. 95126.