# IHSS Public Authority Advisory Board Meeting April 20, 2021 MINUTES

# **ZOOM VIRTUAL MEETING**

https://zoom.us/j/97448761420?pwd=bmR1b3NIMEVUWHR1UGFkNUo4V1Z0UT09

Meeting ID: 974 4876 1420

Passcode: 293979

Phone Only:

+1 669 900 9128 US (San Jose) Meeting ID: 974 4876 1420

Passcode: 293979

\*\*This meeting is being recorded for purposes of capturing the meeting minutes.

Members Present via Virtual/Conf. Call: Janie Whiteford; Beverly Lozoff; Terri Possley (Ex-Officio);

Mathew Lubinsky, Lori Andersen; Bob Stroughter; David Forderer

**Members Absent:** Dennis Schneider

PA Staff Present via Virtual/Conf. Call: Edith Gong, Leticia Sabadin

**Guests Present via Virtual/Conf. Call:** N/A

#### **Announcements & Public Comment:**

- Mathew Lubinsky commented about consumers having to contact their IHSS Social Worker
  when they are admitted to the hospital and also when they are released. He feels this is
  inconvenient and a burden. Terri Possley states that per State guidelines this is the protocol.
  She suggested that the consumer get assistance from their care provider to make the call on
  their behalf.
- Edith Gong announced Janie Whiteford's re-appointment to Wasserman's District, Seat 11. In fact, this was deleted and there was no re-appointment, per Les Clark from the Clerk of the Board. Basically, Janie can serve on the Advisory Board, in this seat, until she is replaced.
- Janie Whiteford gave a brief update on calls for Emilio Carrillo's pending AB application. She spoke to board aide Mark Tiernan from District 3-Otto Lee, and Mark was able to confirm that they have Emilio's application, it is still in pending status but hope to move it forward and get it approved for the next BOS meeting.

#### **Approval of Minutes:**

• Motion by David Forderer to approve the March 16, 2021 meeting minutes as written, seconded by Mathew Lubinsky, vote was unanimous.

#### **Update on the Change in By-Laws:**

• Terri Possley shared great news that the By-Laws were approved at the BOS meeting on 4-06-21. After two years of work, everyone was pleased to see the change was finally approved. This Advisory Board is officially a 9-member board with 5 members needed for a quorum.

- Edith Gong will provide copy of the new by-laws by extracting from the BOS proceedings and Leticia Sabadin will forward to all members.
- Edith asked about the 9-member board and 11 seats currently active. We believe the Clerk of the Board will leave as is and not move members into different seats.
- Beverly stated that she would review the roster and present open seats at the next meeting.
- Beverly asked Leticia to follow-up with Darcy McCann on her the AB application submission.
   Leticia will contact Darcy.

# **Discussion regarding Issues with timesheets not being signed:**

• Decision to remove from agenda and revisit if needed as Damaris has not attended the last two meetings and Edith reported that the issue she forwarded was addressed within 24 hours.

(Mathew did ask about timesheets not being signed, due to a consumer being hospitalized and unable to complete the approval. Terri stated that the Care Provider can call IHSS and speak to the Payroll Supervisor and tell them that their Client is in the hospital and unable to approve timesheets. The Payroll Supervisor will handle accordingly).

# **Discussion Regarding Unspent AB Funds for this year:**

- Edith Gong wanted to ensure all members were aware of the annual budget of \$6K. There are still unspent funds and request the AB brainstorm on ways to best use the funds before end of the fiscal year or June 30, 2021. Funds are "use or lose" and do not roll over in the next year.
- It was decided to have an ad-hoc budget committee meeting to discuss further. Edith will setup ZOOM meeting between herself, Beverly, Janie and David.
- Committee will report back next month.

#### **PROGRAMS REPORT**

Below in yellow/ OR \*asterisk were topics that were highlighted and mentioned.

The PA staff is starting to answer questions regarding the new state COVID supplemental sick pay that was announced in late March and retroactive to January 1, 2021 (SB 95 with details released in ACL 21-36). This month, the enrollment team did a stellar job of enrolling almost 590 IPs, the highest number in over three years. This was due to some volunteers helping with the mass mailings and freeing up some time for the benefits/enrollment specialist which allowed for more appointment slots to complete the enrollment process.

**<u>Staffing:</u>** The Public Authority is fully staffed at this time.

#### **Benefits Administration:**

There are **12,395** IPs enrolled in the Valley Health Plan with **3,804** of those in the Classic Plan and **8,591** in the Preferred Plan. **13,023** IPs are enrolled in the Dental/Vision plans. There were **46** Smart Pass VTA Cards issued.

#### **Enrollment:**

Number of IPs enrolled: 587

Number of IPs partially done: **779 (cumulative)** Fingerprints needing to be redone to date: **10** 

Scheduling an email/phone appointment is 21 days out (15 business days) from the time an IP completes the viewing of the orientation videos.

Group sessions with the union are still suspended due to the shelter in place order. LiveScan locations continue to be opened so IPs are getting background checks completed without issue.

#### **Registry Services:**

Referral lists continue to be given over the phone, emailed and mailed remotely. There are **382** active IPs on the registry and **2,023** active consumers.

## The Registry:

- Completed 58 new consumer intakes and reactivated 18 consumers
- Attained 65 matches
- Provided **520** new interventions with over **271 hours** spent on the interventions

<u>Care Coaching:</u> The Registry received **26** referrals for Care Coaching

- 9 remote care coaching consultations were conducted
- Total active consumers 49
- Total inactive consumers 253

<u>Urgent Care Registry:</u> There were **0** hours of urgent care services authorized.

<u>Emergency Backup Registry:</u> There were no (0) requests for an emergency backup provider this month. There are a total of **20** providers on the emergency backup registry.

#### Registry Introductory Training (RIT): One remote RIT was held

- 7 interviews were conducted
- 17 references were calls, with 15 completed reference checks
- 4 providers attended the eRIT
- 4 providers were added to the registry

<u>EPG (formerly PPE):</u> A total of **53** kits were mailed with **35** sets going to IPs and **18** sets to Consumers for a total of **620** masks and **1,060** pairs of gloves.

Edith also did a highlight for YTD:

813 sets sent out

128 sets sent to Consumers

Over last 9 months: 10,270 masks sent out; 17,870 gloves sent out

<u>Public Authority Phone Calls:</u> Calls continue to go to voicemail, are retrieved by staff and called back remotely. Therefore, only total inbound calls are reflected below and will continue until all staff return to the office. The PA received a total of **4,985** voicemails/phone calls. Breakdown of the calls:

Registry 1,327
 Enrollment 1,317
 General 84
 Benefits 1,557
 Training/PPE 700

<u>IP Trainings:</u> 18 classes were held this month. 305 IPs were trained with \$7,200 made in incentive payments. Five classes were in person and 13 classes were online.

Date	Class	Lang	# IPs Trained	IPs Bogistored	No Show	Venue
		Lang		Registered		
3/4	Understanding Diabetes	Eng	17	20	<mark>15%</mark>	Online
3/5	CPR	Viet	14	15	<mark>7%</mark>	San Jose
3/6	Safety & Infection Prevention	Viet	17	21	<mark>19%</mark>	Online
3/6	Understanding Diabetes	Mand	19	24	<mark>21%</mark>	Online
3/10	Caregiver Stress Management	Eng	21	24	<mark>13%</mark>	Online
3/11	Mental Health	Span	13	13	<mark>23%</mark>	Online
3/11	Nutrition	Eng	22	22	<mark>0%</mark>	Online
3/12	CPR	Eng	13	16	<mark>19%</mark>	San Jose
3/13	Safety & Infection Prevention	Span	15	20	<mark>25%</mark>	Online
3/16	Safety & Infection Prevention	Mand	26	26	<mark>0%</mark>	Online
3/18	Emergency & Disaster Prep	Eng	20	23	<mark>13%</mark>	Online
3/18	Last Phase of Life	Eng	21	24	<mark>13%</mark>	Online
3/19	First Aid	Viet	14	17	<mark>18%</mark>	San Jose
3/20	Last Phase of Life	Viet	8	9	<mark>11%</mark>	Online
3/26	First Aid	Eng	9	17	<mark>47%</mark>	San Jose
3/27	Nutrition	Mand	22	24	<mark>8%</mark>	Online
3/30	Safety & Infection Prevention	Eng	13	13	<mark>0%</mark>	Milpitas
3/31	Skilled Care Provider	Eng	21	23	<mark>9%</mark>	Online

<u>Electronic Time Sheets:</u> The combined adoption rate reached **99.9%**. Providers reached **99.8%** and Consumers reached **100%**.

**Direct Deposit: 64.8%** of IPs are using direct deposit.

<u>Sick Leave Update:</u> **26,429** active IPs have accrued 16 hours of sick leave. **4,095** have claimed some hours and **2,916** have claimed all 16 hours so far.

<u>SEIU Collective Bargaining:</u> Two collective bargaining meetings were held in March. Friday afternoons from 1-5PM are held for on-going meetings.

## **CAPA REPORT**

Below in yellow/ OR \*asterisk were topics that were highlighted and mentioned.

\*\*Although not in Edith's report, she did mention the high turnover in openings for Public Authority Executive Directors throughout the state. Recently there have been 2, from San Diego and Marin.

The CAPA Board met on March 25.

<u>State Budget Overview:</u> There is a \$50B windfall for FY22 because revenues were underestimated and certain expenses were overestimated; all monies are one-time only.

#### CAPA continues to monitor:

- IHSS 7% cut restoration. There is a lot of bi-partisan support for the cut to be permanently repealed, so CAPA is cautiously optimistic.
- Collective Bargaining/County Memo of Effort (MOE). Starting Jan 2022, the 65/35% will flip to
  the county pays 65% and state pays 35% plus, counties will have to pay 100% over the state
  minimum wage (10% over 3 rule). Proposal to maintain existing collective bargaining fiscal
  structure is supported by CWDA, CSAC, and Unions. However, there is no signal from the
  administration to keep the current structure.
- <u>CalAIM</u>. Adds \$1.1B to Medi-Cal. MCOs getting rate increase for enhanced care management and in-lieu of service; makes complex changes to LTSS. In-lieu of service is used to pay for personal care services. The Administration asserts that it won't change IHSS, however that seems unlikely.
- <u>Collective bargaining penalty</u>. UDW sponsoring budget bill for 10% penalty when wage agreements are not renegotiated after exhausting all avenues; anticipate that it will be between 1-4% penalty.

<u>Legislation:</u> Since the February deadline, even more have been added to CAPA's legislative watch list. There was a limit placed on 12 bills per member; over 3000 bills were submitted. We are waiting to see which bills make it out of one house. And as more detail has been provided, CAPA has changed its position on several bills. The list is divided into Labor, Brown Act, IHSS Program and Other bills.

#### **Labor Bills**

Many of the labor bills shouldn't apply to IHSS. CAPA, CSAC and CDWA are looking to apply standard language to many of the bills because it will be very confusing and does not apply to the IHSS population.

# AB 95 (Low): Bereavement Leave

Bill requires employers with 25 or more employees to allow any employee to take up to 10 business days of unpaid bereavement leave upon the death of a spouse, child, parent, sibling, grandparent, grandchild, or domestic partner; employers with fewer than 25 employees must allow up to 3 business days of leave. *Position: Questions* 

# AB 237 (Gray) – Employer health benefits: strikes

This bill, the Public Employee Health Protection Act, would make it an unfair practice for a covered employer, to fail or refuse to maintain or pay for continued health care or medical coverage for the duration of the enrolled employee's participation in the authorized strike, at the level and under the conditions that coverage would have been provided if the employee had continued to work in their position for the duration of the strike. *Position: Watch* 

#### AB 650 (Muratsuchi): Hazard Pay

This bill, the Health Care Workers Recognition and Retention Act, would require a health care provider, as defined, to pay hazard premium pay in the amount of \$5 per hour to each of its health care workers for each hour of work performed. *Position: Watch* 

# AB 995 (Gonzales): Paid Sick Leave

Would increase paid provider sick leave (currently 16 hours). Would not affect paid sick leave for at least the next 1-2 years. *Position: Watch* 

#### AB 1003 (Gonzales): Employers: Wage Theft

This bill would make the intentional theft of wages in an amount greater than \$950, in aggregate, by an employer from one or more employees, punishable as grand theft. **Position: Concerns** 

# AB 1179 (Carrillo): Employer-provided Backup Childcare

Would require employers to provide up to 60 hours of paid backup childcare to employees when the regular childcare provider cannot be utilized. *Position: Questions* 

# SB 270 (Durazo): PERB penalty/Unions and Employee Info

Current law requires public employers to provide labor representatives with the names and home addresses of newly hired employees, as well as their job titles, departments, work locations, telephone numbers, and personal email addresses. This bill would authorize an exclusive representative to file a charge of an unfair labor practice with the board, alleging a violation of the above-described requirements only if specified conditions are met, including that the exclusive representative gives written notice of the alleged violation and that the public employer fails to cure the violation, as specified. The bill would limit a public employer's opportunity to cure certain violations. *Position: Watch* 

#### SB 321 (Durazo): OSHA/Household Domestic Services

Reintroduction of last year's bill to include personal care services under OSHA. It does carve out IHSS/WPCS workers, but there are still concerns with this bill in general. *Position: Neutral* 

#### SB 505 (Hertzberg): Withholding Wages

Requires public to make a good faith effort to consult with an employee to obtain a written authorization to resolve a monetary obligation before utilizing third-party collection services or commencing a civil action. *Position: Watch* 

#### **Brown Act Bills**

#### AB 339 (Lee) Brown Act: Translations & Remote Access

Requires all meetings, including teleconferences/video conferences, to provides closed captioning services and translation services in 10 most-spoken languages, other than English. Would require those persons commenting in a language other than English to have double the amount of time as those giving a comment in English, if time restrictions on public comment are utilized, except as specified. *Position: Oppose* 

#### AB 361 (Rivas) Brown Act/COVID

This bill would authorize a local agency to use teleconferencing without complying with the teleconferencing requirements imposed by the Brown Act for the purpose of declaring or ratifying a local emergency, during a declared state or local emergency, when state or local health officials have imposed or recommended measures to promote social distancing. The bill would require legislative

bodies that hold teleconferenced meetings under these abbreviated teleconferencing procedures to give notice of the meeting and post agendas, to allow members of the public to access the meeting and address the legislative body and offer public comment. **Position: Support** 

# AB 703 (Rubio) Brown Act/Teleconferences

More comprehensive bill than AB 361 that extends to all meetings of legislative bodies and committees, to allow for teleconference/video conferencing as long as access is available to the public and agendas are posted in advance. Would not require that committee member locations (such as home) be made accessible to the public. This is a permanent extension of the COVID flexibilities for meetings to allow teleconference/video conferencing capabilities beyond the state of emergency. **Position: Support** 

# SB 274 (Wieckowski) Brown Act/Email

Bill allows the public to request agendas and documents to be received via email or website link versus having to send and receive the same documents via mail. *Position: Watch* 

# **IHSS Program Bills**

# AB 344 (Flora) SOC 846 Retention

Change indefinite retention of SOC 846 to 7 years. *Position: Sponsor* 

# AB 580 (Rodriguez) Local Emergency Planning: Vulnerable populations

This bill would require the Director of Emergency Services to appoint representatives of the access and functional needs population to serve on existing Office of Emergency Services committees (OES) in addition to representatives from the blind/visually impaired community, persons with sensory or cognitive disabilities, and persons with physical disabilities to ensure the needs of that population are met within that system. *Position: Support* 

# SB 648 (Hurtado) Care Facilities & IHSS

Would allow IHSS to be allowed in Residential Care Facilities up to 60 hours of IHSS a week. **Position: Pending** 

#### **Other Bills**

# AB 473 & AB 474 (Chau) Public Records Act & IHSS Provider Records

The California Public Records Act requires state and local agencies to make their records available for public inspection, unless an exemption from disclosure applies. This bill would recodify and reorganize the provisions of the act; it is intended to be entirely non-substantive in effect. The bill would contain related legislative findings and declarations and become operative on January 1, 2023. AB 474 would only be enacted if AB 473 is operative. **Position: Concerns** 

## AB 1403 (Levine) & SB 52 (Dodd) PSPS/Local Emergency

Would allow Planned Safety Power Shutoff (PSPS or de-energization) to qualify as a local emergency and therefore state/local agencies can request monies through Cal OES and FEMA. *Position: Support* 

## AB 1532 (B & P Committee) Nurse Practices Act/Unlicensed Workers

Would reorganize state statute and recast provisions regarding unlicensed workers such as those IHSS providers performing paramedical services. Statue pre-dates IHSS by almost 40 years and potential changes, even small, may affect the statue and be detrimental to the IHSS program. *Position:*Pending

#### **CDSS Update**

- Grace Gomes explained the process of how county CMIPS requests are vetted through a
  statewide County Advisory Board, then to LTC Ops, then Adult Services committee. If adopted,
  CDSS review to see if the change request is a defect in CMIPS or training issue and then ensure
  the proposed change is not in conflict with any law or statute. The work is then scoped and
  put into the CMIPS change queue. State mandates and policy changes take precedence over
  county changes.
- CDSS explained that the FEMA PPE reimbursement program is quite complex and can ever months to get approval and counties may or may not be approved for the 100% reimbursement. The state will not be assisting counties with the FEMA PPE admin reimbursement. If any county is seeking FEMA PPE admin reimbursement, counties must submit revised SOC 448 claims by end of March.
- CDSS did an Admin Rate Test for FY20-21. Eight counties are getting a rate increase and bypassing the need for county BOS approval since their admin rates are too low and must be increased to receive the full state allocation.

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

- Janie Whiteford reiterated the concern over a few of the legislation bills and how CICA is concerned.
- Janie reminded everyone to attend the monthly CICA call, tomorrow 4/21 at 10am. She will email more information about the call.
- Janie will be adding the AB member's contact info into their CRM, Constant Contact, unless there is any objection from individuals.
- CICA has set up training on several topics in the upcoming months. The first is a co-hosted with CARA on June 2<sup>nd</sup> and June 21<sup>st</sup>, "Empower Elders Workshop" and includes important topics such as the vile of life; your consumer rights while in the hospital; appealing your discharge; important medical and legal documents such as Power of Attorney, Do-Not-Resuscitate (DNR), etc.
- Common Scams is the topic in July (7<sup>th</sup> and 28<sup>th</sup>); more are scheduled for August.
- Janie stated that all CICA and AB members will receive detailed information on the upcoming trainings.

<sup>\*</sup>David Forderer asked Edith to re-send the Legislation portion of her reports in order for him to make some calls and advocate.

<sup>\*\*</sup>Janie Whiteford asked Edith if she can use her CAPA report and share it with CICA.

# **Social Services Agency Report:**

- Terri Possley reported that they are celebrating Administrative Professional Day tomorrow 4/21.
- Terri wanted to mention the 3 types of sick leave her Payroll staff is dealing with right now:
  - o Federal Provider Sick Leave; providers can claim up to 80 hours, this expired 3-31-21.
  - o State is offering paid sick leave that started on 1-01-21 and ends on 9-30-21.
  - Medical accompaniment; paid hours of up to 4 hours for IPs specifically for use with vaccines appointments.
- Terri's payroll staff is handling all these types of sick leave and there is a lot of work involved; up to 900 requests a week.
- Terri wanted to remind everyone that the Social Workers are still doing new intake assessments face-to-face. Santa Clara County is in the Orange Tier for Covid-19 but this has not changed the way the initial assessments are done.
- Terri states that 31 of her staff have been deployed as Disaster Services Workers for Covid-19. Some staff have been gone for over a year. Of the 31 staff, 14 are Social Workers.
- Terri announced that they received approval to hire two (2) new Social Workers. The candidates have been hired from within the county.

# **Next Meeting:**

Next Advisory Board meeting:
 <u>Tuesday, May 18, 2021 from 12 noon to 1:30 pm</u> via ZOOM Virtual/Conference call.

## Next agenda items:

• NEW=Beverly will review, do a breakdown of seats, etc., and provide info on an updated Advisory Board Roster.