



Recommendations for the California Master Plan for Aging

January 17, 2020

IHSS is the cornerstone of California's home and community-based services system that enables low-income, aged, blind, and disabled individuals to remain safely in the home and avoid institutionalization. A critical component of the IHSS program is the consumer-directed model that allows consumers to hire, fire, supervise and train caregivers. Public Authorities were created by a coalition of consumers, providers and their unions, county and state representatives to improve the IHSS program and enhance the consumer-directed model that the right for all IHSS consumers to maintain direct control over the ability to select and supervise their provider(s).

There are Public Authorities in 56 of the 58 counties in California. Public Authorities are mandated to provide services which supplement the IHSS program in their counties, which include: a referral registry which recruits, screens and matches workers with IHSS consumers; training for providers and consumers; and responsibility as the employer of record for bargaining with the union representing the IHSS workforce. Historically, serious liability risks presented a barrier for counties wishing to provide better screening, training and other quality enhancements in the Individual Provider mode. Concerns about liability limited agencies' willingness to operate registry/referral systems except on a limited or informal basis. The Public Authority statutes immunize the state and counties from liability for administration of the IHSS program.

Thank you for this opportunity to submit the following recommendations to inform the Master Plan on Aging. For the reader's convenience, one sentence is highlighted for each direct recommendation within the background below.

Establish an Emergency Back-Up Provider System

An emergency back-up system should be established statewide for Public Authorities, in collaboration with counties, to ensure that consumers receive needed services in the absence of a regular provider or while a consumer is seeking a new or replacement provider.

There are currently 15 or more Public Authorities that administer some type of back-up system as an adjunct to their registry services. It is our understanding that no county administers IHSS provider back-up systems. Public Authorities have the experience to provide this service and believe it is a natural supplement to Public Authority registry services. The California Department of Social Services should convene a stakeholder group to develop uniform standards that allow for reasonable local flexibility. We believe that a pay differential will be essential to recruit sufficient back-up providers. CAPA recommends a standard 25% higher differential hourly wage for backup providers that would not trigger any increase in the county fiscal MOE. It may also be desirable to establish a tiered structure for differential wage rates. For example, there could differential wages based on between being on-call, actually working when being called, and/or serving higher need consumers. Likewise, we believe reimbursement of transportation costs will be a critically needed tool for recruitment and retention of backup providers.

The Public Authorities with backup systems have shared their experience with the challenges of obtaining the consumer's signature to timesheets. This is because the timesheet is generated after backup services have been provided which then requires the provider to make another trip to the consumer's home to obtain their signature to the timesheet. This problem could be addressed by establishing an expedited system for backup providers to complete and obtain consumer approval for timesheets with automation changes currently underway with the Electronic Services Portal (ESP).

Improve Public Authority Registry Services & Provider Recruitment

There has been a turnover of approximately 30% of all statewide IHSS providers annually for decades. It can be especially difficult for consumers to find providers who are geographically remote (i.e. rural areas), have a fairly low amount of authorized hours (it can be hard to get someone to work a few hours a week), have cognitive impairment

issues or difficulty self-directing, and/or need special language skills. The consumers seeking Public Authority registry services often present the most complicated situations and it can be a real challenge to find a provider on the registry to meet the consumer's needs.

Consumers in need of a provider can become frustrated with the Public Authority registry for various reasons. There can be a wait time between requesting a registry list and obtaining it. Public Authority likes to identify consumer needs and preferences before they send them a list. This can delay the process of sending out the list because many times the registry cannot get into contact with consumers for various reasons or have difficulty identifying registry providers that match the consumer's needs. Consumers are understandably dissatisfied when contacting providers on the registry list who are not interested in taking on more clients or can't without incurring overtime violations, not showing up for interviews, and not returning phone calls.

Public Authority data collected in March 2019¹ indicated there were 75,679 consumers who requested registry services and 24,920 providers on registry lists. **We need more registry providers and we need more tools to recruit them. Additional works is needed to identify and apply best screening and matching practices to improve consumer experiences.**

All IHSS providers, including registry providers, must pay for their required CA-DOJ criminal background check that can cost as much as \$75. That's like working the first 4-6 hours for free just to make up the cost of the background check. It is unusual and unfair to require an applicant for any job to pay for a criminal background check, and especially egregious to impose that requirement on low wage workers. **CAPA recommends repeal of the statutes that require IHSS providers and registry providers to pay for their criminal background check.**

IHSS providers and consumers also experience financial hardships with a consumer is hospitalized for a short while. An IHSS provider cannot be paid for IHSS while their consumer is hospitalized. Many consumers and providers live together and the loss of

¹ CAPA March 2019 data is from Public Authorities in 37 counties out of 58 counties.

IHSS income affects the household. These IHSS providers can be paid if they are a different consumer who's not hospitalized. **CAPA recommends that CDSS convene a workgroup to find the easiest way to identify IHSS consumers who are hospitalized and the provider(s) for those consumers, then provide that information to the appropriate Public Authority. The Public Authority could then do outreach to providers who have paid for their criminal background checks and been enrolled to offer them registry work while the consumer is hospitalized.**

CAPA also recommends changes to correct the longstanding exclusion for parent and spouse providers from accessing state unemployment insurance.

Improve IHSS provider training

One of the core mandates of Public Authorities is to provide training to both IHSS consumers and providers. There are significant differences between the Public Authorities on access to training opportunities. Some Public Authorities have extensive training courses on multiple topics that are held frequently, and training opportunities are more limited in other Public Authorities. CAPA members across the state have learned that providing financial incentives, such as stipends and mileage reimbursement, increases participation by providers in training. Some Public Authorities have collective bargaining agreements that contain provisions for stipends and other financial incentives for provider to attend training. CDSS and DHCS have advised that Public Authorities cannot claim state and federal financial participation for provider training stipends and official guidance on this will be released soon. It is our understanding that it may be possible to get state & federal funding by establishing a separate Public Authority rate for this. Federal approval may be necessary.

CAPA recommends that CDSS convene a workgroup to develop parameters for a Public Authority rate to authorize state and federal financial participation for provider training stipends and other financial incentives (such as mileage reimbursement).

Reading Services for the Blind

Under current law, county welfare departments are required to provide visually impaired IHSS consumers with information about and referrals to community public and nonprofit entities that provide reading services (Welfare and Institutions Code §12304.6). The current referral system is inadequate to protect persons with visual impairments who could obtain reading assistance sooner from an IHSS provider than from a friend or alternative public or private program. These consumers may suffer severe negative consequences such as termination of financial and medical benefits if important deadlines to file documents and medical verifications are not met. In addition, consequences of not paying bills promptly can include not only additional financial hardships, but loss of essential utility services.

Reading services are critical for consumers who need to know about notices that may affect their IHSS services, or medical bills, or the terms of prescription medications. Without assistance, those with visual impairments may be unaware of critical information and developments affecting their health and well-being for days or weeks until they find a friend, relative or alternative program to read the documents to them.

CAPA recommends adding reading assistance to the list of authorized services to be available to blind IHSS consumers.

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