



Recommendations for the California Master Plan for Aging January 7, 2020

UDW/AFSCME Local 3930 represents 116,000 In Home Supportive Services (IHSS) providers in 21 counties throughout California. Below are our recommendations for the new State Master Plan for Aging:

1. Stabilize and Simplify IHSS funding

UDW urges the state to permanently restore the 7% cut to IHSS service hours once and for all. The 7% cut dates back to massive program reductions enacted in 2010 during the Great Recession. At this time of historic state general fund surplus, the IHSS program should be made whole once and for all.

UDW also recommends the creation of a working group to develop proposals to update and simplify the IHSS funding formula, which dates back to 1991 Realignment, as well as identify sustainable funding sources that can be dedicated to the IHSS program. This should include examining ways in which non-Medicaid eligible individuals may be able to “purchase” or “buy-in” to IHSS services utilizing the existing workforce and administrative systems. The timeline for this working group should extend beyond that of the Master Plan for Aging.

2. Transition IHSS collective bargaining to the state level

Wages for IHSS providers are negotiated at the county level through collective bargaining. The average wage for IHSS providers in the 21 counties represented by UDW is \$13.17 (Minimum wage is \$13/hour) and less than 10% of these workers (10,548 out of 116,000) receive county funded health benefits. A majority of IHSS providers are enrolled in Medi-Cal.

For many years, UDW has expressed to the Administration our grave concern over the dysfunctional status of local collective bargaining in IHSS. Please refer to matrix indicating the status of local bargaining located at the end of this document.

- Of the 21 counties represented by UDW around the state, only nine have current collective bargaining agreements in place.

- In those counties without an agreement, the average length of contract expiration is 38 months.
- Out of 21 counties, 13 are currently at the state minimum wage of \$13.00 per hour.

It is in the state's interest to ensure that IHSS providers are paid a living wage. According to the UC Berkeley Labor Center, by 2024, an additional 200,000 home care workers will be needed to meet the needs of the senior boom. Recruiting and retaining the necessary workforce will be impossible so long as IHSS providers earn minimum wage, receive no vacation or holiday time off, have limited access to health benefits, and enjoy no retirement security. It is no surprise that annual employee turnover in IHSS is 33%.¹

The state must consolidate IHSS collective bargaining under one employer entity housed at the state level. This will allow the State to implement policies that will increase recruitment and retention of the IHSS workforce as well as improve quality of services. For example, offering a higher wage to providers who serve clients with complex needs.

3. Create new LTSS social insurance benefit

UDW recommends the State create a new long-term care social insurance benefit targeting Californians who are not eligible for Medicaid but who do not have the necessary financial resources to pay for services out of pocket. Such a benefit would assist Californians who need services but want to remain in their homes and communities. In the long term, this benefit will save the state hundreds of millions of dollars in reduced General Fund spending on IHSS and Medicaid. It will also begin to reverse increased rates of senior poverty that exacerbated by the current system. Home care is a wise investment for California. Research shows that utilization of in-home care can significantly delay the need for admittance to a costly institution.

Just as importantly, the new benefit must be designed in a manner that supports high-quality direct care jobs. Finally, the benefit must be financed through an independent and sustainable revenue source that is not the state general fund.

4. Expand eligibility for Unemployment Insurance to include Spouse & Parent IHSS providers

Individuals who provide services through the IHSS program to their child or spouse are not allowed to contribute towards Social Security, Medicare, or Unemployment Insurance (UI). The Internal Revenue Code contains a “family employment exception”, which applies to service in a private home “in the employ of an individual’s son, daughter, or spouse”. In FY 18-19, this impacted 114,000 IHSS providers (22%).

¹ <http://laborcenter.berkeley.edu/pdf/2017/Californias-Homecare-Crisis.pdf>

When IHSS providers who care for their family must retire, if they become disabled, or if they lose their jobs, they do not have access to these vital social safety net programs. This has resulted in terrible economic hardship for tens of thousands of IHSS providers. This policy also has resulted in indirect costs to taxpayers as hard-working seniors are forced into poverty and reliance on state public assistance programs.

UDW recommends amending state law to expand eligibility for Unemployment Insurance to IHSS providers who are the spouse or parent of their client.

5. Compensate IHSS providers for assisting clients (beyond their authorized services) during natural disasters and during planned power shutoffs

IHSS providers are not compensated for their time traveling to and checking in on their clients to ensure their safety. They are not compensated for time spent evacuating clients or in preparation for planned power shutoffs.

UDW recommends creating new state policy to compensate providers for their work serving IHSS recipients during cases of natural and man-made emergencies. This can be as simple as adding payment for a set number of hours for all providers working in designated disaster zones or by creating a new timesheet code specifically for disaster related services.

6. Mandate IHSS provider backup systems in every county to ensure clients obtain services if their provider is not available

UDW recommends the creation of comprehensive provider back-up systems in each county to ensure that IHSS consumers continue to receive necessary services in the event of provider sickness, emergency, or absence.

7. Expand In-Home Supportive Services (IHSS) to include reading and document preparation services for recipients who are blind

There is nothing that negatively impacts the ability of persons who are blind to remain independent more than the lack of access to written information. Many individuals who are blind, and especially newly blinded individuals, including seniors, do not have or cannot use a computer. Further, no matter how computer literate we may be, we all need to access and work with paper documents. Yet, the IHSS program does not include the reading of mail and other documents and the filling out of such documents as an authorized service. IHSS recipients who are blind are more likely to throw their mail away or have someone read it long after the time it needed to be read and acted upon simply because they can't afford to hire someone to perform this task.

UDW recommends expanding the list of authorized services under IHSS to include reading and the completion of documents. According to CDSS data, as of November 2019, there are 9,399 IHSS recipients classified as Blind (1.5% of total).

8. Establish a statewide policy on sexual harassment/workplace violence in IHSS

Workers who provide services in the home, like IHSS providers, are particularly vulnerable to sexual harassment due to the job's physical isolation and low wages. Research indicates that low-wage female workers, including homecare workers, experience unlawful harassment and violence in the workplace at alarming rates. These workers face overwhelming financial, language and other barriers that prevent them from seeking legal remedies.

Unfortunately, there is no formal method to track the incidence of sexual harassment or violence against IHSS providers or consumers. The IHSS program lacks adequate and uniform processes and procedures to prevent and intervene in cases of sexual harassment or violence. Without standard procedures to report, document, and investigate sexual harassment claims in IHSS, providers and consumers are left without meaningful protection.

UDW recommends the state adopt the following measures:

- Establish a uniform statewide policy on sexual harassment and workplace violence that is fair and impartial and affords due process to all.
- Establish procedures to ensure providers are appropriately compensated in cases of sexual harassment.
- Establish procedures to protect providers and clients who report sexual harassment from retaliation.
- Develop these processes utilizing a robust stakeholder process.
- Creation of a continuing program of sexual harassment education for providers and clients.

9. Compensate IHSS providers if they elect to get training

Despite low wages and a severe lack of workforce development, many IHSS providers choose to attend trainings to improve their quality of care. Unfortunately the time spent learning these vital skills is not compensated by IHSS. UDW recommends creating policies to ensure that any training for IHSS providers to improve services be compensated.