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**STANISLAUS COUNTY
IHSS ADVISORY COMMITTEE
MEETING MINUTES
09/16/2011**

| | | |
|---------------------------------|-----------------------------------|-----------------------------|
| Committee Members Present: | Joan Blackwell Rose Martin | Linda White Carmen Morad |
| Committee Members Absent: | Marie Cochran Valerie Mitchell | |
| IHSS & Link2Care Staff Present: | Jeff Lambaren | Sheila Spiegel |
| Others | Connie Muller | |

OPENING REMARKS by Linda White

- Meeting called to order at 1:20 pm.

PUBLIC COMMENT

- Connie Muller, former IHSS Advisory Committee member expressed concerns about obtaining a caregiver from the Public Authority (PA) Registry.

ACCEPTANCE OF MINUTES

- Meeting minutes from the December 10, 2010, March 18, 2011 and May 20, 2011. Motion to accept minutes, motion to accept made by Joan Blackwell, Carmen Morad seconded, motion passed unanimously.

PUBLIC AUTHORITY UPDATE

- Jeff reported that the IHSSAC now has new funding. Funding and the mandate for the IHSSAC were eliminated in the FY 11-12 Budget; however, funding (\$5,916) for PA Advisory Committee was added. The IHSSAC had always served a dual role advising the Board of Supervisors about IHSS as well as the PA activities so the Committee can continue with a new funding source.
- During recent labor negotiations, the United Domestic Workers approved a change to the IHSS provider health insurance. The plan is not as robust as before but the plan can insure many more IHSS providers. The plan is a limited benefits plan which pays a set amount for various treatments; the balance is the responsibility of the IHSS provider. Health insurance enrollments increased from 350 to 760 and there is funding for even more IHSS providers to be added.



STATE BUDGET UPDATE

- Budget passed but with “trigger cuts” placed in the Budget. AB 121 directs the Director of the Department of Finance, by December 15, 2011, to develop an updated revenue forecast for 2011-12 general fund revenues and to compare the forecast to that prepared by the Legislative Analyst’s Office in November 2011. If the higher of those two forecasts is less than \$87,452,500,000 by more than \$1 billion then trigger reductions totaling \$601 million will occur on or after January 1, 2012. \$100 million would be cut from the IHSS program. The cuts would be achieved by a 20% across the board reduction in IHSS service hours. The cuts would be able to be appealed based on the risk of serious harm or out of home placement to the IHSS recipient. There was a question about whether a bond could be passed to support the IHSS program, it is possible but would require voter support. It was noted that the IHSS coalition has been effective in preventing drastic to the IHSS program. Jeff gave some information about the State Budget cycle and when lobbying activity occurs during the process. Jeff recapped the Budget actions impacting IHSS:
 - Medical/Physician’s certification will be required for all cases. Each new case will require the medical evaluation form be received prior to the Recipient being approved. Existing cases will require the medical evaluation form to be completed during the annual reassessment.
 - Community First Choice Option (CFCO) will allow states to receive additional federal funding for some of the IHSS activities that are currently provided.
 - The medication dispensing pilot project “Pez Dispenser” for Medi-Cal individuals who have multiple medications and have compliance issues. Details about how the medication dispensing works are still unknown.
 - Caseload savings is projected as caseload growth has slowed down, thus the budget amount is reduced.
 - The Public Authorities were able to successfully lobby against additional cuts.
 - New funding for the Advisory Committee, the mandate for the IHSSAC is removed; however, there is a mandate for the Public Authority to have an Advisory Committee. There is \$5,916 for the Committee’s activities.

LEGISLATIVE UPDATE

- SB-930 passed the Legislature and is now on its way to the Governor’s Desk. SB-930 “fixes” some of the problems related to the anti-fraud activities. In 2009, Governor Schwarzenegger persuaded the legislature to adopt the “IHSS Anti-Fraud Initiative”, it contained 10 components:
 - New Provider Enrollment requirements;
 - Fingerprinting and criminal background checks for all providers;
 - Increased data matching;
 - Provider acknowledgement of delivering services;
 - Provider orientations;
 - Unannounced home visits
 - Fraud training for County staff;
 - Prohibition on the use of P.O. Boxes by Providers;

- Fingerprinting of IHSS Consumers; and
- Fingerprints of Consumers and Providers on the IHSS Timesheet.

SB-930 corrected some of the “Anti-Fraud Initiative”, it eliminated the prohibition on the use of P.O. Boxes, eliminated fingerprinting of Consumers, elimination of the requirement to have the both Consumer’s and Provider’s fingerprints on the timesheet and a technical clean-up that would allow Public Authorities to share the results of the background check with the State in the case of a Provider appeal.

Adult Day Health Care is scheduled to be eliminated in December 2011, the State’s plan is to have the IHSS program fill-in some of the gaps.

There is a new notice coming for Share of Cost (SOC) cases. There will be a new mechanism to address SOC issues.

ACTION PLANNING FOR 2011

- Now that the Committee has funding there are some actions to consider: returning a stipend, local outreach, developing a project or goal using the Committee’s funding to leverage a larger project or develop a new and unique project to serve the IHSS community, for example emergency preparedness, membership in CICA or attend trainings related to the program. There is no County cost to the Committee’s funding. The Committee will consider options and discuss options at the next meeting.
- There was a question as to the make-up for the Committee, the composition remains as previously described, the Committee must maintain a Consumer majority with at least 2 Providers, there can be one County employee and in addition the Committee can contain advocates. The total number of Committee members can be 11 members. There was a discussion about the current composition, there are 4 Consumer vacancies and then other slots can be filled by Providers or Advocates.

COMMITTEE MEMBERS REPORT

- Carmen reported that her mother had an unannounced home visit from her Social Worker; her mother was very frightened by the unannounced visit. Jeff explained that unannounced home visits have always been part of the IHSS program. Often times an unannounced home visit is a business necessity with the high caseloads the Social Workers carry and not necessarily an effort to “surprise” or “trick” the Recipient. Carmen indicated that her mother’s case was discontinued until she could contact the Social Worker and explain the circumstances and complete the new medical certification form. A general discussion of home visit practices past and present followed.

NEXT MEETING

- The next meeting will be held on Friday, November 4, 2011, at CC III.

*Meeting adjourned @ 3:00 PM.
Jeff Lambaren, Recorder*