



**United Domestic Workers of America**  
**AFSCME Local 3930 /AFL-CIO**  
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June 1, 2011

Kevin Morrill, Chief  
Office of Medi-Cal Procurement  
Department of Health Care Services  
P.O. Box 997413  
Sacramento, CA 95899

**Re: Request For Information on Pilots for Beneficiaries Dually Eligible for Medi-Cal and Medicare**

Dear Mr. Morrill,

UDW - Homecare Providers Union represents approximately 66,000 individuals who serve as home care providers in the In-Home Supportive Services (IHSS) program. The IHSS program provides in-home care to eligible low-income Californians who cannot safely remain in their homes without assistance. Under this program, approximately 353,000 in-home care workers provide services to roughly 430,000 aged, blind, or disabled individuals. These services include personal care, domestic and related services, and paramedical services.

As an interested party in the proposed pilots for dually eligible beneficiaries, we submit the following responses to questions listed in Part Two of the RFI:

**2. Which long-term supports and services (Medi-Cal and non-Medi-Cal funded) are essential to include in an integrated model?**

Home and community-based long term supports and services that are self-directed by the recipient are essential to include in an integrated model. Additionally, these services should be administered in a uniform fashion across the pilot counties.

**4. If you are a provider of long-term supports and services, how would you propose participating in an integration pilot? What aspects of your current contract and reimbursement arrangement would you want to keep intact, and what could be altered in order to serve as a subcontractor for the contracted entities?**

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If the IHSS program is going to be incorporated into a Pilot, the following principles must be maintained:

- ✓ IHSS consumers must maintain the right to self-direct their services.
- ✓ IHSS consumers must maintain the right to employ family members – as per the current policy.
- ✓ IHSS consumers must be able to continue to employ their current IHSS provider while participating in the Pilot.
- ✓ IHSS providers should, at a minimum, maintain all wages and benefits at their current level, or have them enhanced.
- ✓ IHSS providers must maintain their existing collective bargaining rights.
- ✓ UDW must remain the collective bargaining representative of its existing bargaining units in every county in which we represent IHSS providers. All existing collective bargaining agreements, verbal or written, between UDW and IHSS Employers-of-Record must be maintained.

In addition, we recommend adopting the following principles as best practices:

- ✓ All IHSS providers should be able to participate in an affordable healthcare plan without a waiting period.
- ✓ All IHSS providers should be granted the following benefits: mileage reimbursement at the IRS rate; paid time for work-related travel; paid holiday, vacation, sick, and bereavement time; paid overtime.
- ✓ Contractors should implement a receipt and disbursement policy for recipient expenses to deter financial abuses.
- ✓ Contractors should make available to IHSS providers standardized annual training that addresses the unique care needs of the dually eligible population and clarifies the roles and responsibilities of the IHSS provider and the contractor. UDW recommends a minimum of 5 hours of orientation and safety training, and annual trainings thereafter for at least 8 paid hours on job-related topics.
- ✓ IHSS providers should not be required to pay for criminal background checks.
- ✓ IHSS providers who are bi-lingual or multi-lingual should be granted higher wages if they must interpret on behalf of the IHSS consumer.
- ✓ IHSS providers should retain the same protections and appeal rights under the law as any other worker. This includes but is not limited to protection under the Federal Family and Medical Leave Act (FMLA), the analogous California Family Rights Act (CFRA), state and federal anti-discrimination laws, and state and federal Occupational Health and Safety laws.
- ✓ IHSS providers should be granted “just cause” protection that simultaneously balances the right of the IHSS recipient to choose their provider.
- ✓ Finally, the Contractor should develop and disseminate a staffing backup plan in the event that an IHSS provider becomes unavailable to work a scheduled shift.

**6. What education and outreach (for providers, beneficiaries, and stakeholders) would you consider necessary prior to implementation?**

Prior to implementation, multiple stakeholder meetings should take place to plan and oversee effective outreach activities to members and representatives of affected populations to ensure that they fully understand what will be implemented.

**7. What questions would you want a potential contractor to address in response to a Request for Proposals?**

- Are they currently involved in any collective bargaining agreements with employees in California and/or in any other state?
- Where do they currently operate?
- Do they currently provide home and community-based services in California and/or in any other state? If so, what is the average wage rate and benefits package for their employees?
- Are they a for-profit or non-profit entity?
- Does their proposal incorporate personal care services to assist in activities of daily living, or does it solely incorporate home health assistance?

**8. Which requirements should DHCS hold contractors to for this population? Which standards should be met for cultural competency, sensitivity to the needs of the dual eligible population, accessibility, etc., prior to enrolling beneficiaries?**

Contractors should be required to provide the level of wages, health and other job benefits, and training necessary to attract a high quality workforce that will meet the unique care needs of the dually eligible population. Regarding standards for cultural competency, contractors should provide high-quality language translation services, preferably in-person, to the diverse population it serves. As well, IHSS providers who have fluency in more than one language and who must translate on behalf of their recipient should receive higher wages.

**9. If not a potential contractor, what are you able to contribute to the success of any pilot in your local area?**

If the Pilot is to incorporate IHSS services, UDW is well placed to facilitate communication between the contractor, the State, and IHSS providers. As an active stakeholder, UDW can contribute to the long-term stability of the Pilot's provider workforce.

**10. What concerns would need to be addressed prior to implementation?**

If the Pilot is to incorporate IHSS services, UDW's concerns are whether or not the principles outlined in Question # 4 above are successfully implemented:

- ✓ IHSS consumers must maintain the right to self-direct their services.
- ✓ IHSS consumers must maintain the right to employ family members – as per the current policy.
- ✓ IHSS consumers must be able to continue to employ their current IHSS provider while participating in the Pilot.

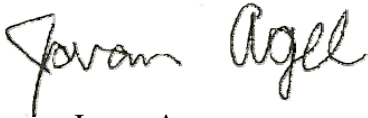
- ✓ IHSS providers should, at a minimum, maintain all wages and benefits at their current level, or have them enhanced.
- ✓ IHSS providers must maintain their existing collective bargaining rights.
- ✓ UDW must remain the collective bargaining representative of its existing bargaining units in every county in which we represent IHSS providers. All existing collective bargaining agreements, verbal or written, between UDW and its Employers must be maintained.

**11. How should the success of these pilots be evaluated, and over what timeframe?**

Evaluating whether the Pilots are meeting the needs of its provider workforce is an important measure of overall success. An analysis of employee turnover rates and a “before and after” survey of IHSS providers to measure job satisfaction are both tools that could be used.

Thank you for the opportunity to provide comments in response to the Request for Information. We look forward to your feedback during this planning period.

Sincerely,



Jovan Agee  
Political & Legislative Director