

In-Home Supportive Services Consumers Union
Waiver Renewal Provider Training & Additional Waivers

Dear Anastasia:

Thank you again for listening to our very serious concerns about how training on a large-scale basis can be extremely destructive to the provider pool.

The proposal intrudes into the lives of consumers and presumes that all consumers are alike or that they travel in pairs with their caregivers. This proposal also violates laws that permit someone to assign their own Medical Power of Attorney rather than assigning the task to whoever the worker is at the time. Keep in mind that all providers are not created equal. This is far too much power for a provider to have over a consumer who was not selected by them as their Medical Power of Attorney.

If an IHSS consumer has asked or assigned a conservator or someone else responsible for managing their case, they could work together to see if they or their caregiver would benefit from additional training, at which point it would be the consumer's or the caregiver's choice to go through that additional training. This training should be provided by established groups that are familiar with that particular condition (i.e., Alzheimer's, dementia, autism, and mental health). IHSS Social workers could also identify people to whom they can recommend or suggest additional training. The final decision must always reside with the consumer or conservator, while providers are free to attain additional training if they so choose, while always performing tasks in the manner the employer/consumer chooses to have their body treated.

IHSS is a Consumer and Family Directed Program As we said on the call yesterday, IHSS was never intended to be a medical program. People with Disabilities and families have been trained to take care of their own family members or themselves, in a hospital setting at the time of their disabling incidents. This training is tailored to their specific needs. There are many on the IHSS program who could not remain in the community if they didn't have the provision of domestic and related services but can no longer do that for themselves. As Richard Daggett pointed out, IHSS provides services, "which persons could provide for themselves but for their functional limitations." This is a direct quote from the Welfare & Institutions code. Richard is extremely familiar with the IHSS

program since its inception, as he has been one of the first individuals to go on the program directly from a hospital. He is the president of the Polio Survivors Association and is also a consultant to medical organizations on disability issues.

We Are Concerned That This Money For Voluntary Training Is Part Of A Concerted Attempt To Require Mandatory Training In California On The Part Of The Provider Unions. Although the proposal in the MediCal waiver application is voluntary training of IHSS workers, we are concerned that when SEIU puts mandatory training of IHSS workers on the ballot in 2016 they will use the MediCal waiver funding to induce voters to approve it.

There is clearly a concerted campaign ramping up to put mandatory training of IHSS workers in place including: Affordable Care Act, Governor Brown placing an SEIU union attorney on his staff, and hit pieces written by Anna Gorman in various news pieces essentially stating the solution to abuse of consumers is training of IHSS workers.

Self Identification Through Request or Recommendation with Consumers' Approval. If there are those with cognitive impairments or others who have asked case managers to the assist them, these individuals cshould be guided to the training they seek for themselves or their providers. Once again this voluntary training must be chosen by the consumer or the individual to whom they have given their Medical Power of Attorney. Also we believe that any provider who wants training for their own comfort or career goals should be able to seek it independent of consumers' permission or participation.

No One To Cover When Providers Are Attending Training. There family providers on this program whose family members' conditions are so medically or psychologically complex or fragile that they have not been able to get respite because no one is able to replace them. In Washington State there are absolutely no provisions for replacement providers while they are compelled to attend 75-hour training. In the case of self-correcting consumers, if training is offered during hours of care, they will be uncovered. Perhaps more importantly for Self Directing Consumers is that consumers looking for part-time attendants for night and weekend relief will be hindered enormously in finding providers willing to go through training for short hour jobs. In the case of Washington State, our concerns were born out in reality by consumers who lost multiple providers they could've had who were unwilling to go through the long training. Also, workers in Washington State said the person they work for also were not provided with a

replacement and they felt concern for them. Additional Medicaid Waiver Proposals Identified As Problem Areas by Both Consumers and Providers

If Medicaid waivers come up with creative solutions to deficiencies in the program, as it currently exists, we would very much like to see consumer' and providers' surveyed about what is missing from the program. We are dismayed that those who can get to Sacramento and have jobs representing others may be giving input on the 1115 waiver that are in the interest of perpetuating their own organizations. When RTZ & Associates first studied the program they created statistically sound surveys where they interviewed many households of consumers and providers, and asked them what their greatest remaining challenges were. We suggest that the Medi-Cal 1115 process go through a similar protocol.

Here is what we want most:

1. Restore the share of cost buyout that left seniors and those on SSI with only \$600 a month to live on.
2. IHSS workers criminal background checks should be paid for them. In the case of some of the most low-paid workers, this is certainly necessary. Most employers pay for criminal background checks.
3. IHSS workers should be paid for on-the-job training.
4. IHSS workers should be paid for helping us in the hospital. Nursing homes have seven day bed hold when patients are hospitalized, yet our impoverished providers are made to go without any salary when we are hospitalized. Providers are often called in to do much of our care. All IHSS recipients are unique. Hospital staff is often not prepared for our care. In addition, it is very stressful t when you are in the hospital and have to find a new care giver for your return home, because your last care giver could not go for long periods of time without being paid.
5. No IHSS worker should be made to go to an unpaid orientation. Offices sometimes do not schedule for months. Any such orientation must have accommodation for workers with multiple jobs so that they can fulfill the orientation requirements, either by CD, online, or nights and weekends when they are not working at other jobs.

6. Ensure sure workers are being paid timely a few days after the 1st and 15th of the month and certainly no later than 10 days from these days as is the law now that the state has not adhered too.
7. Parent and spouse providers should start receiving Social Security credits, workers comp and all other benefits other IHSS workers receive.
8. People with Disabilities have a right to access examination tables and doctors offices. All medical buildings should be required to have patient lifts on the premises with sufficient personnel trained to use them.
9. Connect IHSS to the waiver program. Recipients with severe disabilities who qualify for maximum IHSS hours of 283 should (if they choose) automatically be qualified for a waiver program of their choice. Shorten the waiver wait list to six months & fast track those with an immediate need (especially those just after their injuries and rehabilitation).
10. A pilot project for a simplified IHSS process, like the MediCal recertification process has been simplified. Timesheet instructions should also be simplified.
 - A. The state can easily save money by going back to old time cards and paycheck or paystub in one mailed envelope rather than two. This would save paper, envelope, postage costs on the seperate mailings. This could avoid late payments and should be implemented immediately.
 - B. In addition, all advance pay IHSS recipients should have provider's timesheets sent directly to the recipient's address, as per (§30-769.73). It says, "It shall be the responsibility of the recipient who receives payment in advance to submit his/her provider's timesheets at the end of each authorized service month." The recipient cannot be "responsible" without the timesheet in hand.
11. In-home caregivers receiving an automatic increase of 1.5 times minimum wage. Sufficient wages are the place where any revenue should be spent to truly improve provider retention

Sincerely,

Nancy Becker Kennedy, Cofounder of the IHSS Consumers Union
Member since Its Inception Of Los Angeles County Public Authority PA SC Personal Assistance Services Council.

Richard Daggett, Pres. of the Polio Survivors Association
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