

IHSS Public Authority Advisory Board Meeting
September 17, 2019
MINUTES

Members Present: Janie Whiteford; Beverly Lozoff; Dennis Schneider; Terri Possley (Ex-Officio); Lori Andersen; Bob Stroughter, Senon Hernandez, Cheryl Hewitt (via conference call)

Members Absent: N/A

PA Staff Present: Mary Tinker, Leticia Sabadin

Guests Present: Mathew Lubinsky, guest & potential AB member; Katherine Dao, IP & potential new member (union seat vacancy); Connie Boyer, guest & IHSS IP; Javier Zaldivar, SARC Executive Director; Irene De La Rosa, SARC Associate Director of Consumer Services (San Andreas Regional Center); Vicente Vega, SEIU Local 2015 Internal Organizer

Announcements & Public Comment:

1. Guest Connie Boyar distributed a 1 page, double-sided document with her questions that are more specific for SARC; due to time limit she just read off her questions on her handout. It was mentioned later, (see under SARC discussion), that the issues Connie presented are handled specifically under State mandate and/or one-on-one with SARC. The handout is available upon request, email the Public Authority at: PAInfo@pascc.org
2. Beverly Lozoff reminded everyone about the upcoming NAMI Walks Fundraiser Event on Saturday, September 21, 2019.

Approval of Minutes: Motion by Janie Whiteford to approve August 20, 2019 meeting minutes as written, seconded by Bob Stroughter, vote was unanimous.

SARC (San Andreas Regional Center) Discussion:

Guests Javier Zaldivar, Executive Director and Irene De La Rosa, Associate Director of Consumer Services gave a brief overview of SARC and opened it up for questions from the AB members.

Javier began his presentation stating he wanted to clarify and respond to the statement made previously by Cheryl Hewitt:

“Cheryl Hewitt stated that SARC is informing their clients that they must turn over their IHSS hours to SARC in order to be eligible to receive assistance from the agency. Cheryl wanted to bring this to everyone’s attention again since apparently it is happening and it is wrong and illegal.” Javier stated that this was not a correct statement, not accurate and it is mis-information. Javier would like more information and background as to why Cheryl Hewitt would make this statement. Mary Tinker mentioned that when this subject matter was brought to this board, Mary and Terri had asked Cheryl more than once to please identify specific cases and/or clients she knew this was happening. Up to this point in time Cheryl has not given any feedback to support her statement and so Javier is asking for more information. Javier did mention to Cheryl that he could speak to her about this at a different time, one on one.

Javier continued with his presentation: *San Andreas Regional Center is a community-based, private nonprofit corporation that is funded by the State of California to serve people with developmental disabilities as required by the Lanterman Developmental Disabilities Act. The Lanterman Act is part of California law that sets out the rights and responsibilities of persons with developmental disabilities. San Andreas is one of 21 Regional Centers throughout California serving individuals and their families who reside within Monterey, San Benito, Santa Clara, and Santa Cruz Counties.*

Our services are designed to meet the individual needs of all the people we serve according to age, disability, and geographic location. Through service coordination and case management, our staff connects individuals with resources in the community to enhance their lives. The goal of San Andreas Regional Center is to further the ability of people with developmental disabilities to live productive and satisfying lives as valued members of their communities.

Javier distributed the following documents and forms as part of his presentation:

- State of California “Welfare and Institutions Code” Section 4689
- Supported Living Services Standardized Assessment Questionnaire
- SLS Checklist for IHSS
- Budget Planning Form

These SARC forms are used internally to determine and assess each individual and what exactly are their needs.

To ensure that consumers in or entering into supported living arrangements receive the appropriate amount and type of supports to meet the person’s choice and needs as determined by the IPP team, and that generic resources are utilized to the fullest extent possible, the IPP team shall complete a standardized assessment questionnaire at the time of development, review, or modification of a consumer’s IPP. The questionnaire shall be used during the individual program plan meetings, in addition to the provider’s assessment, to assist in determining whether the services provided or recommended are necessary and sufficient and that the most cost effective methods of supported living services are utilized. They are required to maximize generic resources first; SARC is the payer of the last resort. Generic resources that SARC partners with are such programs as IHSS, Medi-Cal, Section 8 HUD, Cal Works, Various Food Banks, VTA Access, etc.

Eligibility

To be considered eligible, a disability must have originated before the age of 18, be likely to continue indefinitely, and constitute a substantial disability in 3 or more major life areas. The eligible conditions are the following:

- Intellectual Disability
- Cerebral Palsy
- Epilepsy
- Autism Spectrum Disorder
- Fifth Condition

**Early Intervention

A child from birth to 36 months may be considered at risk for a developmental disability and referred to the Early Start prevention program.

Eligibility Determination Meeting:

At the end of the assessment process, an eligibility determination meeting is offered to share the results of the eligibility evaluation. Based off of the intake timeline, there is usually a referral initiated by the adult applicant, or legally appointed conservator or parent in the case of a minor. There should be supporting documents collected prior to a planning meeting that include such things as medical reports, psychological reviews, IEPs, and any other pertinent documentation to help their case.

Once the Regional Center has determined that developmental disability may be present, an initial interview is scheduled, the planning team meeting. Team usually consisting of an intake service coordinator, psychologist, and physician (if needed) will determine eligibility.

Planning Team Meeting

Once eligibility is established, San Andreas staff, working together with the individual, his or her family, and other involved persons, hold a planning team meeting to identify goals, needs and services. The result of the planning team meeting is a written Individual Program Plan (IPP). This plan is based upon the individual's current level of functioning and includes service recommendations for immediate and long-term planning. The IPP is generally reviewed annually to ensure that the individual's needs are being met. Irene spoke to this and reviewed the SLS Checklist for IHSS for generic needs. They have assessments very tailored that can assist with paramedical needs.

Q&A time: Janie Whiteford asked if it is specified on the form and nursing care is an option if assessed properly.

There is protective supervision and medical supervision, limited, but offered. They stress that they start with a need before the services, as in what they need to live successfully before they look into and tap into other resources.

Cheryl asked if this include supplies. Depending on the IPP, and the generic resource, will insurance or public institution pay for supplies, if not, then SARC steps in to make assessment and assist.

Question asked with regards to funding.

Javier responded, No, SARC does not provide to outside institutions, SARC does not take on the liability. It was reiterated that the initial meeting and assessment includes the consumer's advocate if they have one.

Connie Boyar asked, "what if the consumer does not have an advocate?"

Irene responded that the intake service coordinator and team will assess the situation and they get creative with a resolution and try to involve a parent, or family member to help assist and support the consumer with such things as signing timesheets and making medical decisions. Javier stated that SARC cannot manage day-to-day tasks for consumers but they will find help for them.

Beverly asked how many consumers are in SARC.

Javier states there are approximately 11,000 consumers in Santa Clara County, a total of approximately 18,000 in all 4 counties combined (Santa Clara, San Benito, Monterey, Santa Cruz).

Connie Boyar asked Javier if he has data of protective supervision, how many consumers have over 200 hours and Javier stated that he did not have that information handy but can provide it to Connie off-line.

Dennis Schneider asked about eligibility and Javier pointed this out again and referred members to the SARC website where it states in detail the 5 categories under eligibility.

Javier did a quick overview of the Budget Planning Form and Assessment. The need is based on the assessment that SARC does. They look at what will it take to keep consumer/client safely in their home.

Janie asked about supported living services and SARC hours and how to determine if hours are being inter-mingled. Javier stated that they rely on the individual/client and the self-reporting that they do, the hours that they log.

Again, going back to Cheryl and Connie issues, Connie asked what the next steps are in order for her issues to be addressed. Mary addressed the fact that some of these issues are statewide and cannot be addressed at this meeting or with SARC, but handled by the State.

Mary asked Javier if they and some type of advisory committee that meets on a regular basis and if that information can be shared now in order for Connie and Cheryl and whoever else is interested in attending in order to bring to the table the issues they are having.

Javier did state that there are supported living center roundtable meetings that occur every month and that these meetings are open to the public. Javier stated that the SARC vendors, providers are paid minimum wage.

Mary re-iterated that the IHSS IPs are not government workers, the IPs are part of a collective bargaining unit and wages are negotiated along with benefits and other things. Each city has the ability to set their local minimum wage which does not impact IHSS providers because of being part of a collective bargaining unit.

At this point, Cheryl agreed to end her questions and save them for later to speak to Javier one-on-one. Also pointed she would try to attend the roundtable meetings. This goes for Connie as well.

Mathew Lubinsky asked again about eligibility and being over the age of 18.

Javier referred him to the website and/or contact SARC directly for an intake assessment and determination of the developmental disability.

SARC Questions presented by the PA IHSS Advisory Board for Javier and Irene:

1. Can you please explain how SARC calculates IHSS within their supported living dollars?
Javier distributed the Budget Planning Form in addition to several forms. (Copies available upon request.)
2. Is there only one provider for each consumer? Javier states that there are multiple providers, not just one. In some cases there may be a nurse involved. Janie asked who is the provider? Javier said it could be an IHSS provider, a family member, a nurse, etc.
3. Who manages the consumer/recipient account? Javier states that this is managed by the individual/consumer themselves or whoever SARC is working with, either parent, advocate, vendor, etc.

4. How does IHSS affect SARC's individual budget? Refer to the Budget Planning Form. IHSS is deducted from the total grant amount as services provided.
5. What is the funding stream between IHSS and SARC and how does that work? These are separate budgets, these pots are not blended, and there is no intersection with the two. Two programs, two separate budgets and funding and SARC ensures that they are kept separate.
6. What is the funding stream between SARC and other organizations they contract with to provide additional services for clients? Refer to the Budget Planning Form.

Cheryl Hewitt asked about self-determination.

Javier stated that in 2021 there will be a new program for self-determination and the budget will be determined by SARC, the fiscal agent and the consumer.

MOU between Health Plans and IHSS: Terri Possley reported that county council has the MOU and it is currently under review. Terri mentioned that it looks like there was some recent activity in which phone calls were made to the County and the Clerk of Board offices to push this forward and this also helped in bringing it to attention and getting reviewed. Janie Whiteford stated that she did make phone calls to the County and the Clerk of the Board offices and requested that this MOU be addressed and finalized.

Status on the change in By-Laws: Terri Possley reported that county council sent her an email indicating this will be presented and moved forward. County council has sent a ledge file that goes to all Board of Supervisors and this will be brought forward at the 2nd Board meeting in October. This request is once again to change the member count from 11 to 9 to serve on the board.

Terri also mentioned that the County sent her an email with a document titled "Requirements for Boards' and Commissions' Exemption Regarding Frequency of Meetings". Terri will send this email to Mary and Leticia and then forward to the advisory board and an FYI.

Terri also stated and distributed information regarding a special hearing: "Special Children, Seniors, and Families (CSFC) Hearing" scheduled for Wednesday, September 18 at 6:30pm at the Government Center – Board of Supervisors Chamber at 70 West Hedding Street. Cheryl Hewitt stated that she was planning on attending.

IHSS Paramedical Changes (IHSS State Letter): No need for comment or report. Letter dismissed by CDSS.

CAPA Report: CAPA met in Sacramento August 21st.

EVV/ETS: CDSS continues to move forward with implementation. A flyer with a schedule of timesheet webinars was mailed to providers. The schedule is being updated monthly and included as a mailing stuffer through November. CDSS is encouraging providers to access the Electronic Services Portal and Electronic Timesheets as a method of finding information and training on ETS. Santa Clara is scheduled to be part of waive 3 which is scheduled for May/June 2020 implementation.

Public Authority Admin Funding: The CAPA Board unanimously approved a proposal for the FY 19/20 allocation of state funds for PA admin. The proposal was submitted to CDSS and resulted in negotiating with them over four weeks. With the issues resolved, we have reached an agreement with CDSS on the FY 19/20 PA admin allocations. The CFL should be released soon.

CAPA Legislative Report: Below, please find information on all of the bills we're currently tracking, in addition to synopses and recommended positions on same.

AB 50 (Kalra): Medi-Cal: Assisted Living Waiver Program.

Would require the State Department of Health Care Services to submit to the federal Centers for Medicare and Medicaid Services a request for amendment of the Assisted Living Waiver program with specified amendments. The bill would require, as part of the amendments, the department to increase the number of participants in the program from the currently authorized 5,744 participants to 18,500, to be phased in, as specified. The bill would require the department to increase its provider reimbursement tiers to compensate for mandatory minimum wage increases, as specified. ***This bill failed to meet deadline pursuant to Rule 61(a)(12) and accordingly is a 2 year bill. Recommended Position: Support.***

AB 196 (Gonzalez): Paid Family Leave.

Would revise the formula for determining benefits available pursuant to the family temporary disability insurance program, for periods of disability commencing after January 1, 2020, by redefining the weekly benefit amount to be equal to 100% of the wages paid to an individual for employment by employers during the quarter of the individual's disability base period in which these wages were highest, divided by 13, but not exceeding the maximum workers' compensation temporary disability indemnity weekly benefit amount established by the Department of Industrial Relations. ***This bill failed deadline pursuant to Rule 61(a)(10), and accordingly is a two-year bill. Recommended Position: Watch.***

AB 314 (Bonta): Public employment: labor relations: release time.

Current law, including the Meyers-Milias-Brown Act, the Ralph C. Dills Act, the Trial Court Employment Protection and Governance Act, the Trial Court Interpreter Employment and Labor Relations Act, Judicial Council Employer-Employee Relations Act, and the Los Angeles County Metropolitan Transportation Authority Transit Employer-Employee Relations Act, as well as provisions commonly referred to as the Educational Employment Relations Act and the Higher Education Employer-Employee Relations Act, regulates the labor relations of the state, the courts, and specified local public agencies and their employees. These acts generally require the public entities in this context to grant employee representatives of recognized employee organizations reasonable time off without loss of compensation or benefits for certain purposes in connection with labor relations, commonly referred to as release time. This bill would prescribe requirements relating to release time that would apply to all of the public employers and employees subject to the acts described above and would generally repeal the provisions relating to release time in those acts. ***This bill is currently on the Senate Floor Third Reading File. Recommended Position: Watch.***

AB 315 (Garcia): Local Government: lobbying associations: expenditure of public funds.

Current law authorizes the legislative body of a local agency to attend the legislature and any committees and to present information regarding legislation that the legislative body deems to be beneficial or detrimental to the local agency. Current law also allows the legislative body of a local agency to enter into an association for these purposes and specifies that the cost and expense incident to the legislative body's membership in the association and the activities of the association are proper charges against the local agencies comprising the association. This bill, with respect to moneys paid to or otherwise received by an association, would prohibit an association of local agencies from expending these moneys for any purpose other than the above described activities and educational activities. ***This bill failed deadline pursuant to Rule 61 (a)(11), and accordingly is a two-year bill. Recommended Position: Oppose.***

AB 414 (Bonta): Healthcare coverage: minimum essential coverage.

Current federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various healthcare coverage market reforms as of January 1, 2014. PPACA generally requires individuals, and any dependents of the individual, to maintain minimum essential coverage, as defined, and, if an individual fails to maintain

minimum essential coverage, PPACA imposes on the individual taxpayer a penalty. This provision is referred to as the individual mandate. This bill would require a California resident to ensure that the resident and the resident's dependents are covered under minimum essential coverage for each month beginning after 2019. The bill would impose a penalty for the failure to maintain minimum essential coverage. ***This bill is currently on the Assembly Floor awaiting a vote on Concurrence in Senate Amendments. Recommended Position: Watch.***

AB 426 (Maienschein): In-Home Supportive Services program.

Existing law provides for the county-administered In-Home Supportive Services (IHSS) program, under which qualified aged, blind, and disabled persons are provided with services to permit them to remain in their own homes. Under existing law, the Medi-Cal program provides services similar to those offered through the IHSS program, to eligible individuals, with these services known as personal care option services. Existing law requires an applicant for, or recipient of, either of these in-home supportive services, as a condition of receiving these services, to obtain a certification from a licensed health care professional, as specified, declaring that the applicant or recipient is unable to perform some activities of daily living independently, and that without services to assist the applicant or recipient with activities of daily living, the applicant or recipient is at risk of placement in out-of-home care. ***This bill passed out of both houses and was enrolled to the Governor on 9/9. Recommended Position: Watch.***

AB 477 (Cervantes): Emergency preparedness: vulnerable populations.

Current law authorizes cities, cities and counties, and counties to create disaster councils, by ordinance, to develop plans for meeting any condition constituting a local emergency or state of emergency, including, but not limited to, earthquakes, natural or manmade disasters specific to that jurisdiction, or state of war emergency. This bill would require cities, cities and counties, and counties to include representatives from the access and functional needs population, as defined, in the next regular update to their emergency plan, as specified. ***This bill was signed into law by the Governor on 9/4/2019 as Chapter 218, Statutes of 2019. Recommended Position: Support.***

AB 567 (Calderon): Long-term care insurance.

Would establish the Long Term Care Insurance Task Force in the Department of Insurance, chaired by the Insurance Commissioner or the commissioner's designee, and composed of specified stakeholders and representatives of government agencies to examine the components necessary to design and implement a statewide long-term care insurance program. The bill would require the task force to recommend options for establishing this program and to comment on their respective degrees of feasibility in a report submitted to the commissioner, the Governor, and the Legislature by July 1, 2021. ***This bill passed out of both houses and was enrolled to the Governor on 9/9/2019. Recommended Position: Watch.***

AB 911 (Rodriguez) 911 services: elder adults and persons with disabilities.

Would require the Office of Emergency Services, in consultation with relevant experts and stakeholders, to develop a plan and timeline of target dates for the testing, implementation, and operation of a statewide system, consistent with the requirements of this bill, that would enable all Californians, including older adults, individuals with disabilities, and other at-risk persons, to voluntarily provide vital health and safety information to be made available to all first responders in an emergency if a "911" call is placed. The bill would make information submitted through the statewide system confidential and not a public record. ***This bill passed out of both houses and was enrolled to the Governor on 9/9/2019. Recommended Position: Support.***

AB 1042 (Wood): Medi-Cal: beneficiary maintenance needs: home upkeep allowances: transitional needs funds.

Would establish eligibility and other requirements for providing the home upkeep allowance or a transitional needs fund to Medi-Cal patients residing in a long-term care facility, as specified. The bill would prescribe both general and specific requirements for both facility residents who intend to leave the facility and return to an existing home, who would receive the home upkeep allowance, and for residents who do not have a home but

intend to leave the facility and establish a new home, who could establish a transitional needs fund for the purpose of meeting the transitional costs of establishing a home. ***This bill failed to meet deadline pursuant to Rule 61 (a)(12) and accordingly is a 2 year bill. Recommended Position: Support.***

AB 1088 (Wood): Medi-Cal: eligibility.

Would provide that an individual who would otherwise be eligible for Medi-Cal benefits, but for the state's contribution to their Medicare premium, would be eligible for Medi-Cal without a share of cost if they otherwise meet eligibility requirements. The bill would authorize the State Department of Health Care Services to implement this provision by provider bulletins or similar instructions until regulations are adopted. The bill would require the department to adopt regulations by July 1, 2021, and to provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

This bill passed out of both houses and was enrolled to the Governor on 9/9/2019. Recommended Position: Support.

AB 1107 (Chu): Workers Compensation.

Current law requires, when payment of compensation has been unreasonably delayed or refused, either prior to or subsequent to the issuance of an award, the amount of the payment unreasonably delayed or refused to be increased up to 25% or up to \$10,000, whichever is less, except for unreasonable delay in the provision of medical treatment for periods of time necessary to complete the utilization review process. Current law provides that a determination by the appeals board or a final determination of the administrative director pursuant to independent medical review that medical treatment is appropriate is not conclusive evidence that medical treatment was unreasonably delayed or denied for purposes of imposing those penalties. This bill would exclude a final determination of the administrative director pursuant to independent medical review from the latter provision regarding conclusive evidence that medical treatment was unreasonably delayed or denied. ***This bill failed to meet deadline pursuant to Rule 61 (a)(11), and accordingly is a two-year bill.***

Recommended Position: Watch.

AB 1287 (Nazarian): Universal assessments: No Wrong Door system.

Current law, including, among others, the Mello-Granlund Older Californians Act, provides various programs to assist older adults and people with disabilities. These programs include the Aging and Disability Resource Connection program established to provide information to consumers and their families on available long-term services and supports (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level. This bill would require the California Department of Aging, in partnership with other specified departments and in consultation with stakeholders, to develop a plan and strategy for a phased statewide implementation of the No Wrong Door system, as described, on or before July 1, 2020. ***This bill passed out of both houses and was enrolled to the Governor on 9/9/2019. Recommended Position: Watch.***

AB 1382 (Aguilar-Curry): Master Plan for an Aging California.

Would require the state to adopt a Master Plan for Aging, emphasizing workforce priorities. The bill would require the Master Plan for Aging to prioritize specified issues related to preparing and supporting the state's paid paraprofessionals and professionals, as well as unpaid family caregivers. These issues would include, but not be limited to, (1) addressing the need for a well-trained and culturally competent paid paraprofessional and professional health care and long-term care workforce, and (2) developing recommendations regarding the need for high-quality, affordable, and accessible respite services throughout the state for unpaid family caregivers. ***This bill passed out of both houses and was enrolled to the Governor on 9/9/2019. Recommended Position: Watch.***

AB 1434 (Kalra): Public Social Services: SSI/SSP.

Current law provides for the State Supplementary Program for the Aged, Blind, and Disabled (SSP), which required the State Department of Social Services to contract with the United States Secretary of Health and

Human Services to make payments to SSP recipients to supplement Supplemental Security Income (SSI) payments made available pursuant to the federal Social Security Act. This bill would reinstate the cost-of-living adjustment beginning January 1 of the 2020 calendar year. The bill would also require a maximum aid payment provided to an individual or a married couple that does not equal or exceed 100% of the federal poverty level.

This bill was held under submission on the Assembly Appropriations Committee Suspense File.

Recommended Position: Support.

AB 1574 (Mullin): Political Reform Act of 1974: lobbying expenditures.

The Political Reform Act of 1974 requires lobbyists employed by a lobbyist employer or a lobbying firm to provide a periodic report of the lobbyist's activity expenses and contributions to the employer or firm within two weeks following the end of each quarter. The Act requires lobbying firms, lobbyist employers, and persons who make payments to influence legislative or administrative action of \$5,000 or more in value in any calendar quarter to file with the Secretary of State, during the month after the end of each calendar quarter of a biennial legislative session, reports regarding lobbying expenditures made during the calendar quarter. This bill would, beginning on January 1, 2021, instead require those reports to be filed on a monthly basis. ***This bill is currently in the possession of the Assembly Appropriations Committee and is a 2 year bill (although it has not yet been recorded under which rule this occurred.) Recommended Position: Watch.***

SB 167 (Dodd): Electrical Corporations: wildfire mitigation plans.

Under existing law, the Public Utilities Commission has regulatory authority over public utilities, including electrical corporations and gas corporations. Existing law authorizes the commission to establish rules for all public utilities, subject to control by the Legislature. Existing law requires each electrical corporation to construct, maintain, and operate its electrical lines and equipment in a manner that will minimize the risk of catastrophic wildfire posed by those electrical lines and equipment. Existing law requires the commission, by January 1, 2020, to establish within itself the Wildfire Safety Division. Existing law requires each electrical corporation to annually prepare and submit a wildfire mitigation plan to the division for review and approval. Existing law requires those wildfire mitigation plans to include specified information, including protocols for disabling reclosers and deenergizing portions of the electrical distribution system that consider the associated impacts on public safety, as well as protocols related to mitigating the public safety impacts of those protocols, including impacts on critical first responders and on health and communication infrastructure. Existing law requires the commission to designate a baseline quantity of electricity and gas necessary for a significant portion of the reasonable energy needs of the average residential customer and requires the commission to establish a standard limited allowance in addition to the baseline quantity of gas and electricity for residential customers dependent on life-support equipment, as specified, which is referred to as a medical baseline allowance.

This bill would require each electrical corporation, as part of those protocols, to additionally include protocols related to mitigating the public safety impacts of disabling reclosers and deenergizing portions of the electrical distribution system that consider the impacts on customers who are receiving medical baseline allowances. The bill would authorize electrical corporations to deploy backup electrical resources or provide financial assistance for backup electrical resources to those customers receiving medical baseline allowances and who meet specified requirements. ***This bill passed out of both houses and was enrolled to the Governor on 9/6/2019.***

Recommended Position: Support.

SB 214 (Dodd): Medi-Cal: California Community Transitions program.

Would require the State Department of Health Care Services to implement and administer the California Community Transitions (CCT) program, as authorized under federal law and pursuant to the terms of the Money Follows the Person Rebalancing Demonstration, to help an eligible Medi-Cal beneficiary move to a qualified residence, as defined, after residing in an institutional health facility for a period of 90 days or longer. The bill would require CCT program services to be provided by a lead organization, as defined, which would coordinate and ensure the delivery of all services necessary to implement the program. ***This bill is currently in***

the possession of the Assembly Appropriations Committee, where hearing was cancelled by the author. Recommended Position: Support.

SB 228 (Jackson): Master Plan on Aging.

Would require the Governor to appoint a Master Plan Director and establish an Aging Task Force, consisting of 13 members, with the President pro Tempore of the Senate and the Speaker of the Assembly each appointing 2 members and the Governor appointing 9 members to the task force. The bill would require the director, with the assistance of the task force, to work with representatives from impacted state departments, stakeholders, and other agencies to identify the policies and priorities that need to be implemented in California to prepare for the aging of its population. ***This bill is currently on the Senate Floor, awaiting a vote of concurrence in Assembly Amendments. Recommended Position: Support.***

SB 280 (Jackson) Older Adults and Persons with Disabilities: fall prevention.

The Mello-Granlund Older Californians Act establishes the California Department of Aging, and sets forth its duties and powers, including, among other things, entering into a contract for the development of information and materials to educate Californians on the concept of “aging in place” and the benefits of home modification. Current law also establishes the Senior Housing Information and Support Center within the department for the purpose of providing information and training relating to available innovative resources and senior services, and housing options and home modification alternatives designed to support independent living or living with family. This bill would repeal those provisions relating to the department’s provision of information on housing and home modifications for seniors. ***This bill is currently on the Senate Floor, awaiting a vote of concurrence in Assembly Amendments. Recommended Position: Support.***

SB 512 (Pan) Long Term Supports and Services

Would establish the California Long-Term Services and Supports Benefits Board (LTSS Board), to be composed of 9 specified members, including, among others, the Treasurer as chair, the Secretary of California Health and Human Services as vice chair, and 3 members to be appointed by the Governor. The bill would require the LTSS Board to manage and invest revenue deposited in the California Long-Term Services and Supports Benefits Trust Fund (LTSS Trust), which the bill would create in the State Treasury, to, upon appropriation, finance long-term services and supports for eligible individuals. The bill would also create, until January 1, 2025, the Long-Term Services and Supports Advisory Committee for the purpose of providing ongoing advice and recommendations to the LTSS Board. ***This bill failed to meet deadline pursuant to Rule 61 (a)(12), and accordingly is a 2-year bill. Recommended Position: Watch.***

SB 611 (Caballero): Housing: Elderly Individuals with Disabilities

Would establish the Master Plan for Aging Housing Task Force, chaired by the director or their designee, and composed of specified stakeholders and representatives of government agencies to, among other things, identify policy strategies that will help increase the supply of affordable housing for older adults and reduce barriers to providing health care and social services to older adults in affordable housing, and make recommendations to the Legislature. ***This bill passed out of both houses and was enrolled to the Governor on 9/6/2019.. Recommended Position: Watch.***

SB 661 (Hurtado): Long Term Care

Current law provides various regulatory structures under which long-term care may be provided to older individuals and individuals with disabilities, including within licensed nursing facilities, residential care facilities for the elderly, and home- and community-based services. This bill would state the intent of the Legislature to enact legislation to address the growing need for long-term care for seniors and individuals with disabilities in California, and would make related findings and declarations. ***This bill is currently in the possession of Senate Rules Committee, awaiting referral. Recommended Position: Watch.***

Programs Report:

There were **11,916** IPs enrolled in the Valley Health Plan with **4,597** of those in the Classic Plan and **7,319** in the Preferred Plan in August. There were **12,612** IPs enrolled in the Dental/Vision plans and **606** Smart Pass VTA Cards issued.

Enrollment:

Number of IPs enrolled: **520**

Number of IPs partially done: **468**

Fingerprints: Failed: **8**

Estimated number of individuals attending group enrollment sessions was **35 to 90** per session. Group sessions are generally held on Fridays with approximately **655** attending in August.

Registry Services: There are **399** active IPs on the registry and **1,299** active consumers.

The registry:

- Completed **73** new consumer intakes and reactivated **73** consumers
- Attained **76** matches
- Provided **630** new interventions

Care Coaching: The Registry received **30** referrals for Care Coaching in the month of August.

- There were **43** in-home visits made.
- Total active consumers **70**
- Total inactive consumers **253**

Urgent Care Registry There were **52** hours of urgent care services authorized in August.

Registry Introductory Training (RIT): There was **1** RIT sessions held in August.

- Conducted **16** interviews
- Called **40** references
- Completed **38** reference checks
- Added **8** new IPs to the registry

RIT sessions are recruitment training workshops held for individuals who wish to join the registry. This is one of the screening requirements for being added to the registry. Next steps required include checking references, in-person interview with staff, and completion of mandatory enrollment process which includes DOJ criminal background check. Because of the amount of work required to get someone added to the registry there are generally people being added on a continuous basis.

Public Authority Phone Calls: The Public Authority handled a total of **4,839** phone calls during August.

Breakdown of the calls:

- **Registry** **2,607**
- **Enrollment** **631**
- **General** **102**
- **Benefits** **1,351**

IP Trainings Provided: There were no training classes in August. Registrations for the new semester began August 1st with conformation and waitlist letters going out August 14th. A total of 1682 class registrations were completed. The Fall semester training schedule is posted on the Public Authority website.

The Milpitas Adult School will be an additional location offering Safe Lifting and Transferring classes at their facility this fall.

Outreach: PA staff joined other Sourcewise staff at the National Senior Citizen's Day event at Sourcewise's South County Office with 24 people attending.

Over Time Training: There was 1 IP who was provided training/counseling on overtime issues and how to properly complete their timesheet.

Timesheet Training Video on PA Website: The Public Authority developed a great new video that instructs providers on how to complete their timesheets and prevent OT issues. It is quite thorough and easy to understand. The video was viewed **4,465** times during August. The video can be viewed at: <http://www.pascc.org/services/TimeSheetVid.html>. This will be removed from the website when the transition to electronic timesheets begins in Santa Clara County.

Staffing: The Public Authority is fully staffed at this time.

Electronic Time Sheets: Santa Clara County has **34.8%** of IPs opted for electronic timesheets. These help to simplify and ensure timesheets don't have errors and are processed quicker. And direct deposit has increased participation rate to **45.1 %** ensuring IPs get paid much quicker. PA staff is encouraging new IPs and others they talk with to enroll in ETS and DD in order to prevent delays in getting paid. It is included as part of the enrollment orientation as well. CDSS now publishes a monthly Excel report of statistics that includes county data and statewide comparisons: <http://www.cdss.ca.gov/inforesources/IHSS/Program-Data>

Sick Leave Update: A total of **24,470** active IPs have accrued 8 hours of sick leave, **575 (2.3%)** of them have claimed some hours, **477** have claimed all 8 hours so far this fiscal year.

California IHSS Consumer Alliance Report (CICA): Janie Whiteford stated that there was not much to report on that has not been addressed already. Still carefully monitoring EVV/ETS and pushing for and encouraging all to go on the website for additional information. Santa Clara County is still on schedule to be part of wave 3 which is May/June of 2020 implementation.

Janie also reminded all to join the monthly CICA conference call scheduled on the 3rd Wednesday of the each month. Upcoming call is tomorrow, Wednesday, September 18th at 10am. These calls are important and informative; they have agenda items that are critical pertaining to IHSS programs and so much more.

Mary mentioned that the need to advocate and get more ideas presented can be addressed here on these types of calls. You can address issues and state which bills you would like to see passed. Janie encouraged all at the meeting to try to participate by joining the monthly calls.

Report from Social Services Agency: Terri Possley reminded everyone that she addressed some of her reports previously with the MOU and the By-Laws agenda items-- see above.

Also as reported earlier: Terri distributed information regarding a special hearing: "Special Children, Seniors, and Families (CSFC) Hearing" scheduled for Wednesday, September 18 at 6:30pm at the Government Center – Board of Supervisors Chamber at 70 West Hedding Street.

Terri Possley reminded all about the upcoming IHSS office move. October 4th IHSS is moving to 353 West Julian Street, San Jose, CA 95110.

Terri stated that they are at a difficult scenario at work where there have been some staff which were hired, now are being promoted and it is all happening at the same time, which is not great timing. They are losing a total of 8 payroll and clerical staff, and the departments are suffering and trying to keep it together with so much going on.

At this point, Connie Boyar once again asked about what the county's role is in paying IHSS care provider wages. Again, Mary Tinker stated that this is something that is dealt with between the Union and PA. The IHSS providers are part of a collective bargaining unit. The current MOU was ratified in January 2019 and goes through January 1, 2021.

There was mention of the huge issue about not having enough providers to care for all the IHSS clients. This is a national issue not just problematic in Santa Clara County. Mary stated that the Board of Supervisors is very supportive and continues to give and allot funds towards IHSS and PA which is a very expensive program. There comes a time when one has to pick their battles and at this time the push by the Advisory Board is to assist and advocate for IHSS and the need for more clerical staffing.

Next Meeting: The next meeting of the Advisory Board is **Tuesday, October 15, 2019 from 12:00 – 1:30pm** at the Sourcewise Main Office, 2115 The Alameda, San Jose, CA. 95126.

Next Agenda Items:

1. Other organization presentations for future:
Invite, ask representative from SVILC (Sheri) to attend a future IHSS AB meeting and give presentation. Mary requested AB members to think about questions beforehand so we can send them and give the guest speaker time to prepare.