

**IHSS Public Authority Advisory Board Meeting**  
**March 15, 2022**  
**MINUTES**

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**ZOOM VIRTUAL MEETING**

<https://zoom.us/j/97448761420?pwd=bmR1b3NIMEVUWHR1UGFkNUo4V1Z0UT09>

Meeting ID: 974 4876 1420

Passcode: 293979

Phone Only:

+1 669 900 9128 US (San Jose)

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Passcode: 293979

***\*\*This meeting is being recorded for purposes of capturing the meeting minutes.***

**Members Present via Virtual/Conf. Call:** Mathew Lubinsky; Terri Possley (Ex-Officio); Darcy McCann; David Forderer; Lori Andersen, Emilio Carrillo

**Members Absent:** Janie Whiteford; Beverly Lozoff

**PA Staff Present via Virtual/Conf. Call:** Edith Gong, Leticia Sabadin

**Guests Present via Virtual/Conf. Call:** Narendra Pathak, IHSS Client & Guest; Steve Kline, Board Aide for Board of Supervisor Ellenberg, District 4, Gianna Spina, ILS/PAS Coordinator @ SVILC; Jacqueline Barrantes, AT/ILS Coordinator @ SVILC & IHSS Provider; Peter Estaniel, Board Aide for Board of Supervisor Simitian, District 5

**Announcements & Public Comment:**

- Narendra Pathak, video connection interruption. Narendra wanted to thank this board, and give thanks to IHSS staff, who is doing a wonderful job.

**Approval of Minutes:**

- *Mathew Lubinsky asked for a motion to approve the February 15<sup>th</sup> meeting minutes, as revised, per Mathew's edit under the Social Services Agency Report, 6<sup>th</sup> bullet point. Mathew wanted to clarify his statement and the edit was made to the final minutes.*
- Motion by David Forderer to approve the February 15, 2022 meeting minutes as revised; seconded by Darcy McCann, vote was unanimous.

**AB Budget Spending FY 21/22 & Recommended Budget FY 22/23:**

- Edith is presenting on behalf of Janie Whiteford, and Janie wanted everyone to know that AB has spent \$208.19 in this FY.
- Edith shared Janie's recommendations for spending down this FY 21/22:
  - Offer stipends to AB active members for internet services, \$10/month
  - Pay CICA dues for 22/23 this year \$1000
  - Provide administrative support of \$500

| FY21-22 AB Budget and Spending |             |
|--------------------------------|-------------|
| Expense Category               | Budget      |
| Travel                         | \$ 1,700.00 |
| Postage                        | \$ 116.00   |
| Office Supplies                | \$ 400.00   |
| Printing and Copying           | \$ 700.00   |
| Dues and Fees                  | \$ 1,000.00 |
| Training                       | \$ 2,000.00 |
| Stipends                       | \$ -        |
| Outreach                       | \$ -        |
|                                | \$ 5,916.00 |

- Motion by David Forderer to approve these recommendations, seconded by Darcy McCann, vote was unanimous.
- Edith shared this spreadsheet for the proposed FY 22/23 budget.

| Proposed AB Budget FY22-23     |             |
|--------------------------------|-------------|
| Zoom (Training)                | \$ 200.00   |
| Dues and Fees                  | \$ 1,000.00 |
| Travel                         | \$ 1,000.00 |
| Printing/Copying               | \$ 200.00   |
| Education/Advocacy/Training    | \$ 1,476.00 |
| AB Recruitment/Outreach        | \$ 500.00   |
| Office Supplies                | \$ 200.00   |
| Administrative Expense/Support | \$ 500.00   |
| Stipends                       | \$ 840.00   |
|                                | \$ 5,916.00 |

- Motion by David Forderer to approve the proposed AB Budget FY 22/23 as presented, seconded by Darcy McCann, vote was unanimous.

**Federal Grant for Community Based Programs, follow-up:**

- Lori summarized the notes from the last meeting. This was a local Santa Clara County work group to look at the initiatives where they would like to take a lead. Lori to send a version of what was reviewed and Leticia will forward to all.. *Attached at the end of these minutes is Lori's email with all initiatives she mentioned.*
- Lori stated that the goal of this workgroup is to make sure that if the dollars are available and it's a priority for the county, then we should convene the right individuals to apply for these funds.

**California IHSS Consumer Alliance Report (CICA) (Edith for Janie):**

- Edith presented on behalf of Janie.
  - CICA is in the process of submitting an assembly budget proposal in collaboration with SVILC to restore the AC funding to its original amount of just under \$56,000.

- CICA is pushing to restore language from “may” to “must”. Counties MUST have an Advisory Committee.
- Reminder for the 3<sup>rd</sup> Wednesday of the month Statewide conference call.
- CICA membership notices are currently going out.
- New individual membership notices going out to IHSS Consumers, cost would be \$10/month.
- Please join the meetings, they are very important and informative.

**SEIU Local 2015 Report:**

- Emilio wanted to share that Adrian Olea is unable to attend this meeting due to an action meeting being held in Oakland.
- Effective April 1<sup>st</sup> the new rate for IHSS providers is \$17.62.
- The Union distributed over 2000 Covid tests to IHSS providers; tests will be distributed as supplies last, and it is probably wise to make an appointment when planning to go to the Union office.
- The Union office is now currently open, but by appointment only. They are assisting providers that need help with enrollment or timesheets.
- In the middle of discussions for in-person orientation meetings between the Union and Public Authority.
- Union is campaigning for Statewide pay of \$20/hr.
- The \$500 IHSS Hazard pay was a big push from the Union. There have no complaints with regards to the delivery of the HERO/Pandemic pay checks, things are going smoothly and IPs are receiving their checks.

**Social Services Agency Report:**

- Terri reported that there is not much change compared to previous month’s report
- March is Social Services Worker Month and the theme is “The Time is Right for Social Work”.
  - First time celebrating since 2019; they are hosting an in person outdoor BBQ (pre-packaged) and everyone is excited.
- Next month they plan to celebrate “Office Professionals’ Day”.
- The mask mandate changes for our county were announced but Terri stated that they are still required to wear masks in all county buildings. This means that the IHSS lobby employees are wearing masks and the visitors are required to wear masks as well.
- Provider pandemic pay of \$500: at first Terri thought this might be an administrative nightmare, but in fact, it has been extremely manageable and being handled by two staff members during regular business hours. No overtime time has been paid out for this effort.
  - There were about 300 checks that were returned due to bad address.
  - There are about 100 IPs that did not get a check and the IHSS Finance department is looking into this.
- Supervisor Cindy Chavez asked for an update on the effort to reach out to clients in the homeless population. This is a work in progress and it still in in the beginning stages. IHSS is working with other organizations to get this going.
- As of now, there are only six staff deployed as Disaster Service Workers (DSWs).
- Counties and SWs are allowed to do home visits by phone for annual reassessments; video conferencing allowed for intake assessments if there are COVID-19 concerns; and there are still

some in person home visits that are done for a very limited amount of time, to minimize risk to both the Social Workers and Consumers.

- Terri will be presenting this Thursday March 17 @ 2pm; the Off Agenda Report which basically gives IHSS phone data. This focuses on wait times, dropped calls, etc. Current wait time is approximately 10 minutes. The long wait time could possibly be a caller who is calling in a different language and the language line needs to be used.
- Terri shared this in the Zoom chat:
  - Direct email address to request an IHSS intake: [ssa\\_ihss\\_arcci-fax@ssa.sccgov.org](mailto:ssa_ihss_arcci-fax@ssa.sccgov.org)
  - Also can send in SOC 873 forms here (health certificate form that needs to be signed by Dr.)

## **PROGRAMS REPORT**

Below in **yellow/OR \*asterisk** were topics that were highlighted and mentioned.

The PA continued to work remotely (3 days/week) throughout February as the Omicron variant was still prevalent. At the request of the Office of Emergency Operations, Public Authority distributed free at-home antigen test kits to approximately 3100 IPs through mail, drive-through pick up and at a LiveScan location close to the PA office. The remaining 1400 test kits will be distributed by the PA until the supply is exhausted. The Public Authority has two open positions – Training Specialist and Outreach & Registry Recruitment Specialist.

### **Benefits Administration:**

There are **12,560** IPs enrolled in the Valley Health Plan with **3413** of those in the Classic Plan and **9147** in the Preferred Plan. **13,208** IPs are enrolled in the Dental/Vision plans. There were **61** Smart Pass VTA Cards issued.

### **Enrollment:**

Number of IPs enrolled: **432**

Number of IPs partially done: **1,058 (cumulative)**

Fingerprints that are delayed (awaiting DOJ results): **19** (1 IP has been waiting three months; PA has written the DOJ several times regarding the delay)

Scheduling an appointment is ~7 business days from the time an IP completes the viewing of the orientation videos.

Group sessions with the union are still suspended, however a management conference was held to discuss restarting of group orientations sometime in March or early April.

### **Registry Services:**

There are **474** active IPs on the registry and **2,381** active consumers.

The Registry:

- Completed **73** new consumer intakes and reactivated **0** consumers
- Attained **39** matches
- Provided **513** new interventions with nearly **211 hours** spent on the interventions

**Care Coaching:** The Registry received **15** referrals for Care Coaching

- **2** remote care coaching consultations were conducted
- Total active consumers **18**
- Total inactive consumers **243**

**Urgent Care Registry:** There were **0** hours of urgent care services authorized this month.

**Emergency Backup Registry:** The state reinstated the \$2/hr wage differential for providers working for COVID infected/affected consumers who need an emergency backup provider on a temporary basis. There were no (0) requests for an emergency backup provider this month. There are a total of **11** providers on the emergency backup registry.

**Registry Introductory Training (RIT):** **Two** remote RITs was held (English and Spanish)

- **37** interviews were conducted (23 ENG/14 SP)
- **90** reference check calls made, with **74** completed reference checks
- **25** providers attended the eRIT (ENG 16/SP 9)
- **25** providers were added to the registry (ENG 16/ SP 9)

**EPG (formerly PPE):** A total of **155** kits were mailed with **98** sets going to IPs and **57** to Consumers for a total of **1,620** masks and **3,760** pairs of gloves.

**Public Authority Phone Calls:** The PA received **5,087** phone calls. Breakdown of the calls:

- **Registry 1,686**
- **Enrollment 1,338**
- **General 123**
- **Benefits 1,426**
- **Training/PPE 514**

**IP Trainings:** 9 classes were held. 91 individual IPs were trained and 91 IPs received credit/incentive payments totaling \$3,350.

| Language   | # |
|------------|---|
| English    | 8 |
| Mandarin   | 0 |
| Spanish    | 0 |
| Vietnamese | 1 |

| Location                       | # |
|--------------------------------|---|
| Central – San Jose/Santa Clara | 2 |
| North - Milpitas               | 1 |
| South – Morgan Hill            | 0 |
| West – Sunnyvale/Cupertino     | 4 |
| Online                         | 2 |

**Electronic Time Sheets:** The combined adoption rate continues to be at **99.9%** with the numbers the same as January - providers reached **99.8%** consumers reached **100%**.

**Direct Deposit:** **75.8%** of IPs are using direct deposit.

**Sick Leave Update:** **28,012** active IPs have accrued 16 hours of sick leave. **4,791** have claimed some hours and **3,592** have claimed all 16 hours so far.

## **CAPA REPORT**

Below in yellow/OR \*asterisk were topics that were highlighted and mentioned.

CAPA met on February 24 via Zoom.

As many of the PA are working on their budgets for FY22-23, CAPA presented and the Board approved the dues structure for FY22-23. In most cases the dues are similar to FY21-22; however, some PAs had an increase since their caseload moved them into a higher band.

### **Budget and Legislative Update**

- Budget and informational meetings have kicked off at the Capitol. As a reminder the summary of the budget can be found here: <https://www.ebudget.ca.gov/FullBudgetSummary.pdf>
- There are many bills that have been flagged by the CAPA Executive Director and will be reviewed by the re-instated Legislative Committee. CAPA does not yet have a position on the bills until the committee meets in March. An updated “bill watch list” will be presented and discussed in March or April.

### **Long Term Care Operations**

- Providers can download 2021 W2s from the Electronic Services Portal effective March 5, 2022. An additional 3 years will be able to be accessed and downloaded within the next several months.
- Provider paid sick leave grow to 24 hours starting July 1, 2022.
- COVID supplemental paid sick leave for IHSS providers has restored by the state, with an additional 40 hours available for up to 80 hours. Providers who work 40 hours/week will be eligible for the 80 hours, and those working less than 40 hours will be eligible for an average number of hours over a two-week period. This is retroactive to January 1, 2022 and available until September 30, 2022. There are two different kinds of COVID sick leave that can be used. Detailed information will be sent to recipients and providers in March.
- The trailer bill language around the permanent Emergency Backup Registry is being crafted and CAPA, CWDA, CSAC are finalizing their input. There was concern from many CAPA Directors around the name “Emergency” as it connotes 24x7 availability which none of the PAs can provide. Given the difficulty and shortage in providers for the registry, many PAs feel it will be difficult to recruit even with the wage differential.

### **CDSS**

- Kim Johnson, Director of CDSS was guest speaker at the meeting and thanks PAs for their enormous efforts in distributing PPE to consumers and providers since the pandemic began. She reiterated the SMARTER plan released by the Governor around COVID and vaccines (Shots, Masks, Awareness, Readiness, Testing, Education, Rx or Treatment). She shared her priorities and vision as it relates to Public Authorities: COVID fatigue is real and not anything anyone ever anticipated. State revenues are solid and robust so we could see more significant investments in IHSS, especially through infrastructure programs such as Career Pathways, Master Plan on Aging, HCBS funding. She shared that PAs continue to be the bridge between the consumer and providers and are looking for ways to fund tiers of care for those needing more support (care management, coordinated care, etc.) There is a new office of Equity established at CDSS.

- **Career Pathways**

- 28 PAs have shown interest in being training providers. CDSS will have meetings with counties/PAs who expressed interest since the plan is to expedite grants and funding to this group versus having them go through the RFP process.
- There were many questions on whether or PAs with 3<sup>rd</sup> party contracts with for-profit organizations would be eligible for funding under Career Pathways since the language states that non-profit entities can receive funding. They are awaiting advice from legal.
- There is no PA or county administrative funding for marketing/outreach of Career Pathways. This is all done via the state.
- Direct Deposit: An outreach letter will be sent at the end of March to all providers who are not yet enrolled. One final reminder will go out end of June/early July. The state will likely allow a 90-grace period for those who have not enrolled with a final cutoff in the fall.
- Permanent EBR: While PA funding is in the budget, specific county allocations have not yet been made. CSS will be working with CAPA to help determine the allocations.

Edith mentioned that over 27,000 HERO/pandemic pay checks were sent out and that almost 80 were returned. Not bad.

**Next Meeting:**

- Next Advisory Board meeting:  
**Tuesday, April 19, 2022, from 12 noon to 1:30 pm** via ZOOM Virtual/Conference call.

**Next agenda items:**

- Continued discussions on HCBS
  - David suggested that we invite some of the working groups, the folks assigned to some of these tasks and have them attend our monthly AB meetings; once we have identified who specifically can talk to some of these topics.
- Budget FY 22-23, any other suggestions on spending; bring Janie up to date.

**\*\*\*Additional information regarding the HCBS Workgroup (this was emailed to Leticia from Lori).**

The following 15 initiatives that were of particular interest based on the group survey. Folks that volunteered to lead in certain areas are listed in parenthesis next to the title.

- **IHSS Career Pathways (Leads: Ana, Vaughn, Janie)** The State seeks to expand the training of IHSS providers to further support clients with complex needs. If possible, this training will be incorporated into Community Based Residential Continuum (CBRC) pilots. This program builds on funds in the state budget for career pathways for IHSS workers. There will be a focus on training to serve clients with behavioral health needs and dementia. Participation in this initiative is voluntary. The state will provide one-time incentive payments for providers who complete training. Efforts should be made to ensure that training is linked to existing career pathways, licensing and certification. Funding will also be available to counties to perform outreach to providers regarding training opportunities and availability of stipends.
- **Direct Care Workforce (non-IHSS) Training and Stipends (Leads: Ana, Vaughn, Janie)** Training and stipends will be made available to Direct Care workers (non-IHSS) that provide services to MediCal participants in home and in community settings. On-line learning will be offered.

Eligible workers may be employed in programs such as CBAS or PACE, be providing home based health aide services, or acting as private nurses in the home.

- **Increasing HCBS Clinical Workforce** This proposal seeks to increase the number and the skills of providers who serve children with complex medical conditions, individuals with disabilities, and geriatric care patients. Grants would be provided to clinics, physician's offices, hospitals, private duty nursing providers, home health providers and other clinical providers. To be eligible providers must demonstrate a significant MediCal patient caseload. Grants can pay for sign-on bonuses, training and certification costs, and loan repayment.
- **PATH funds for Homeless and HCBS Direct Care Providers** To expand the homeless system of care and to implement CalAIM, the state anticipates that local governments and community based organizations "will need to recruit, onboard, and train a new workforce." Funding will support outreach efforts to publicize job opportunities, workforce development strategies to train staff in evidence based practices, IT technology for data sharing, and training stipends as well as ECM and ILOS capacity building.
- **No wrong door/ADRCs** The state is establishing a "No Wrong Door" system so the public can easily find information on care management across the range of health plans, CBOs, CoCs, and counties. This investment supports interoperability between proposed ADRC technology and data systems with CBOs health plans, and counties.
- **Dementia Aware & Geriatric/Dementia Continuing education (Leads: Ana, Vaughn, Janie)**  
This proposal will develop an annual cognitive assessment that identifies signs of Alzheimer's disease or other dementias in MediCal beneficiaries. It will also develop provider training in culturally competent dementia care and make continuing education in geriatrics/dementia available to all licensed health/primary care providers.
- **Language access and Cultural competency orientations and translations**
- **Community Based Residential Continuum Pilots for Vulnerable, Aging, and Disabled Populations (Lead: Bob)** The CBRC pilots will provide medical and supportive services in the home, independent living settings (including Permanent Supportive Housing), and community care settings (ARF's, RCFE's, affordable housing). The goal is for people to live in the least restrictive setting and to avoid long-term placement in a nursing home. Target populations include individuals with serious mental illness, homeless individuals, individuals in an institution who could be better served at home, individuals needing supportive services but an institutional level of care, and individuals being diverted or released from incarceration. Funds may be used for medical or personal care services but not room and board. No capital funding is provided. Pilot funding will be made available to Managed Care Plans to provide these benefits to members. Managed Care Plans will contract with licensed providers to provide these services. For those released or diverted from incarceration, interim housing or board and care settings will serve as reentry hubs at which services are available.
- **Housing and Homelessness Incentive Program: Incentive funds (Lead: Bob)** The State will make incentive funds available to Managed Care plans for investments in addressing homelessness and keeping people housed. It would be required that 85% of these funds go to beneficiaries, providers, local Continuum of Care (CoC) entities, and/or counties. Funds



would be allocated by Point in Time counts of homeless individuals and other housing related metrics determined by DHCS. Managed Care Plans and the local CoC, in partnership with local public health departments, county behavioral health, public hospitals, county social services, and local housing departments must submit a Homelessness Plan to DHCS. The Plan must indicate how the new services and supports would be integrated into the existing homelessness system. This would include a gaps/needs analysis, and an explanation of how new funds would prioritize aging and disabled homeless Californians (including those with a behavioral health disability). Managed Care Plans would have to meet specified metrics to draw down available funds. The program would not pay for room and board. It is focused on home health care, LTSS services, nursing care, and case management etc., as well as some specific housing related services such as home modifications and tenancy supports (finding units, completing paperwork, budget management).

- **Community Care Expansion Program: Acquisition, rehab, construction of ARFs, RCFEs, RCFICs (Lead: Bob)** This program provides funds over a three-year period to counties and tribes for the acquisition, rehabilitation, or construction of Adult and Senior Care Residential Facilities (ARF), Residential Care Facilities for the Elderly (RCFEs), and Residential Care Facilities for the Chronically Ill (RCFICs). Expenditure of funds will prioritize new and expanded settings but may be used to fund capital investments or rehab costs for existing facilities at risk of closing.
- **Alzheimer's Day Care and Resources (Leads: Ana, Vaughn, Janie)** Funds would be made available to provide dementia-capable services at licensed Adult Day Programs and Adult Day Health Care centers. One time payments will be made to providers for operational and administrative expenditures associated with services from a qualified multidisciplinary team.
- **Coordinated Family Support Service** Currently, adults living outside the family home have more coordinated support than individuals living with their family. This program would pilot a new service for families similar to supported living services provided outside the home.
- **Enhanced Community Integration for Children and Adults**
- **LTSS Data Transparency** This multi-department initiative will create an LTSS Dashboard linked with statewide nursing home, HCBS utilization, quality, demographic and cost data. Currently, nationwide core and supplemental standards for HCBS quality measurements do not exist. It is intended that HCBS quality measures will be included in the dashboard.
- **Access to Technology for Seniors and Persons with Disabilities** This program will provide grants to county human services agencies. The state will pay for devices, training, and ongoing internet connectivity services for two years.