



IHSS STAKEHOLDER ADVISORY COMMITTEE

July 15, 2016

TO: WILL LIGHTBOURNE, Director
California Department of Social Services
JENNIFER KENT, Director
California Department of Health Care Services
MICHAEL COHEN, Director
California Department of Finance
MICHAEL POWERS, Executive Director
Ventura County
DAVID TWA, Administrator
Contra Costa County

FROM: IN-HOME SUPPORTIVE SERVICES STAKEHOLDER ADVISORY COMMITTEE

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM RECOMMENDATIONS

Pursuant to 6531.5(e) of the Government Code, the In-Home Supportive Services (IHSS) Statewide Authority appointed members to the IHSS Stakeholder Advisory Committee on August 6, 2015. The mission of the Committee is to provide ongoing advice and recommendations, regarding the IHSS program, to the California Departments of Social Services and Health Care Services and the IHSS Statewide Authority.

On the following IHSS program and policy areas, members of the IHSS Stakeholder Advisory Committee offer the following recommendations:

A. Federal Labor Standards Act (FLSA) Implementation:

1. For all communications to consumers and providers regarding the FLSA, the State produce materials in no higher than an 8th grade reading level to ensure requirements are clear and easily understood.
2. That State ensure adequate and timely FLSA requirements training for counties.
3. Counties accelerate training of a cadre of dedicated staff to work with individual providers and consumers to complete forms, correct errors on timesheets and address questions and concerns related to the exemption process.

Members: Charles Bean | Margaret Belton | Michael Condon | Marcia Cracker | Deborah Doctor | Dr. Lonny Lewis
Kristine Loomis | Sharon Matson | William Reed, Ph.D. | Michelle Rousey | Kim Selfon | Anna Vo | Brandi Wolf

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4. Counties consider using Interactive Voice Response ("robo calls") to inform consumers and providers as a *secondary* communication resource to mailings, with individualized follow-up when possible.
5. The State monitor counties' performance in managing violations, exceptions and dispute processes.
6. The State track whether consumers are harmed as a result of FLSA implementation and identify the number of providers who lose IHSS program eligibility status.

B. FLSA Exemptions:

1. The State inform consumers and providers about exemptions for which they may qualify.
2. The State utilize the current State hearing appeals process for exemptions to allow consumers to have due process rights for exemption denials.
3. The State continue to monitor, evaluate and adjust the exemption process to ensure consumers are not harmed by FLSA implementation.
4. The State consider a third FLSA exemption that would provide additional flexibility such as exceeding the 360-hour limit.
5. The State adopt an assessable and toll-free operational information line to receive calls, provide information and address complaints (similar to Cal Duals Ombudsman).

C. Medi-Cal Share-of-Cost (SOC):

1. The State raise the medically-needy level to the Supplemental Security Income level, or if that fails, reinstate the IHSS SOC buyout.

D. IHSS Assessment:

1. The State conduct outreach to hospital and nursing facility discharge planners to educate them about the Hospital and Family Caregiver Act and the right of consumers to be assessed for IHSS prior to discharge.
2. CDSS issue another All County Letter to remind counties that they are required to conduct IHSS Assessment prior to discharge from a nursing facility or hospital and clarify that the preliminary assessment prior to discharge can be conducted by phone.
3. The State enforce the compliance of the IHSS Assessment requirement prior to hospital and/or nursing facility discharge. While the Stakeholder Advisory Committee (SAC) is aware that compliance with program directives related to assessment is a county function, the SAC does not believe counties are providing adequate enforcement to ensure timely preliminary assessments prior to discharge.