

SHASTA COUNTY IN-HOME SUPPORTIVE SERVICES ADVISORY COMMITTEE (IHSSAC)

Minutes

March 27, 2013

Members: Evan LeVang, Shyrle De Haven, Linda Roberts, Wendy Longwell, Craig Graham, Wayne Bruinsma, Sheri Henderson, Elizabeth Slosson

Absent Members: Jennifer Church

Shasta County Staff: Tim Brendler, Vennesa Hansen, Debra Martin, Dean True, Jim Livingston

Guests:

Agenda Item	Discussion	Action	Individual(s) Responsible
I. Introductions	<ul style="list-style-type: none"> ➤ The acting chair extended a warm welcome to all attendees. ➤ Board members and audience members introduced themselves if they chose. 		➤ Evan LeVang
II. Public Comment Period	<ul style="list-style-type: none"> ➤ There were no public comments made. 		
III. Member Training	<ul style="list-style-type: none"> ➤ Training was provided on the Brown Act. A copy of a pamphlet from the State Attorney General's Office was provided and discussed. (Attachment A) 		➤ Tim Brendler
IV. Minutes	<ul style="list-style-type: none"> ➤ Minutes from the November 28, 2012 meeting were presented in written form. 	<ul style="list-style-type: none"> ➤ Approved the November 28, 2012 minutes. 	➤ Sheri Henderson (Motion)/Wendy Longwell (Second)
V. Announcements and Review of Correspondence	<ul style="list-style-type: none"> ➤ Rowell Family Empowerment of Northern California, Inc. received a grant to assist families in the transition to Medi-Cal managed care in Shasta, Trinity and Siskiyou counties. The first coalition meeting will be held on April 15, 2013 at the Hilton Garden Inn. 		➤ Wendy Longwell
Vi. IHSSAC Chair Report	<ul style="list-style-type: none"> ➤ There is a big concern about how IHSS is going to fit into managed care. There are even rumors that the Coordinated Care Initiative may be dropped 		➤ Evan LeVang
VII. Shasta County's IHSS and Public Authority Division Reports	<ul style="list-style-type: none"> ➤ There were 103 IHSS applications in January 2013 and 82 in February. The current total IHSS caseload is approximately 2,800. This number fluctuates monthly for various reasons, such as holidays in the month. ➤ The current computer system that IHSS uses to enter cases and process payroll for IHSS providers, Case Management Information Payrolling System (CMIPS), is being replaced by a new system, CMIPS II. This new program will have an impact on the way providers complete and submit their timesheets. The new timesheets will allow the provider to enter time worked as hours and minutes, instead of converting the minutes to decimal. All providers statewide will mail their timesheets to a facility in Chico to be processed. The new system will be implemented in stages statewide. Training information will be provided to recipients and providers by the state and counties. Shasta County's "go live" date to CMIPS II is April 30, 2013. A discussion followed. ➤ The number of providers that attended orientation in January 2013 was 93, with 85 in February. The Public Authority has 220 available providers, and 662 total working 		<ul style="list-style-type: none"> ➤ Debra Martin ➤ Tim Brendler

	<p>providers. The Public Authority is currently helping 1210 IHSS recipients.</p> <ul style="list-style-type: none"> ➤ For the current fiscal year, revenue through 2/28/13 was \$4.5 billion above expectations, while expenditures were \$.5 billion less than anticipated. The deficit is \$5 billion less than projected, although the shortfall still equaled \$6.6 billion. The current deficit of \$6.6 billion in addition to the \$9.6 billion deficit carried over from the previous year equal a total deficit of \$16.2 billion, financed with \$10 billion in external borrowing from banks and investors, and \$6.2 billion of borrowing from other state funds. ➤ The Provider Tax is still waiting for federal approval. The tax could save the state general fund \$190 million annually. ➤ The 2013-14 budget assumes a 1% reduction in IHSS caseloads to 418,890. IHSS expenditures are proposed to be \$6.2 billion, a 5.9% increase over estimated revised expenditures in 2012-13. General Fund expenditures are proposed at \$1.8 billion, a net increase of \$85 million, and 4.9% above 2012-13 expenditures. These are due to several factors: <ul style="list-style-type: none"> • Sunset of 3.6% across the board reduction in hours on 7/1/13. • Increase in basic service costs of 152 million, due to larger caseload, greater hours per case and increase in cost of providing WC to providers. • Erosion of savings from Community First Choice Option (CFCO), due to stricter federal requirements for IHSS recipients to qualify for the enhanced FMAP associated with the CFCO beginning 7/1/13. • New service costs related to CCI, which include 1) increased IHSS hours for existing recipients as a result of CCI and 2) new IHSS recipients who will have transitioned out of institutional care settings in IHSS because of CCI. • Maintenance of Effort shift to general fund. Any increase in the non-federal share of IHSS costs above the county MOE are borne by the state's General Fund. • 20% Across the Board Reduction- decrease of \$395 million, \$113 million General Fund, because the budget assumes the state will prevail in court to allow it to begin implementing 20% reduction in services hours that was a 2011-12 budget solution. • Elimination of Services for Recipients without a health care certificate. Decrease of \$80 million, \$26 million General Fund below 2012-13 expenditures because of an increase in the estimated number of recipients and applicants who are not expected to the required health certificate to receive IHSS. ➤ A settlement was reached on 3/19/13 involving two IHSS federal lawsuits, Oster v. Lightbourne and Dominguez v. Schwarzenegger. The settlement would prevent the 20% across-the board reduction in IHSS hours, the termination or reduction in IHSS for many recipients based on their functional index score, and the limiting of state participation in wages. The settlement means the 3.6% decrease in hours will continue past 7/1/13, in addition to a 4.4% decrease, to a total of 8%. The total would fall to 7% on 7/1/14, with the reduction ending in 7/1/15 and hours restored, contingent on the State 		
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receiving additional new federal funding for IHSS. These cuts will be automatic and IHSS recipients would not be entitled for a reconsideration that would have to be processed by county IHSS staff.

- The Coordinated Care Initiative (CCI) has not been approved by Center for Medicare and Medicaid Services (CMS). The governor's 2013-14 budget revises the start date to 9/1/13, with a phasing enrollment schedule by county. The CCI was approved for 8 counties (Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara). Enrollment in Los Angeles will take place over 16 months, beginning 9/1/13; San Mateo will enroll on 9/1/13 at once as dual eligibles are already enrolled in managed care; and the remaining 6 counties will enroll over a 12 month period beginning 9/1/13.

Federal approval by CMS of CCI was to happen before 2/1/13 to avoid the poison pills. The state received a letter on 2/1/13 stating that significant progress had been made and CMS would continue to work with the state towards finalizing a demonstration MOU. Legislative counsel has concerns as to whether the letter meets the requirements to allow CCI to continue. The letter does not state that approval is pending for (1) a mutual state-federal rate-setting process for managed care plans, (2) a six-month stable enrollment period for beneficiaries, or (3) an agreement on the methodology of to share federal savings – as required by Chapter 33 of SB 1008. There is doubt that CMS will approve stable enrollment as the state has proposed, as it has not been authorized in the other 3 states with demonstration MOUs. Passive enrollment may be a possibility, which allows a monthly opt-out. This could present problems for the managed care plans if too many opted out at once. The LAO suggested several options to bolster the retention rate and reduce the rate of monthly opt-out (1) offer supplementary benefits such as vision, dental hearing and transportation;(2) target marketing to beneficiaries and providers;(3) have 4-6 month opt-in period in LA to allow beneficiaries to select their plan rather than being passively enrolled and assigned to provider. According to the LAO, integration of IHSS under managed care is problematic. Managed care plans can increase IHSS hours as needed, but cannot reduce IHSS hours assessed by county social workers. Managed care plans are risk-bearing organizations newly charged with managing the long-term care of beneficiaries but don't have the full authority as IHSS is challenging because of the size of the program with over 400,000 recipients and 360,000 providers; and the non-medical nature of the program in which most recipients hire and supervise a provider of their choice. The LAO believes that one model worth testing would be for Legislature to enact legislation to test the full integration of IHSS as a managed care plan benefit with at least on demonstration plan in the 3rd year of CCI. The plan would assume full responsibility for assessment, including the authority to conduct reassessments as needed and alter hours as appropriate.

- An All County Information Notice (ACIN) was issued on 2/14/13 regarding the release of IHSS recipient education videos pursuant to the CFCO, which includes a requirement to provide voluntary training for IHSS recipients on how to select, manage and dismiss

	<p>IHSS care providers. CDSS formed a stakeholder workgroup comprised of county and PA staff to provide input and suggestions for the recipient training materials to comply with the requirements. Their efforts resulted in the production of 3 videos for recipients to view: (1) Introduction and Services-provides a brief summary of the IHSS program including basic eligibility, the home visit process, available services and supports, and the care provider selection process; (2) Hiring a Provider-provides information tips on how to find, interview and select a provider; (3) Supervising Your Provider-provides information on how to communicate, how to maintain privacy and protect personal information, and how to direct providers in completing authorized IHSS tasks.</p> <ul style="list-style-type: none"> ➤ An (ACIN) was issued on 3/1/13 regarding the release of an instructional video on how to correctly complete a timesheet on the new CMIPS II program. A timesheet training will be held tomorrow, 3/28/13 to discuss the new timesheet and how to properly complete it. A letter will also be going out to all recipients from the county, advising them of the change. The state will also mail a notice to all providers and recipients concerning CMIPS II and the new timesheets. 		
VIII. IHSS AC Members Reports	<ul style="list-style-type: none"> ➤ There were no member reports. 		
IX. Ad Hoc Committee Reports	<p><u>Ad Hoc Publicity Committee</u></p> <ul style="list-style-type: none"> ➤ The committee will be meeting to complete the newsletter. It has been suggested to keep the important phone numbers on the last page of the newsletter, discuss important legislation regarding IHSS, and to have the IHSS Advisory Committee Chair write an article. <p><u>Ad Hoc Training Committee</u></p> <ul style="list-style-type: none"> ➤ The committee has decided to conduct a training on the importance of communication. The training will be held tomorrow, 3/27/13 at the Veteran's Hall, along with the timesheet training. <p><u>Ad Hoc National Caregiver Appreciation Committee</u></p> <ul style="list-style-type: none"> ➤ The committee would like to coordinate a provider appreciation event with California United Homecare Workers Local 4034 to be held in November 2013. We are in the planning stages. 		<ul style="list-style-type: none"> ➤ Linda Roberts ➤ Wendy Longwell
X. Action Item	<ul style="list-style-type: none"> ➤ Consider authorizing the Ad Hoc Publicity Sub-Committee to approve the IHSS newsletter when completed. If approved, consider authorizing the use of IHSS Advisory Committee funds for newsletter printing and distribution. ➤ Consider authorizing the Ad Hoc National Caregiver Appreciation Sub-Committee to coordinate the caregiver appreciation event with California United Homecare Workers 	<p>Approve authorizing the Ad Hoc Publicity Sub-Committee to approve the IHSS newsletter when completed, and authorize the use of IHSSAC funds for newsletter printing and distribution. Motion carried unanimously. Approve authorizing the Ad Hoc National Caregiver</p>	<ul style="list-style-type: none"> ➤ Sheri Henderson (Motion), Linda Roberts (Second) ➤ Linda Roberts (Motion), Sheri

	Local 4034, to be held in late 2013. No public funds will be used for this event.	Appreciation Sub-Committee to coordinate the caregiver appreciation event with California United Homecare Workers Local 4034, to be held in late 2013. No public funds will be used for this event. Motion carried unanimously.	Henderson (Second)
XI. Future Agenda Items	➤ Conduct training on Roberts Rules of Order.		
XII. Adjournment		➤ Meeting adjourned (3:15 pm)	Shyrle De Haven (Motion)/Sheri Henderson (Second)

Evan Le Vang, Chair

Tim Brendler, Committee Coordinator