Willoughby, Adam@CDA

From: EngAGE@CDA
Sent: Tuesday, December 3, 2019 7:33 AM
To: 'Carrie Graham'
Subject: FW: comments for master plan on aging and IHSS

Just FYI. A comment from the EngAGE email box.

From: Connie Boyar <connieboyar@gmail.com>
Sent: Friday, November 29, 2019 10:48 PM
To: EngAGE@CDA <EngAGE@aging.ca.gov>
Subject: comments for master plan on aging and IHSS

As a gerontologic nurse. former director of a home health agency, former county public health nurse in Napa and Santa Clara County and currently a provider to a disabled regional center IHSS client I have the following recommendations for IHSS and the long term aging plan for California

IHSS issues

We are facing a national shortage of caregivers which is only going to get worse. As baby boomers age up, they will need caregivers. Many of them will be able to private pay which will further drain the employment pool of state funded IHSS workers. This national crisis will get worse and must be addressed federally. However in California, we can do something in the meantime to avoid unnecessary institutionalization of our aging population and the disabled.

1. Caregivers are undervalued and underpaid in California. Select cities have a mandated minimum wage which is higher than the union negotiated and county IHSS wage. Example: City of Milpitas minimum wage is $15.hour and the Santa Clara county wage only offers $14/hr. Solution**: If cities are mandating a minimum wage, then the pay that that IHSS workers receive should at least be the same salary that the rest of the workers are mandated by the city to receive. Cities and the county should be mandated to contribute to supplement the IHSS wage so that it at least is at the minimum wage that the rest of the workers in that city are earning.**

2. The wait to receive the first paycheck from IHSS is too long. This acts as a barrier for to hire new IHSS employees. New employees in the IHSS system should receive their paycheck within the first month that they are working

3. The needs of Disabled regional center clients who receive supported living services are not being met by the IHSS program. During the great recession, Trailer Bill Language mandated that IHSS hours as a generic service be utilized before funding by regional centers for supported living services be utilized. This trailer bill language was most likely passed and instituted as a cost saving for the state. However, Receiving IHSS especially if the recipient receives maximum protective supervision hours (283) now acts as a barrier for a developmentally disabled person to receive supported living services. The developmentally disabled client according to IHSS regulations is suppose to

hire, train and supervise their staff. This is often unrealistic if the person is cognitively delayed and lacks the skills or ability to do this. There is no funding attached to IHSS to pay for supervising the workers. The regional centers won't pay to supervise an IHSS worker. Some supported living agencies will totally refuse to accept a client who receives IHSS funding since they will receive no money for the overhead involved in supervising an IHSS provider. Additionally the IHSS/hour wage is lower than the supported living services hourly wage funded by the regional center which further complicates the ability of the supported living agency to remain solvent.

4. Having 2 systems (IHSS from DDS and funding for Supported living services from the Regional Centers) hurts continuity of care and adds unnecessary overhead costs to provide services to the ID/DD community. Currently 2 separate systems and 2 social workers evaluate the needs of the developmentally disabled. The IHSS social worker from DSS assesses the clients needs yearly. The Regional Center social worker authorizes supported living services also. Monies for both of these systems come from federal Medicaid dollars. It does not make sense to have a duplication of services from 2 different systems. The aide from IHSS and the aide for the supported living service are essentially performing the same services. Solution: Roll the current IHSS hours allocated by DDS into the regional center system . Eliminate the yearly assessment done by DDS social worker which will save time and money. This could be done by the regional center social worker with a little extra training. Since IHSS workers are union workers, allow them to remain unionized and retain their benefits but roll them under the administration of the regional centers. I understand that this solution will involve a massive system change but ultimately it will save money and improve continuity of care and supervision of the IHSS workers for the developmentally disabled.

5. If IHSS recipient is unable mentally or physically able to hire ,train supervise their providers, then provide a mechanism for the providers to be supervised. The IHSS social worker should assess who is able and available to supervise the IHSS providers at least every 4 months. If no family member or neighbor available then a system to provide quarterly supervision should be developed. This should prevent neglect and/or abuse of vulnerable seniors.

Master Plan on Aging:

Major system change needed to decrease nursing home costs paid for by MediCal and prevent premature institutionalization.

Currently elderly poor are forced to spend down all their savings and assets until they only have $2000 to qualify for MediCal. A skilled nursing facility costs more to provide care than a board and care facility. However MediCal will not pay for a board and care facility. Also IHSS will not pay for more than 283 hours/month in a persons home. Consequently the person who is eligible for MediCal has to go a more expensive level of care i.e. the skilled nursing facility that they may not need, nor want to have their care paid for. Solution: Allow MediCal to pay for board and care homes for those who would be appropriately served in that level of care instead of a skilled nursing facility.

Additionally request that LAO (legislative analysts office) do a study comparing the cost of a skilled nursing facility to a board and care facility housing 3 people to demonstrate that this will save MediCal dollars. Also request that LAO do a study comparing cost of skilled nursing facility to increasing IHSS hours/month to for example 400. It may save the state money by increasing the amount of IHSS hours that can be given instead of forcing people into higher cost skilled nursing facilities.

Best regards,
Connie Frenzel RN MS