

IN-HOME SUPPORTIVE SERVICES (IHSS) ANNUAL REPORT

**Presented to the Children, Senior and Families Committee
Board of Supervisors, Santa Clara County**

March 26, 2009

Introduction:

The Children, Senior, and Families Committee last reviewed the IHSS Annual Report in February 2008. This report will update the Committee as to the status of current administrative and service issues specific to the IHSS program and the IHSS Public Authority. Additionally, this report will address specific recommendations proposed by the Public Authority Advisory Board in their annual report to the Public Authority Governing Board on February 24, 2009.

IHSS Program Overview:

Founded in 1973, the core goal of the IHSS program remains the prevention of premature or unnecessary placement of recipients in institutions (skilled nursing facilities, community care facilities or hospitals). IHSS is an entitlement program and all clients found to be eligible and at risk of out-of-home placement are accepted. To be eligible, consumers must be assessed and found to be aged (65 years of age or older), blind or disabled (as determined by the Social Security Administration) and are unable to remain safely in their own home without assistance. Recipients must also be low income, meeting the income requirements consistent with eligibility for Medi-Cal. Services offered include domestic and related tasks such as laundry, shopping, meal preparation, and light housecleaning; personal care services such as assistance with feeding, bathing, and ambulating; transportation to and from medical appointments; and certain paramedical services ordered by a physician.

IHSS is a State mandated and regulated program that is operated by the County level in accordance with the California Welfare and Institutions Code. Both Federal and State laws serve, effectively, to make IHSS an entitlement program. Interested individuals have a right to apply for IHSS services and are guaranteed services if they meet the financial and functional eligibility criteria. Consistent with all public entitlement programs, IHSS provides applicants certain rights—timely decision of eligibility, timely notice of change in eligibility or service, and an appeals process to dispute eligibility decisions.

The California State Department of Social Services (CDSS) and the counties share administrative responsibilities for the IHSS program. CDSS oversees the IHSS data and payroll system known as CMIPS (Case Management and Information and Payroll System), serves as the payroll agent for the IHSS

providers, and writes the IHSS regulations. Counties are responsible for the day-to-day administration of the IHSS program. County staff also determine consumers' program eligibility and the number of hours and type of services each consumer needs.

An aged, blind or disabled person who applies for help with domestic and personal care services through the IHSS program must first establish that s/he meets the program's requirements. This information is contained in an application packet that is reviewed by a social worker and an eligibility worker. If the program requirements are met, an IHSS social worker will arrange to visit the applicant at home in order to assess the person's needs and functional abilities.

During the home visit, the social worker interviews the client and others. The need for in-home care is affected by a person's medical conditions and functional abilities. People need more care if they need assistance getting out of bed or moving about their home, or if they need help with bathing, dressing, grooming, eating, or other daily activities. In general, the more limited a person's functional abilities are, the more hours that person is authorized to receive.

The hours of service authorized for a person's care is affected by his/her living arrangement and the assistance that person may be receiving from family, friends, or other community resources. For example, a person who lives with other family members has some needs met when family members prepare meals, clean the house or do the laundry. The IHSS program will only cover the consumer's portion of household tasks.

During the initial home visit, the social worker will ask the applicant about their medical conditions and functional abilities, and ask about other household members. The social worker will also observe what the applicant is capable of doing. Following the home visit, the social worker will complete a needs assessment and will confirm the applicant's medical conditions and capabilities with his/her doctor. The social worker uses a statewide uniform assessment process to determine which functions of daily living recipients cannot do for themselves. The purpose of the assessment is to determine at what level the recipient can function and the services the consumer may need. The assessment is therefore based on the consumer's functional ability in his/her own home and not just on a medical diagnosis.

The outcome of the assessment is a recommendation by the social worker about which personal and domestic services are needed and how often they are to be provided. State guidelines and formulas are used to determine which services are allowed. This decision is summarized in a Notice of Action (NOA) which is mailed to the applicant. The NOA describes the specific tasks that have been authorized for a particular IHSS recipient and the number of hours per month allotted for the performance of each task. The maximum number of monthly IHSS program hours that can be authorized is 283.

The county is required to do a reassessment every year to determine whether a consumer's needs have changed. An IHSS recipient may request a reassessment at any time if his/her needs change. This change could occur as a result of a different living arrangement, post-hospitalization, improved health, or a worsening physical condition.

The person who does the authorized work for an IHSS recipient is called an independent provider (IP). An IHSS recipient may select anyone they wish to be their independent provider, including family members. A majority of recipients employ either a family member or someone they know to be their IHSS provider. The recipient may also have more than one provider. Providers are informed by the recipient how many authorized hours they will work monthly and every two weeks providers submit timesheets to the IHSS program office for processing. Warrants for bi-weekly pay are generated by the State Controller's Office in Sacramento. Providers can only be paid for performing tasks authorized by a social worker for a particular consumer.

The IHSS Public Authority is a relatively new entity created to enhance the IHSS program and was mandated statewide in January 2003. Santa Clara County implemented its Public Authority in April 1999. The Public Authority is frequently referred to as the "employer of record" and its primary purpose is to negotiate with the local homecare providers' union (SEIU Local 521) to set hourly wages, benefits, and working conditions for the IHSS providers. Additionally, the Public Authority offers the following services to IHSS consumers and providers:

- Maintain a homecare provider registry that consumers can use to find a suitable provider;
- Investigate the qualifications and background of individuals who wish to be listed on the registry;
- Offer access to training for providers in caregiving skills and for consumers in communicating with their providers;
- Assist registry providers and their clients to establish and maintain an employer-employee relationship; and,
- Provide staff support to the County's IHSS Public Authority Advisory Board which works to improve the Public Authority and the IHSS program.

IHSS Caseload and Expenditures:

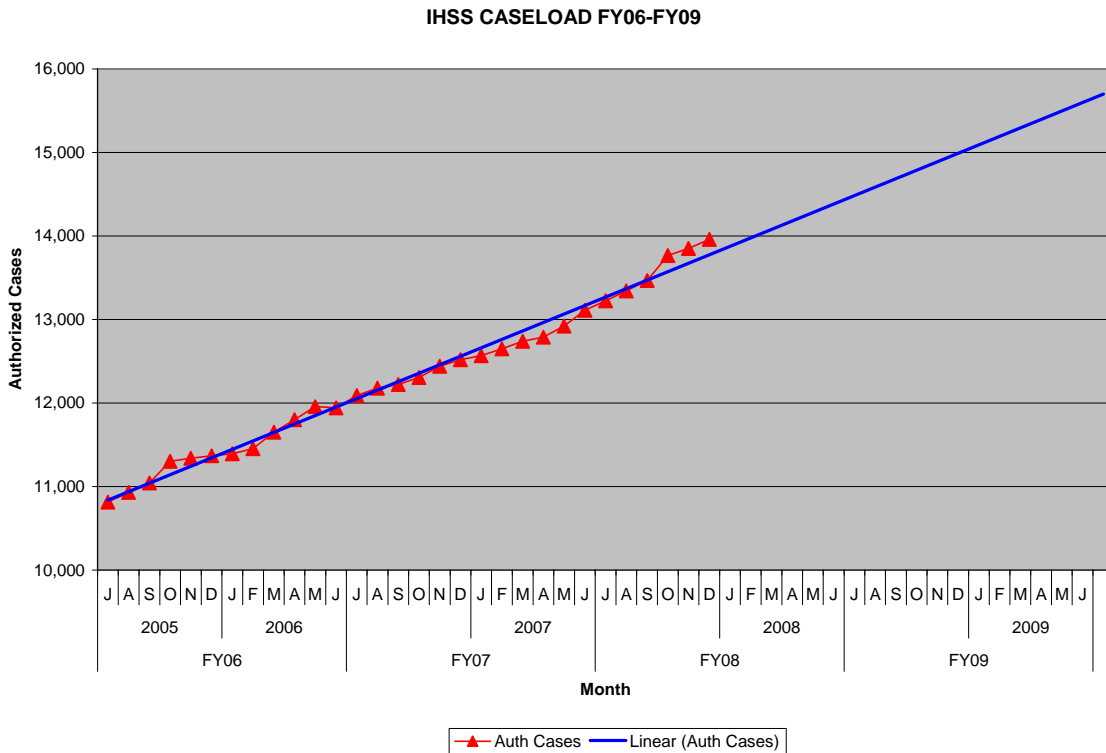
The IHSS program has experienced substantial growth in both the overall caseload and the resulting county expenditure for the program. The chart below

compares the expenditures and caseload between July 2005 and preliminary projections for the end of this fiscal year.

IHSS Costs for Service	Cases	Authorized Hours	Total Monthly Cost	Monthly Cost Per Case	Monthly Hours Per Case
Actual July 2005	10,815	761,147	8,141,107	752.56	70.38
Projected June 2009	16,790	1,273,358	22,254,966	1,325.49	75.84
Net Increase	5,035	512,211	12,237,296	407.54	7.54
Percentage Change	48.6%	67.3%	124.2%	44.4%	10.7%

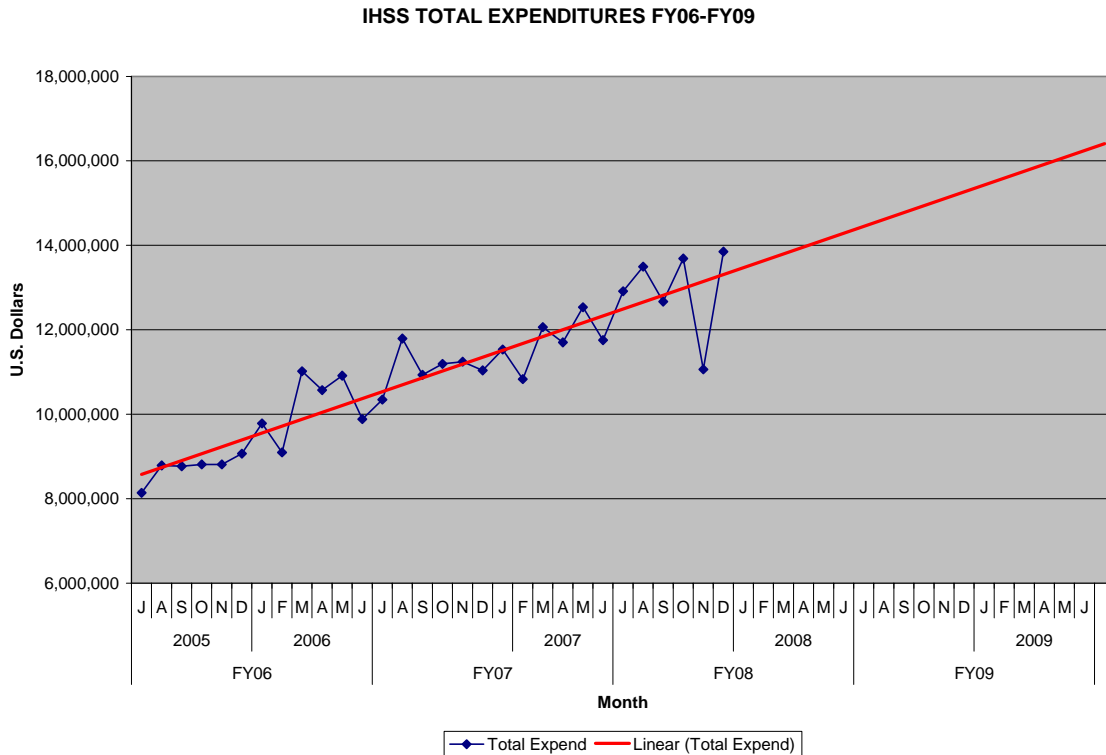
In four fiscal years, the total monthly cost for the IHSS program expenditures has almost tripled. The increase in costs is driven primarily by increases in caseload, but is also affected by the overall cost per case, which is influenced by increases in provider wages, provider benefits, and program costs, as well as an increase in the number of hours assigned to each case. Statewide, California's overall IHSS caseload trends mirrors Santa Clara's growth in both caseload and costs.

Overall caseload has been growing at roughly the same rate over this period, as illustrated in the graph below:



This graph suggests that historically the demand for IHSS service has been increasing rather steadily and will continue in the foreseeable future absent any statutory changes in the program.

Expenditures follow a similar linear pattern, as illustrated in the graph below:



Similarly, the expenditures have grown at a relatively constant rate and, as caseload is expected to continue to increase, expenditures will continue to grow. Santa Clara County’s share of cost for IHSS caseload expenditures is roughly 25.2 percent of the total cost; the remainder is Federal and State revenue.

IHSS Administrative Issues:

Two of the most prominent administrative issues since the last annual report to CSFC have been the processing of the homecare providers twice-monthly timesheets and public phone calls to the program. Previous delays in payroll processing had a significant impact on the volume of phone calls placed to the IHSS program resulting in excessive telephone wait times.

Following the last CSFC meeting and report, the Agency has enhanced the automated payroll processing system as well as hired additional staff in both the clerical and payroll areas.

Payroll processing continues to be monitored and modified due to caseload growth. Last November and December the payroll processing system experienced technical problems from a lack of storage capacity within the server. This resulted in system error messages when more than three staff were entering data, making the use of the system problematic. In order to continue processing timesheets in a timely manner, it was necessary to shut down the automated system in December returning to manual processing for two pay periods while Information Systems addressed the problem. Archived data was moved in an attempt to relieve the issue of capacity, and a schedule was developed to minimize the potential for system overload. The system was brought back on-line in early January. The plan is to continue to work and modify this system as the cost of adding another server would be prohibitive at this time. This concern is especially relevant considering that in mid-2010 the state database, CMIPS (Case Management Information and Payrolling System) will receive a major upgrade and the majority of timesheets will be processed for the entire state by the CMIPS contractor, Electronic Data Services (EDS). This will eventually make the current system redundant. In FY 2008/09 two (2) new staff were hired to work in the payroll unit. One is an Account Clerk and the other is an Accountant/Auditor Appraiser. The latter is responsible for processing overpayments, reconciliations of advanced pay, and complex financial issues. Collecting overpayments timely will result in a greater percentage of repayment. In addition, overpayment collections are reimbursed to the County at the rate of seventeen percent (17%). As this function had been the responsibility of Account Clerks, they will have additional time to process payroll and address Client/Provider requests. At this time, it is still necessary to continue utilizing one (1) extra help Account Clerk.

Currently, eight (8) extra help Office Specialists are utilized to assist with the various IHSS clerical functions including scanning, filing, answering the public telephone line, and staffing the front lobby. An additional three (3) permanent administrative support positions are in the process of being requested: two (2) Office Specialists and one (1) Data Office Specialist. The two permanent Office Specialist codes will replace two of the extra help positions. The Data Office Specialist code is needed to process the increasing paperwork generated by the social work staff due to the ever increasing caseload.

As of this writing, payroll timesheets continue to be processed on or close to the day received, and the telephone wait time continues to be significantly reduced compared to the peak wait times experienced in early 2008.

IHSS Service Issues:

As of January 2009, the IHSS program reported 15,956 authorized cases. Caseload growth reported for FY 07/08 was 12%, and growth noted from July through December of FY 08/09 was 6%, therefore, growth is maintaining a pace similar to that of last year.

The IHSS program currently is staffed with 45.5 FTE social workers. Ten (10) social workers comprise the intake unit and are responsible for assessing a client for services as they enter the program. Thirty six (36) social workers staff the four continuing units and these staff are responsible for reassessing clients annually to determine whether the client is in need of fewer or additional IHSS service hours since the last assessment.

No social worker staffing augmentations have been realized since the last annual report due to on-going budget constraints.

Intake:

An intake assessment is performed for all new IHSS clients to determine the number of hours for which a client is eligible for homecare. All clients must be assessed by an intake social worker prior to their provider being able to be paid for homecare provided. The County allows providers to be paid for hours worked prior to the assessment retroactively to the date of application.

SSA has one intake unit of social work staff who process clients initially for services. As there is only one unit, the number of monthly intakes assigned is much fewer than the total assigned within the continuing area. Contractually, each intake social worker can be assigned up to 36 intake cases each month, (often referred to as the caseload standard) however, the number of intake applications averaged 370 per month for FY 07/08. Therefore a significant number of intake cases remained unassigned each month and were retained to be assigned the following month. For the period of July-December 2008, the average number of intake cases unassigned was 359.

To address the continual backlog of intake cases, the program and SEIU 521 negotiated and implemented flexible (flex) staffing in May 2008. Flex staffing involves temporarily assigning continuing social work staff to carry an intake caseload for a designated month. The number of continuing social work staff utilized each month is dependent on the number of intake's received during the prior month so that all intakes received will be assigned and initially assessed the following month. Due to this effort, unassigned intake cases decreased 54 percent from an all-time high of 809 unassigned cases (in January to March 2008 to 375 unassigned intakes from April through June 2008). Flex staffing has been utilized monthly since implementation and is now incorporated as a regular resource. As a result, IHSS no longer has an intake backlog as all intake referrals received during the month are assigned the following month.

Reassessments:

The California Department of Social Services (CDSS) continues to prioritize counties' compliance with State regulations regarding timely annual reassessments. A reassessment is considered "timely" when the IHSS client has

been reassessed within twelve months of the previous assessment. If the face-to-face reassessment occurs outside this timeline the case is labeled as “overdue.” In January 2009 CDSS notified Santa Clara County that the most recent review of our caseload disclosed an eighty percent (80%) compliance with respect to annual reassessments.

Several factors have been articulated by the County Welfare Director’s Association (CWDA) to CDSS as to why a number of counties throughout the State are having difficulty maintaining IHSS regulatory timeframes. Factors cited by CWDA as problematic include:

- An outdated and inadequate budgeting methodology to support IHSS social work and program administration requirements;
- No funding increases since 2001 to cover increased administrative costs; and,
- New mandated and other IHSS program requirements increasing the IHSS workload with no increases in administrative funding.

Santa Clara County “banked” its IHSS caseload following contract negotiations in late 2006. Therefore, the IHSS caseload is not distributed amongst the social work staff but rather each case is assigned once annually for the reassessment. With respect to the continuing caseload and overdue reassessments, banking the caseload has significantly improved our ability to assign cases very close to or within the regulatory time frames. Presently, most cases assigned for reassessment are either timely or within 14 months since the last assessment. As continuing social work staff receive a new set of cases each month to work to completion, the banked caseload system permits greater flexibility in assigning a higher number of cases than the previous caseload model. The banked system model also permits cases requiring an early reassessment to be assigned within a month of notification as supervisors prepare their units next month’s caseload in advance and can add or replace cases requiring an urgent need for reassessment.

IHSS Quality Assurance/Quality Improvement:

Senate Bill 1104 enacted the Quality Assurance (QA) Initiative which outlined a number of enhanced activities to be performed by the California Department of Social Services, the counties, and the California Department of Health Services in coordination with the county Welfare Directors Association to improve the quality of IHSS/PCSP service need assessments, enhance program integrity, and detect and prevent program fraud and abuse. The finalized regulations which came out of WIC 12305.71 became effective September 1, 2006.

Training:

As part of the continued commitment to QA/QI, CDSS in conjunction with the California State University of Sacramento statewide training is offered in order to

increase consistency in the assessment process used by IHSS Social Workers from all counties. In FY 08/09 there was training on Medical Implications, and there is an upcoming training on Assessing Children. CDSS continues to make earlier mandatory trainings available to new employees.

WIC Section 12301.2 was a key piece of the QA Initiative. In order to implement this legislation, CDSS developed the Hourly Task Guidelines (HTGs). HTGs establish a normal range for certain tasks with guidance for granting hours which are outside of this range. The effect of the utilization of the HTGs has been evaluated by CDSS and it's been determined that HTGs have not resulted in a substantial change in the average number of hours assessed for clients.

CDSS Monitoring:

The fourth annual CDSS QA/QI monitoring visit was held September 4, 2008. The team reviewed 60 case files, which included 6 cases previously reviewed by county QA staff. The monitoring team also observed 3 home visits. Findings from this monitoring visit reflected the following:

- All case files reviewed contained the required Face Sheet (SOC 293A), and all but 1 were completed.
- In 57 out of the 60 cases reviewed, the Emergency Back-Up Plan (SOC 827) was in the case file and completed.
- Of 8 cases reviewed that had paramedical Services, all of the Paramedical Service forms (SOC 321) were completed by a licensed health care professional.
- In all but 1 case, the required Provider Enrollment form (SOC 426) was completed and in all of the files reviewed.
- In all 8 files that had Protective Supervision the (SOC 821) form was completed and in the file.
- Each of the 8 protective Supervision files also contained sufficient documentation to support the authorization of the service.
- Timeliness of Initial Assessments and Reassessments continues to be a problem.
- Some of the recipients' Notice of Action (NOA) documents were not being mailed out timely.
- Although not regulatory issues, it was noted that improvement is needed in narrative/needs assessment, including narrative regarding clients' abilities as well as the lack of calculations for hours given on all tasks.
- The G-line was found to incorrect in 13 of the 60 cases reviewed.
- Documentation of the exception was rarely provided when assessed time was below/above the HTGs.
- Of 5 denied cases reviewed, 3 did not contain sufficient documentation to support the denial.

The State Monitoring Team was very complimentary of staff efforts noting the many areas of improvement (stated above) compared to the prior year.

Since the beginning of FY 2008, QA staff has completed 256 case reviews and conducted 36 home visits. The results of these audits are given to the Social Work Supervisors who then review the findings with their social work staff. When QA staff note trends, training and/or reminder memorandum are created. A process entitled "QA Alert" notifies supervisors of repeated social work errors. As part of the QA home visit, clients are asked to fill out a customer satisfaction survey. Overall satisfaction with the services received from IHSS has averaged between 95% and 100% (strongly agree/agree) since the beginning of FY 2008/09.

Fraud Investigation:

Fraud investigation is also part of QA activities. Potential fraud is detected by reviewing the 300+ hour report, monitoring the obituaries, doing random Social Security Number checks, completing the Death Match report, and investigating reports submitted by social workers and clerical staff. Since the beginning of FY 2008/09 39 cases have been sent to the DOJ/DA/DHS for further investigation and prosecution. There are an additional 20 cases pending. \$73,000 has been collected since July of 2008, and full repayment of the cases pending would amount to \$221,200.

IHSS Public Authority:

The Santa Clara County IHSS Public Authority is managed via contract by the Council on Aging, Silicon Valley with an FY 08/09 budget of \$1,247,676. The primary role of the Public Authority is to offer services that assist consumers with greater access to providers. This has been accomplished by: 1) creating a provider registry, 2) establishing the Public Authority as the employer of record, 3) maintaining benefits administration for qualified independent providers and 4) providing training for consumers and providers of IHSS. The provider registry is a computerized database listing of screened and qualified IHSS providers. The Public Authority implemented mandatory criminal background checks for independent providers (IPs) prior to becoming eligible to be listed on the registry. As of December 2008, the registry had 789 active IPs available to work. These services provide consumers with a greater level of confidence when hiring providers. The Public Authority also maintains three full-time care coordinators who specifically assist recipients who have difficulty in their role as employer such as assistance with the hiring process, developing expectations agreements, problem resolution and assistance with paperwork and timesheets. Additionally, the Public Authority administers benefits which include: health, dental, vision and VTA Eco-Passes for eligible IPs. The ability of the Public Authority to maintain an adequate number of qualified screened IPs on the registry correlates to the wages and benefits offered in Santa Clara County.

Aside from establishing and maintaining a registry, the Public Authority is also responsible for 1) investigating the qualifications and background of potential providers, 2) establishing a referral system to connect providers with consumers,

3) providing access to training for consumers and providers, and 4) performing any other function related to the delivery of IHSS. The Public Authority also gives consumers a voice in how IHSS services are provided via the IHSS Public Authority Advisory Board. The Advisory Board is also a state mandated function of the Public Authority. It is composed of eleven members of whom at least 50 percent are individuals who are current or past users of personal care assistance services. The Advisory Board has a full complement of members, all eleven positions are filled. The Advisory Board studies, reviews, evaluates, and makes recommendations to the IHSS Public Authority Governing Board and Public Authority Director relative to any matters affecting persons receiving IHSS.

In July 2006 the IHSS Public Authority implemented mandatory Department of Justice (DOJ) background checks for all IPs listed on the registry. All IPs currently listed on the registry have been fingerprinted. The Public Authority fingerprinted 162 individuals who were seeking to join the registry as homecare workers during FY 2007/08. All 162 were brought on to the registry after passing the DOJ background check, three reference checks, participated in a three hour orientation session and passed a one-on-one interview with registry staff.

The Public Authority provides training for consumers and IPs as part of its mandate. The Public Authority implemented training for IPs in partnership with Sunnyvale-Cupertino Adult Education program in July 2007. Classes are designed to enhance the skill set of IPs in providing quality care for their IHSS consumers. A series of eight classes were developed to meet the training needs of this workforce. IPs receive a certificate following successful completion of the series of classes. Funding for the classes was set aside from the job development fund as per the most recent labor agreement with SEIU Local 521. The Public Authority continues to provide additional training opportunities on other pertinent topics for IPs in addition to the classes offered through the Adult Education Center. Training was offered in English, Spanish, Vietnamese and Mandarin. There were 63 training sessions provided with 1080 IPs successfully completing the following sessions which were offered multiple times during FY 2007/08:

- Alzheimers and Dementia
- Caregiver Resources
- Diabetes
- Nutrition
- Disability Awareness and the Philosophy of Independent Living
- First Aid / CPR
- Getting The Help You Need
- Overcoming Depression
- Tips For Transfers and Range of Motion
- Mental Health (aging process, depression, suicide)
- Personal Care Services Level 1
- Pre Paramedical Level 2

- Death & Dying

The Public Authority is also mandated to provide access to training for IHSS consumers. During FY 2007/08 twelve sessions were offered and 301 consumers were trained in the following topics:

- What is IHSS and How Does it Work?
- How to Obtain a Provider
- How to Manage Your Provider
- How to Prepare for Your Assessment/Reassessment

The Public Authority began distribution of a biannual newsletter to all IPs in July 2007. The purpose of the newsletter is to inform IPs of important information regarding benefits, payroll, training schedules and to address any other issues or information pertinent to their role as IHSS homecare workers. The Public Authority mailed 38,428 newsletters during FY 2007/08 to IPs. Newsletters are published quarterly for all IHSS consumers in Santa Clara County with informative articles regarding IHSS, consumer and IP training schedules, important phone numbers, communication techniques, etc. The Public Authority mailed 53,400 newsletters to consumers during FY 2007/08.

The Advisory Board and the Public Authority hosted a provider appreciation event on November 6, 2008 in conjunction with the Board of Supervisors proclamation declaring the week of November 9 to 15, 2008 as Santa Clara County IHSS Caregivers week. Over 180 IPs attended the event which included a demonstration provided through Valley Health Plan on proper transferring techniques. Representatives from Valley Health Plan, Liberty Dental and Vision Services Plan were at the event with materials and time to answer IP questions. A portion of the time was used to help educate IPs on how to better access their benefits and how to use member services when issues arise. Public Authority Director Mary Tinker presented the Board of Supervisors proclamation to the group.

The IHSS Public Authority, County Labor Relations and the IHSS Program Manager completed negotiations with SEIU Local 521 in March 2007. The Memorandum of Agreement (MOA) expires on September 30, 2009.

1. The current hourly wage is \$12.35 and became effective April 1, 2008.
2. The Job Development Fund of \$40,000 annually was established to reimburse IPs for tuition and text books for approved courses and was included in the MOA. To date, no one utilized this tuition reimbursement.

Health, dental and vision benefits continue to be offered to IPs who work at least 35 hours a month for two consecutive months. Utilization of the benefit plans has also kept pace with program growth. Statistics comparing the number of IPs

accessing the respective benefit plans since the last CSFC report reveal the following:

	Valley Health Plan	Liberty (dental)/VSP (vision)
December 2007	5,192	5,683
December 2008	6,233	6,774
Percent Growth	20%	19%

The Public Authority in conjunction with the Advisory Board conducted two surveys, one for IHSS consumers and one for IPs. Strategic Marketing +Communications was commissioned to perform the survey analysis and final reports. The overall results of the consumer survey rank very high with a score of 4.48 out of a 5 point scale with five being the best. The important predictor questions for consumer satisfaction with IHSS indicate:

- Provider is competent
- Provider treats me with courtesy and respect
- IHSS & Public Authority staff treat me in a professional manner
- IHSS contributes to quality of life

Indicators of concern that need to be addressed for consumers were:

- Getting assistance from Public Authority staff in resolving conflicts
- Phone calls being answered promptly
- Receiving list of provider in a timely manner

Overall results of the IP survey were good with a rank of 3.94 out of a five point scale with five being the best. Important predictor questions of concern regarding IP satisfaction with IHSS were:

- Phone calls being answered in a timely manner
- Receiving paychecks within 10 days
- Receiving assistance from Public Authority in resolving conflicts
- Assistance from Public Authority in finding clients
- Availability of support groups
- Timeliness of responses

In response to the surveys the Public Authority conducted staff training and implemented quality assurance measures within thirty days of obtaining the survey results. The Advisory Board established a committee to review the survey results to identify issues that could be addressed. They used these discussions to develop recommendations to the Board of Supervisors as the

governing body of the Public Authority. The comment section of the surveys contained valuable insight to needs for specific information, training, and overall understanding of IHSS. The Advisory Board has decided to conduct these surveys on an annual basis now that there is a baseline from which to work.

Public Authority Advisory Board Annual Report Recommendations:

The Public Authority Advisory Board presented their annual report to the Board of Supervisors (sitting as the Public Authority Governing Board) on February 24, 2009. In concluding their report, the Advisory Board offered eight recommendations for consideration. At the conclusion of the presentation, the Board was informed that the recommendations would be addressed by staff in the upcoming IHSS Annual Report. The responses that follow apply to those recommendations that require a response.

Recommendation 1:

The Advisory Board wishes to express their appreciation to IHSS staff for the innovative method implemented to address the backlog of 1,200 new intake cases. Establishment of the flex unit to address the abundance of new cases exceeded expectations and met the needs of those in need of IHSS services. The Advisory Board would like to recommend IHSS maintain flexibility to implement this unit as needed to prevent future backlog cases.

Response:

The IHSS program will retain the use of flex staffing for the foreseeable future to assign all intake referrals the following month after receipt.

Recommendation 2:

The Advisory Board would like to recommend a similar innovative approach be implemented to address late reassessments and to prioritize this issue when new funds are made available from the State.

Response:

At this time, program staff are unable to adopt this recommendation as staffing resources are not available. While additional funding from the State is not likely anytime soon, if and when available, this need will be considered and prioritized.

Recommendation 3:

Over the past year it has become abundantly clear that there is a lack of understanding by IHSS home care workers in many aspects of the IHSS program. The Advisory Board would like to recommend the Board of Supervisors establish mandatory orientations for all new IHSS home care workers. It would help alleviate the predominant lack of understanding of responsibilities such as being a mandated reporter of elder abuse, completing timesheets, enrollment forms, how to access and maintain benefits, etc.

Response:

Unfortunately mandating an orientation course is not an option at this time because the IHSS program does not pay providers to attend training, including an orientation-type program. New providers do have the option of attending a provider orientation offered monthly by the Public Authority, but this is not a recommendation that can be mandated.

Recommendation 4:

Recommend the Board of Supervisors permit the Advisory Board to appoint one consumer to represent consumers on the negotiating team in collective bargaining meetings.

Response:

The Advisory Board has raised this issue previously and the position taken by the Employee Services Agency, Office of Labor Relations remains the same: it is a conflict of interest and therefore not recommended for an IHSS recipient to be permitted to sit with the management team during contract negotiations.

Recommendation 5:

No recommendation made, therefore, no response is required.

Recommendation 6:

Additionally, delays in payroll processing time were indicated as a critical issue on the survey responses. Since the survey was completed the Advisory Board is aware this issue has been remedied. The recommendations of the Advisory Board is that IHSS continue to maintain payroll timeliness at a reasonable level.

Response:

The program is committed to maintain payroll timeliness and is in agreement with this recommendation.

Recommendation 7:

The Advisory Board is aware of the extra efforts County Administration and the Board of Supervisors implemented in authorizing current staffing levels including extra help. The success IHSS staff has had in addressing issues such as the new intake case backlog, delayed payroll and excessive phone wait times is contingent upon staffing levels. The Advisory Board recommends continuing current staffing levels including extra help in order to prevent a resurgence of the former issues.

Response:

Maintaining the current level staffing of FTE positions in the IHSS program is recommended for FY 09/10, however, county budgetary issues will dictate whether maintaining additional extra help staffing in the coming fiscal year is possible.

Recommendation 8:

The Advisory Board would like to continue building relationships with Board of Supervisor Aides and recommends each Board office sends one aide on a rotating basis to the monthly Advisory Board meetings (one Board Aide each month meaning one office represented per month).

Response:

Several of the Board offices have already committed to aide attendance at the monthly Advisory Board meetings. This request will be honored as time and resources permit.

IHSS Future Planning:

The In-Home Supportive Services program continues to be one of the county's few mandated programs to experience such dramatic and sustained growth in recent years. Projections indicate the need for service will continue increasing for the foreseeable future. IHSS provides a much needed and desired service to our community's rapidly aging and disabled population permitting them the opportunity to make crucial decisions regarding their desire for independent living and the ability to make real choices that honor their desire to remain at home. Both the State and County budget deficits portend difficult decisions for policy makers and program administrators in the months ahead.

Governor Schwarzenegger's initial FY 09/10 proposed budget recommendations regarding IHSS include reductions to both client hours and provider's pay by reducing the State hourly share offered to the counties. Passage of the budget in February included reductions in State participation in wages unless the State certifies it has received \$10 billion in Federal stimulus funds to meet General Fund expenses by April 1, 2009.

The Social Services Agency's Department of Aging and Adult Services maintains its commitment to offering timely and efficient services to both IHSS clients and their home care providers with regard to payroll processing and initial/annual reassessments. Efforts to streamline business processes are underway and will lead to recommendations that the program will implement to ensure that both clients and providers receive the needed services and deliverables they require to remain independent for as long as possible.