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November 8, 2011

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RE: Draft ACL & Notices on 20% IHSS Trigger Reductions

Dear Charissa:

Thank you for this opportunity to submit comments and input on the draft All County Letter and notices to implement the 20% across-the-board cut in IHSS hours pursuant to SB 73 (Chapter 34, Statutes of 2011). The following is a compilation of comments from CAPA members.

Draft ACL

1. Page 3 (Screening Tool)
The criteria established by the department is troubling. According to the ACL, for someone to be considered at serious risk of out-of-home placement they must meet at least three of the eight conditions listed in part A. However reading through the list, common sense would indicate that meeting just one of the conditions could put the consumer at risk of placement. For example, bullet 5 states that the consumer must have a functional ranking of 3,4, or 5 for Bowel, Bladder or Menstrual care, or must be authorized for catheter or colostomy care. Without the assistance of an IHSS worker with any of these tasks, the person could face serious difficulties maintaining their health and their ability to remain in the community.
2. Page 4 (Availability of Forms) – The ACL states that the forms will be translated in Armenian, Chinese and Spanish and that it is each county's responsibility to provide translation into other applicable languages. In L.A. County all forms must be translated into an additional four or five languages. The final forms will need to be made available well in advance of the December 15th mail date if the additional translations are to occur. Otherwise, consumers who do not speak the original four languages will not receive proper notification of the cuts.
3. Page 4 (County Responsibilities) – The first paragraph in this section states that counties should prepare for an increase in calls related to the reductions. In many counties, such as L.A., IHSS staffs have very large caseloads and are already struggling to keep up

with calls. One of the biggest complaints from IHSS consumers and providers is that they cannot get in contact with their social workers and/or clerks. The state should not assume that county staff will be able to handle an increase in calls. Especially since it is likely that consumers will need quick responses so that they can meet the deadlines related to the Supplemental Care Application.

4. Page 6 (IHSS Supplemental Care Application)

- a. "IHSS Supplemental Care Application" "...submits an IHSS Supplemental Care Application within 15 days of receiving the NOA..." Unless the NOA's are sent with delivery confirmation, it will be impossible to determine when they are actually received. Plus, this could be open to interpretation (I was away for the holidays and did not receive any mail until I returned on January 2). Probably best to just use a date (January 3, 2012).
- b. This section introduces a February 1st deadline to request IHSS supplemental care. What happens to consumers who are new to the program after Feb. 1st or to consumers whose needs change and seek a reassessment after Feb. 1st? Will they not be able to apply for supplemental care? It seems that the deadline should be within XX days of receiving the NOA for all cases, rather than one set date of February 1st.
- c. In the first paragraph it states that consumers can get aid paid pending if the application for supplemental care is submitted "within 15 days of receiving the NOA, or postmarked by January 3, 2012" This point needs to be clarified. If the consumer receives the NOA on December 27th, do they have to mail it in by Jan. 3rd or do they have until Jan. 11th?
- d. The first two "actions to be considered" by the social workers processing the applications for supplemental care each present problems. The first action would clearly interfere with the independent provider mode and a consumer's ability to direct their own care. Although the action states that the social worker is to "assist the recipient" in revising the way their authorized hours are used, it is likely that this will lead to some social workers giving consumers clear instructions on how to use the hours, and then denying the supplemental hours if the consumer doesn't adhere. The second action point is simply unrealistic. Most social workers will not have the time to seek out additional community resources to refer consumers to. In addition, many of those resources are facing cuts of their own and may not be able to assist consumers.
- e. The bottom of this section states that the NOA with the final determination for Supplemental Care must be sent out no later than 90 days from the date of the application. This could be harmful for many consumers, especially those who do not get the application submitted within the 15 day period to get Aid Paid Pending. The deadline should be moved up to 30 days at the most.
- f. (last paragraph) – will any determination be retroactive to the date the request was received? Otherwise, 90 days is a long time to delay pay for a provider who continues to deliver authorized services.

5. Page 9 (NOA Messages)
 - a. The messages for consumers with unmet needs should be revised. They start by stating “your total monthly authorized hours will be reduced by 20%”. If a consumer has documented unmet needs, the 20% is not coming from the “authorized” hours. The sentences that follow attempt to clarify this, but leave the overall message very confusing.
 - b. The message for Supplemental Care Application Received Untimely should include a statement that it could take up to 90 days for the county to make their determination
 - c. The messages related to denials of IHSS Supplemental Applications should all inform the consumers that if they disagree, they have the right to file an appeal.

6. Page 10 (NOA Messages)
 - a. 2nd paragraph – Will a notice of restoration also go to the provider(s)?
 - b. 3rd paragraph – Will a notice of the partial reduction also go to the provider(s)?
 - c. Second from last paragraph – Will full restoration be retroactive for providers who continue to provide authorized/restored services?
 - d. Last paragraph – Will the partial restoration be retroactive for providers who continue to provide authorized/restored services?

DRAFT Supplemental Care Application

The portion that is to be completed by the person assisting the consumer with the form should be moved to the very bottom. As the form is structured now, it is likely that some consumers will stop filling out the form at the signature line and leave the explanation section blank.

In addition, the information regarding the January 3rd and February 1st deadlines should be updated based on previous comments made about the ACL.

DRAFT Notice to Recipient of Reduction in Authorized Hours

The information regarding the January 3rd and February 1st deadlines should be updated based on comments made about the ACL.

IHSS Program, Application for Supplemental Care, third paragraph, allows for 15 days from *receiving* notice. Unless the NOA's are sent with delivery confirmation, it will be impossible to determine when they are actually received. Plus, this could be open to interpretation (I was away for the holidays and did not receive any mail until I returned on January 2). Probably best to just use a date (January 3, 2012).

IHSS Program, “Notice to Recipient of Reduction in Authorized Hours,” 6th paragraph, allows for 15 days from *receiving* notice (see first comment above). Also, says “If you *ask for* IHSS Supplemental Care...” This could be interpreted as making a phone call...better to be concrete (if your SOCXX is postmarked by January 3, 2012). Note: it should be 2012, not 2011.

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