

Before the Human Services Committee of the Connecticut General Assembly
March 8, 2011
Supporting HB 6486, *An Act Concerning Home Health Care Services and the
Establishment of a Personal Care Attendant Workforce Council*

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In California, AB 1682 (1999) required that each county create an employer of record for
IHSS providers. Nearly all counties established an In-Home Supportive Services (IHSS)
Public Authority to provide the following mandated services:

- The provision of assistance to recipients in finding in-home supportive
services personnel through the establishment of a registry.
- The investigation of the qualifications and background of potential
personnel.
- Establishment of a referral system under which in-home supportive
services personnel shall be referred to recipients.
- Providing for training for providers and recipients.
- Performing any other functions related to the delivery of in-home
supportive services.
- Ensuring that the requirements of the personal care option pursuant to
Subchapter 19 (commencing with Section 1396) of Chapter 7 of Title 42 of
the United States Code are met.

The Authority created and uses a system that matches consumers with workers;

Most California IHSS Public Authorities have computer-based systems to find
the best worker matches for IHSS consumers. These computer based programs
look to availability, specific consumer needs/provider skills, demographic data,
etc. to find the best potential matches. The names are provided to the IHSS
consumer, who is responsible for making the hiring decision.

Two vendors in California have developed computer-based programs that
maintain consumer/worker data and develop best matches (Refined
Technologies, Inc. and RTZ, Inc.). To our knowledge, there are no web-based
computer systems tied to an IHSS Public Authority registry that provides for an
IHSS provider to list their availability and IHSS consumers to select from those
providers.

The Authority developed training services across the state working with stakeholders, including advocates, agency providers, and State Agencies and Departments:

With the enabling legislation for the Public Authorities and given their mandate to provide training to recipients and providers alike, many of the counties' public authorities began developing curriculum and finding innovative ways to provide it. The Sacramento County PA is a good example of how that development progressed. Within the PA's first year, the IHSS Advisory Committee (comprised of consumers, providers and advocates) developed an Education subcommittee that designed a curriculum for IHSS providers. Through a state grant, the classes were developed, taught and were a great success. The grant allowed for incentives and the incentives became a great drawing card. When the monies were depleted, attendance waned but the classes continued to be taught often by volunteer subject matter experts as well as the Public Authority staff. Over time, attendance built.

In time the State of California recognized both the value of the classes and the need to assist. Federal monies became available and through the IHSS Enhancement Initiative manuals were produced for both recipients and providers. This was accomplished through collaboration with the Institute of Social Research (ISR) at California State University at Sacramento. The ISR tapped into the Public Authorities' expertise gathering curriculum and ideas from throughout the state. Holding focus groups with recipients and providers, the ISR researched the needs of both groups which were then evident in the manuals that were produced. This was a collaborative effort of the State, the public authorities and the stakeholders.

The Authority preserved consumer direction and advocacy as its core mission:

IHSS Public Authorities, with a County Board of Supervisors sitting as a governing board, by statute must have an IHSS Advisory Committee. These IHSS Advisory Committees must have half of their membership (a maximum of 11 members) who are current or former users of personal care services. Most of these members are current consumers of IHSS services. It is this consumer voice that resonates not only to the IHSS Public Authority, but also to other components of the IHSS program, the County Board of Supervisors, and other community-based organizations.

Advisory Committees throughout the state have formed an alliance: California IHSS Consumer Alliance (CICA). CICA is a resource for information sharing among IHSS Advisory Committee members, a forum to discuss best practices, and sponsors an annual retreat.

The Authority created a registry of qualified providers:

Each IHSS Public Authority has established standards for screening of potential providers. As our experience is limited to Sacramento County, this response reflects what is locally known.

Registry services began under the Sacramento County IHSS Public Authority in 2002. Applicants to the registry had to provide a photo-ID, evidence of the right to work in the United States and attended an orientation about the IHSS program (how to complete time-sheets, mandated reporting, etc.). A Department of Justice (DOJ) background screening for registry applicants was added in 2005.

State-mandated background screening requirements were added in 2009 for all IHSS Caregivers. They include standardized video orientation, a statement under penalty of perjury of previous criminal convictions, a signature that the applicant understands and will adhere to IHSS program rules and an applicant-paid DOJ background check.

In addition to the State-mandated requirements, Sacramento County registry applicants must comply with additional requirements before being accepted onto the registry. All registry applicants must undergo an additional hour-long small group training that emphasizes caregiver professionalism, registry standards and rules and consumer safety. Each applicant is personally interviewed by a Public Authority registry specialist and a check of personal and professional references are completed.

Experience over the years is there are far more providers interested in work that there is work available (most IHSS consumers hire a family member or friend to provide services). Maintaining the right balance between available providers and allowing as many applicants to work is a delicate balancing act.

Active and inactive registries:

The Sacramento County registry has active and inactive providers. Active providers are those who have updated their profiles within the past 30 days. Providers who have not so updated their work availability are placed in an inactive status and after one year of inactivity are removed from the registry. Providers can also be in a fully employed status, meaning they have all the hours they are seeking. Providers in fully employed status must update every six months.

In California, consumers, advocates, legislators and State agencies have worked together to effectively craft policy, direction and success:

The enabling legislation for public authorities was the result of consumer advocacy in collaboration with the unions and the legislators who recognized the need to stabilize IHSS, a state wide program serving the elderly and disabled. Prior to the public authorities there was difficulty in finding care providers who were dependable as the low salaries often did not attract reliable, much less skilled workers. Over the last ten years, the collaboration among the stakeholders has become essential in the on-going changes to IHSS. The increase in wages has afforded the clients a more dependable, reliable workforce. Folks who previously had to scrounge for care providers can now call the registries which have screened, fingerprinted, and assessed the registry members.

IHSS Advisory Committees have ensured the consumer voice is heard not just in the regular meetings, but with the local boards of supervisors and the legislature. They have weighed in on the policy through the stakeholder process, and through testimony at the legislature. Many have also provided monies to the public authorities to underwrite consumer newsletters which provide local information as well as policy information and education.