



# County of Santa Cruz

## HUMAN RESOURCES AGENCY

Cecilia Espinola, Administrator  
 1000 Emeline Avenue, Santa Cruz, CA 95060  
 (83 1) 454-4130 or 454-4045 FAX: (83 1) 454-4642

March 1, 2001

AGENDA: March 13, 2001

### BOARD OF SUPERVISORS

County of Santa Cruz  
 701 Ocean Street  
 Santa Cruz, CA. 95060

### REPORT AND RECOMMENDATIONS REGARDING THE IN-HOME SUPPORTIVE SERVICES ADVISORY COMMITTEE

Dear Members of the Board:

On March 21, 2000, your Board approved the establishment of an In-Home Supportive Services (MSS) Advisory Committee. As you know, the role of this advisory body is to make recommendations to your Board regarding preferred modes of service delivery for MSS as directed in Assembly Bill 1682. The purpose of this letter is to provide a quarterly report on the activities of the MSS Advisory Committee, and to summarize the findings and recommendations of the committee regarding the preferred options for employer of record for MSS providers.

AB 1682 requires every county to make a recommendation regarding mode of MSS service delivery by June 30, 2001 and implement an employer of record for MSS providers no later than December 31, 2002. Your Board established an accelerated schedule for these activities, requiring that recommendations be complete by March 31, 2001 and that the new program be implemented no later than March 31, 2002.

#### STATUS REPORT OF COMMITTEE ACTIVITIES

Since September, the MSS Advisory Committee has conducted an in-depth study of the three allowable options for mode of MSS service delivery and the employer of record entities related to each mode. The options available per AB 1682 are as follows:

Service Delivery Mode	Employer of Record Option
County Homemaker	county
Independent Provider	Public Authority or Non-Profit Consortium
Contract Care	IHSS Contractor

**BOARD OF SUPERVISORS**

Agenda: March 13, 2001

Report And Recommendations Regarding The In-Home Supportive Services Advisory Committee

The committee adopted criteria for evaluating and comparing the above options that are detailed in the attached report. The committee's evaluation process involved a study of each of the three service delivery options, a comparison of the options according to the established criteria, and an evaluation of the advantages and disadvantages of each option.

Public input was collected from IHSS consumers, providers, community service agencies and other interested parties. Service Employee International Union (SEIU) Local 415 assisted by encouraging participation of IHSS Independent Providers. To accommodate the needs of persons who might not be able to attend the public meeting, information was available on the committee's Internet site. Comments were accepted by mail and e-mail, and Human Resources Agency (HRA) staff conducted a random sample telephone survey in both English and Spanish of IHSS consumers regarding the topics presented at the public meeting.

At the final meeting of the quarter, the committee members reviewed all of the materials resulting from their work and formulated their findings. The three service modes and their related employer of record options were rated according to the established criteria and were ranked in order of preference. Additional considerations were also discussed and a list of recommendations were articulated for presentation to your Board. This information is discussed below and included in the attached (Attachment 1) full Report of Findings and Recommendations of the IHSS Advisory Committee. A meeting schedule for 2001 was also adopted, The committee agreed to meet twice monthly beginning January 19, 2001 to expedite the implementation planning process for service delivery.

**RELATED ACTIVITIES**

As you know, in October your Board authorized an increase in wages to IHSS Independent Providers from \$5.75 per hour to \$7.25 per hour effective December 1, 2000. Following that action, it was announced that the state minimum wage would increase to \$6.25 an hour on January 1, 2001. The increased minimum wage allows for greater state participation in the IHSS provider wage than had been projected when initial calculations were prepared for your Board. In addition, the state confirmed that it will participate in the cost of a 3% wage increase to independent providers in non-public authority counties effective January 1, 2001. Your Board also took action in October to authorize an independent contractor agreement with Eldon Luce, an expert consultant on AB 1682 and the establishment of public authorities; and your Board authorized reimbursement to IHSS Advisory Committee members for limited costs involved in their voluntary participation on the committee.

In December, the Human Resources Agency (HRA) prepared, and submitted to the state, a required report regarding progress on AB 1682 implementation activities. HRA also prepared a fiscal analysis to assist your Board in evaluating the recommendations from the committee. The results of that analysis including the committee's findings and recommendations, are summarized below in this letter and included in the attached (Attachment 1) report.

BOARD OF SUPERVISORS

Page 3

Agenda: March 13, 2001

**Report** And Recommendations Regarding The In-Home Supportive Services Advisory Committee**FINDINGS AND RECOMMENDATIONS REGARDING EMPLOYER OF RECORD**

The IHSS Advisory Committee has met and fully considered the Employer of Record options for providers of In-Home Supportive Services. The process included an overview of the IHSS Program, an orientation to the committee members regarding the committee charge under AB 1682, comprehensive analysis of the service delivery options, analysis of cost and other considerations, evaluation of advantages and disadvantages of each service delivery mode and the related employer option, public input, comparison of the options, and a rating and ranking process.

While the committee determined that the majority of IHSS consumers are served well by the IP mode, there is a portion of the IHSS consumer population that requires a higher level of service. Cost factors rule out County Homemaker and Contract Care modes as feasible options to serve the entire population of IHSS consumers. Thus, it was determined that no single service delivery option can meet the needs of all MSS consumers. Based on this conclusion, the committee is recommending that the preferred mode of IHSS service delivery for Santa Cruz County be a "mixed mode" combination of Independent Provider and Contract Care. The recommended respective employer of record options for the mixed mode are the public authority for Independent Providers and an IHSS contractor for the Contract mode. Since the Contract mode already exists in Santa Cruz County, it would be necessary to establish a public authority if your Board accepts the recommendation to maintain a mixed mode.

**FISCAL ANALYSIS**

The funding of IHSS is the product of a complex relationship of federal, state and County financing, with differing levels of required County matching funds. The following charts provide a cost comparison between current Fiscal Year 00/01 IHSS costs and projected Fiscal Year 01/02 costs based on the MSS Committee's recommendation for a mixed mode and establishment of a public authority.

The projected costs for FY 01/02 reflect current client utilization trends in both the Independent Provider (IP) and Contract modes. For discussion purposes, the budget assumes an implementation date of November 1<sup>st</sup> for the public authority. Thus, the current IP rate of \$7.25 plus associated costs is used for four months and a projected public authority rate of \$10.38 per hour is used for eight months of the budget calculation. The current contract rate of \$13.68 is also used, although a lower number of service hours is projected based on current utilization trends.

The above public authority rate assumes an IP hourly wage of \$8.50 plus an allowance of \$.60 an hour for benefits. It is important to note that the \$8.50 hourly wage assumes maximum funding participation from the state. You may recall from last year's state budget negotiation, that Governor Davis set annual ceilings on state participation contingent upon a five percent increase in State General Fund revenue. Assuming this "trigger" is achieved, the maximum hourly wage the state would participate in funding for FY 01/02 is \$8.50, otherwise state participation would be capped at \$7.50, the maximum rate for FY 00/01.

## BOARD OF SUPERVISORS

Page 4

Agenda: March 13, 2001

Report And Recommendations Regarding The In-Home Supportive Services Advisory Committee

It is expected that the IP wage under a public authority in Fiscal Year 01/02 will reflect the maximum state participation allowable and leverage available realignment funds with no additional general fund contribution from the County. To be eligible for maximum funding participation from the state, the County must first establish a public authority and receive state approval for a public authority rate. The public authority rate includes the cost of provider wages and benefits, payroll taxes, public authority administrative costs, and first year start-up costs such as office furniture, software and equipment that will not carry over into subsequent years.

**FY00/01 – FY01/02 Cost Comparison for IHSS Based On Recommendations****FY 00/01 IHSS Budget**

<b>Service Delivery Mode</b>	<b>Service Hours</b>	<b>Total Cost</b>	<b>Federal</b>	<b>State</b>	<b>County</b>
Independent Provider	940,740	\$6,259,501	\$2,042,392	\$2,308,145	\$1,908,964
Contract Care	190,000	\$2,599,208	\$671,505	\$1,253,007	\$674,696
<b>Total</b>	<b>1,130,740</b>	<b>\$8,858,709</b>	<b>\$2,713,897</b>	<b>\$3,561,152</b>	<b>\$2,583,660</b>

**FY 01/02 Cost Projection for Mixed Mode of Public Authority (IP) and Contract Care**

<b>Service Delivery Mode</b>	<b>Service Hours</b>	<b>Total Cost</b>	<b>Federal</b>	<b>State</b>	<b>county</b>
Independent Provider	961,548	\$8,847,289	\$3,261,004	\$3,500,423	\$2,085,862
Contract Care	170,000	\$2,325,600	\$769,048	\$1,011,692	\$544,860
<b>Total</b>	<b>1,131,548</b>	<b>\$11,172,889</b>	<b>\$4,030,052</b>	<b>\$4,512,115</b>	<b>\$2,630,722</b>

**PUBLIC AUTHORITY MODEL**

An important consideration before the committee was the evaluation of the two options for public authority governance. The two available options described in AB 1682 are:

County PA Model – Board of Supervisors acts as the public authority governing body with an advisory committee appointed by the Board and that has a majority of consumer members.

Stand-alone PA Model - Independent public authority with a consumer majority governing board appointed by the Board of Supervisors.

## BOARD OF SUPERVISORS

Page 5

Agenda: March 13, 2001

Report And Recommendations Regarding The In-Home Supportive Services Advisory Committee

The committee carefully weighed both options and determined that each model offered advantages. After much discussion, the committee voted to recommend the County model, with a further recommendation that after two years of public authority operation, the decision be reviewed to determine if the Stand-alone model would then be appropriate. It should be pointed out that the committee was not unanimous in this decision, as both models received support from some members, however this recommendation was carried by a clear majority vote.

**NEXTSTEPS**

At the direction of your Board, the IHSS Advisory Committee will proceed with implementation planning. An outline of the implementation planning process is contained in the consulting agreement previously approved by your Board on October 24, 2000, and is provided as Attachment 2. The implementation planning team will include participation from stakeholders and representatives of other county departments in addition to the members of the IHSS Advisory Committee. The implementation plan recommendation will specify the design of staffing and program operations of the proposed public authority for Santa Cruz County and a detailed budget.

The attached Report of Findings and Recommendations of the IHSS Advisory Committee details in full the committee's activities and conclusions regarding the preferred options for Employer of Record in Santa Cruz County and additional related considerations. If approved and adopted by your Board, the recommendations will provide a framework for the next stage of committee activity and for the development of the required ordinance to establish a public authority.

IT IS THEREFORE RECOMMENDED that your Board:

1. Accept and file this report on the progress of the In-Home Support Services (IHSS) Advisory Committee and direct the HRA Administrator to return to your Board on April 17, 2001 with the next status report of the IHSS Advisory Committee; and
2. Accept and approve the recommendations from the IHSS Advisory Committee as presented in the attached REPORT OF FINDINGS AND RECOMMENDATIONS, and authorize the Committee to proceed with implementation planning for a mixed mode of independent and contract service delivery model and to establish a public authority as the employer of record for the independent provider mode; and
3. Accept and approve the recommendation that the governing body of the public authority be the County Board of Supervisors and that after a period of two years, the public authority governance model be reviewed; and
4. Accept and approve the recommendation to draft an ordinance to establish the public authority.

## BOARD OF SUPERVISORS

Page 6

Agenda: March 13, 2001

Report And Recommendations Regarding The In-Home Supportive Services Advisory Committee

Very truly yours,

CECILIA ESPINOLA  
Administrator

## Attachments:

Report of Findings and Recommendations of the IHSS Advisory Committee

Outline of Implementation Planning Activity - Independent Contractor Scope of Service

## CEAFN

N/boardletters/adultservices/ihss/rept&amp;rec 3-13-01

## RECOMMENDED:



---

SUSAN A. MAURIELLOCC: County Administrative Office  
County Counsel  
Commission on Disabilities  
Seniors Commission  
Long Term Care Interagency Commission  
Service Employees International Union Local 415  
United Domestic Workers Union

**IN-HOME SUPPORTIVE SERVICES**

**ADVISORY COMMITTEE**

**REPORT OF FINDINGS**

**AND**

**RECOMMENDATIONS**

**REGARDING AN**

**EMPLOYER OF RECORD**

**FOR IHSS PROVIDERS**

**FEBRUARY, 2001**

## TABLE OF CONTENTS

### **I. Introduction**

### **II. Executive Summary**

### **III. IHSS Overview**

- Service Delivery Options
- Legislation Regarding Employer of Record Requirements

### **IV. Findings**

- Discussion and Analysis of Modes
- Comparison of Options
- Evaluation of Options
- Public Input
- Related and Additional Concerns
- Employer of Record Scoring
- Preliminary Conclusions
- Fiscal Analysis
- Public Authority Governance

### **V. Recommendations**

### **VI. Appendices**



## I. INTRODUCTION

The In-Home Supportive Services (IHSS) Advisory Committee was established in compliance with Assembly Bill 1682 which became law in July 1999. The fundamental provisions of AB 1682 require the County to act as, or establish, an employer of record for IHSS individual providers for employee relations purposes on or before January 1, 2003. This report will provide background on the issues giving rise to the Committee and its charge, as well as the findings and recommendations of the Committee regarding the preferred modes of services delivery for Santa Cruz County and related considerations. The results contained in this report reflect the work of the Committee between July 2000 and January 2001.

In developing the findings included in this report, Committee members utilized a methodology developed by Eldon E. Luce, a highly regarded expert on IHSS employer of record issues, who has served as the Executive Director of public authorities in two California counties.

The Committee's deliberation process was preceded by an overview of the IHSS program and an orientation regarding the Committee charge under AB 1682. This was followed by a comprehensive analysis of the allowable modes of IHSS service delivery and the required employer of record option related to each mode. The analysis explored considerations from the perspective of consumers and providers as well as cost factors. Advantages and disadvantages of each service delivery mode were weighed.

Public input was solicited from a range of stakeholders including IHSS consumers, providers, IHSS contractor, community service agencies and other interested parties. Service Employee International Union (SEIU) Local 415 assisted by encouraging participation of IHSS Independent Providers. Committee information was offered on our web site [www.hra.co.santa-cruz.ca.us/committee](http://www.hra.co.santa-cruz.ca.us/committee). A link for comment on the Committee's Internet site accommodated communication with persons who might not be able to attend the public meeting. In addition, comments were accepted by mail as well as e-mail. Human Resources staff conducted a random sample telephone survey in both English and Spanish of IHSS consumers to further enhance outreach.

The Committee drew comparisons amongst the allowable options for service delivery, considered them relative to the needs and concerns of the local community, and finally rated them according to criteria adopted earlier in the process. The recommendations resulting from these deliberations are contained within this report.

## II. EXECUTIVE SUMMARY

The following is a summary of the major recommendations made by the IHSS Advisory Committee regarding the preferred modes of IHSS service delivery in Santa Cruz County and the related employer of record entity for providers of IHSS. The full report provides detail on the issues addressed and the decision-making processes utilized by the Committee. A full listing of Committee recommendations is found in Section V of this report. All of the recommendations relate to improving the overall coordination of IHSS service delivery in a manner that acknowledges concerns of both consumers and providers.

- The current “Mixed Mode” of Independent Provider and Contract Care serves the IHSS population well as it allows autonomy for consumers who are able to serve as employers for the purpose of hiring, training, scheduling and supervision of providers, yet offers support to clients who are unable to perform such employer responsibilities. The Committee recommends that the Mixed Mode be maintained and that a public authority be established as the employer of record for independent providers as required by AB 1682.
- Because of the multiple benefits afforded by a public authority, including increased state participation in the cost of IHSS services, the Committee recommends that an ordinance be created and adopted to establish a public authority; that the implementation planning process for the public authority commence immediately; and that full implementation occur no later than November 1, 2001. Participation by various stakeholders and representatives of several County departments is recommended to enhance the planning and design process of the public authority.
- Two options of public authority governance are permitted. Under the County model, the Board of Supervisors acts as the public authority governing body with a consumer majority advisory committee. Under a Stand-alone model, an independent consumer majority board appointed by the Board of Supervisors governs the public authority. The Committee sees benefits in each model and recommends that the public authority be established with the County providing initial governance, and that after two years, the governance model be reviewed with consideration to transition to the Stand-alone model.
- The Committee examined a number of issues related to the Contract Care Mode. Procurement methods, referral of IHSS consumers to Contract Mode, expanding the recruitment activities for Contractor applicants, as well as the procurement and monitoring responsibility for Contract services were examined. The Committee recommends that for at least one year, the County maintain responsibility for the procurement and monitoring of Contract services, and that Request for Proposal (RFP) process be maintained as the means of procuring such services. It is further recommended that the contract procurement process incorporate means to encourage local organizations to apply as Contract Mode providers.

- Education of consumers regarding their options for service delivery and access to emergency or short-term back-up was identified as an important issue to both consumers and providers on the Committee. Referral to either the IP or Contract mode should be based on individual consumer need. The Committee recommends that referral to the Contract mode be primarily based on the consumer's inability to serve as the employer for purposes such as hiring, firing, training, scheduling and supervising providers. The Committee also recommends that the Mixed Mode program design incorporate an educational component to instruct consumers regarding service delivery options and means to access emergency assistance or short-term back-up services, and that the PA planning process include development of mechanisms to assist consumers to access such services.
- In keeping with the community philosophy to integrate local planning for Long-Term Care services, and the recognition that the IHSS program is a significant resource in supporting community based care, the Committee recommends that the Executive Director of the public authority and representatives of the Advisory Committee be involved in local Long-Term Care Integration planning.

### III. IHSS OVERVIEW

The In-Home Supportive Services (IHSS) program was created in 1973 to serve eligible elderly, blind, or disabled individuals who require supportive services at home. The intent of IHSS is to assist such individuals to live safely at home rather than in costly and less desirable out-of-home placements such as residential care facilities and skilled nursing facilities. IHSS consumers may receive a variety of basic services, including domestic assistance such as housecleaning, meal preparation, laundry, and shopping; personal care, such as feeding and bathing, transportation, protective supervision; and certain paramedical services ordered by a physician.

Currently, about 1400 consumers utilize IHSS in Santa Cruz county. All ages are served from infants to the elderly. Slightly more than fifty percent (50%) of consumers are over 65 years of age. Referrals are received from various community-based organizations, health care providers, family and friends and consumers themselves. An average of 55 referrals for service is received monthly. Eligibility for IHSS is determined by income and need. Generally, over 90% of IHSS referrals are accepted for assessment with the remaining 10% being judged as ineligible, usually due to income/resource limits or client refusal of service.

The County is responsible for determining eligibility for service, assessing consumer need according to state regulations, authorizing services and amount of service hours needed, and conducting provider payroll functions. In counties with contract mode, the county is also responsible for procuring, monitoring and paying the contractor for services.

#### Service Delivery Options

In Santa Cruz County, IHSS is currently delivered through two primary mechanisms, either through Independent Providers (IP) or through Contract Care (CC). A few recipients, approximately 3%, elect to use a combination of both, or "Mixed Mode".

##### Independent Provider Mode

If an IHSS consumer is able, he or she may recruit, screen, hire, train, schedule supervise, and fire an IP. Currently, in such cases, the consumer is considered the IP's employer. Many consumers using the IP mode locate their provider through relatives and friends. For those who need assistance to locate a provider, HRA maintains a small referral list of potential providers. The availability of potential IPs varies due to other employment options, particularly in the spring and summer when there is a high demand for seasonal employees. Because of liability concerns, the County's role in IP screening is limited to obtaining a Social Security number and viewing a picture identification card before placing the names of potential providers on a referral list. Approximately 70% of IHSS consumers use the IP mode.

Independent Providers are paid directly by the state, and until recent action by the Santa Cruz County Board of Supervisors, were reimbursed at minimum wage. IP providers are now earning \$7.25 per hour. The state reimburses non-public authority counties a set percentage of the minimum wage. Under new regulations and budget language, state participation increases to counties with established public authorities. Counties collect timecards and process payments. The state pays for unemployment and disability insurance. Independent Providers do not receive sick leave, vacation time, holiday pay or health insurance. Payroll costs such as Social Security, Workers Compensation, state unemployment and disability insurance increase the hourly IP rate slightly. A noted shortcoming of the IP mode is that there is no “employer of record” for purposes of collective bargaining and benefits and other employee relations matters.

#### Contract Mode

The Human Resources Agency contracts with a private agency to provide care to consumers who are not able or willing to act as an employer or consumers who have more complex needs. Under the contract system, the contract agency is considered the employer of record for its providers. In this capacity, the contractor is responsible for recruiting, screening, training and supervising the providers. The contract is awarded through a Request for Proposal (RFP) bidding process. Historically, bidders have been for-profit agencies. Agencies competing for the contract negotiate provider wages and benefits with a union designated as the local bargaining agent. Approximately 30% of IHSS recipients receive service through the contract mode. It may be of interest to note that the CC mode represents 15 % of all IHSS hours and 27% of the cost.

According to the information provided to HRA, the current contractor reimburses their provider employees at an average hourly rate of \$7.75 plus mileage. The wage scale ranges from \$7.00 an hour to \$8.35. In addition, all providers receive sick leave, vacation time, and holiday pay. Those working more than twenty-eight hours per week are eligible to receive health insurance. The contractor reports that approximately 46% of its providers receive health care insurance and 37% receive dental benefits. The current contractor is reimbursed \$13.68 per hour of recipient service. In Santa Cruz County, Contract providers have been represented by the United Domestic Workers of America (UDWA) for collective bargaining. A statewide agreement has been made between UDWA and Service Employees International Union (SEIU) resulting in a transition between the organizations for representation of contract employees in Santa Cruz County.

#### Consumer Choice

Choice of mode is affected by various factors. We find that often less frail or more self-reliant consumers tend to choose the IP mode. Yet many severely disabled consumers with higher service needs are also likely to choose the IP mode because they prefer to have more control in scheduling and training their own caregivers to their particular needs. Due to the highly personal nature of some care activities, consumers using such services prefer to hire people of their own choosing. In many cases providers may be relatives or friends. Consumers using the IP mode receive an average of 85 hours per month of IHSS authorized services.

Most consumers who choose the Contract mode usually are less able to find, hire and supervise their care providers. Historically, Contract Mode consumers have been more likely to require fewer hours and types of service. Consumers using contract services receive an average of 33 hours per month. As noted earlier, a small number of consumers choose a combination of both modes when special care needs or scheduling cannot be adequately met in one mode or the other.

#### Provider Pool

There are a number of problems associated with the current modes of IHSS delivery. Changing demographics, social and health care trends are resulting in more elderly and disabled individuals having need for IHSS. Simultaneously, the region is experiencing unprecedented economic success. This success translates to a low unemployment rate, which results in difficulties recruiting IHSS providers. Fewer people were choosing to become an IP for the minimum wage, and it is too early to tell how significantly the recent IP wage increase will effect recruitment and retention. In the past year, more recipients were unable to hire an IP and must be authorized to receive care through CC. The current contractor reports experiencing similar difficulties recruiting providers. The strong economy also negatively impacts the quality of care for recipients because providers are leaving IHSS to enter fields with higher wages, benefits, career ladders, and training. In summary, there is a greater need for IHSS providers and there are fewer trained, experienced providers available to offer care.

### **Legislation Regarding Employer of Record Requirements**

#### Assembly Bill 1682

United Domestic Workers of America sponsored AB 1682, which was a budget trailer bill. The bill was chaptered on July 12, 1999 and went into effect July 1, 1999 as an emergency measure. Essentially AB 1682 requires that each county establish an “employer of record” for In-Home Supportive Services providers on or before January 1, 2003. AB 1682 defines the allowable options for employer of record as:

- Contractual employer
- Public Authority or a non-profit consortium
- County
- Combination (mix) of these modes.

AB 1682 also deleted a provision of the law that required counties to fund the entire cost of IHSS wages above the minimum wage in addition to any benefits offered to providers. An AB 1682 provision requires the state and counties to share the non-federal costs of wage-and benefit increases with a split of 65 percent State and 35 percent county. The federal government pays for 5.23 percent of eligible IHSS hours for consumers who require personal care services.

AB 1682 also requires that all counties currently without a public authority establish an IHSS Advisory Committee. The role of the committee as prescribed in AB 1682 is two-fold:

1. Evaluating options and submitting recommendations to the County Board of Supervisors on the preferred mode or modes of service to be utilized in the county for IHSS; and
2. Providing ongoing advice and recommendations on IHSS to the County Board of Supervisors.

The IHSS Advisory Committee must be comprised of not more than eleven individuals of whom at least 50 percent are consumers who are present or past users of personal assistance services paid for through public or private funds.

An IHSS Advisory Committee was convened in Santa Cruz County in July 2000. The County Board of Supervisors appointed eleven members as dictated by AB 1682. The committee is comprised of:

- 6 consumers of IHSS
- 2 providers
  - one contract provider
  - one independent provider
- 3 members of local advisory bodies
  - Long-Term Care Interagency Commission
  - Seniors Commission
  - Commission on Disabilities

A full listing of those participating on the committee is located at the end of this report.

## IV. FINDINGS

This section provides a review of the activities and discussions conducted by the Committee that resulted in the recommendations regarding the preferred mode of IHSS service delivery and the related employer of record options.

### Discussion and Analysis of Modes of Service and Related Employer of Record Options

IHSS regulations allow three modes of service delivery. These modes are:

1. Homemaker Mode
2. Individual Provider Mode
3. Contract Mode

AB 1682 ties each of these modes to a specific employer of record option. Therefore, the recommendations of the Advisory Committee for mode or modes of service, serve also to recommend the employer of record option or options that would be required for the preferred mode/s. Given this linkage, the Advisory Committee considered the following:

Service Delivery Mode	Employer of Record Option
County Homemaker	county
Independent Provider	Public Authority or Non-Profit Consortium
Contract Care	IHSS Contractor

The following criteria were considered in the analysis of the three service delivery modes and employer options:

- Relationship to County
- Consumer Employer Rights
- Provider Issues
- Liability Issues
- County Responsibilities
- cost
- Additional Required Services (per AB 1682)



### Comparison of Modes of Service/Employer of Record Options

#### Relationship Of Mode/Employer To The County

<b>Homemaker Mode-County</b>	<b>IP Mode-Public Authority</b>	<b>Contract Mode-Contractor</b>
County is the employer and direct service provider	PA established by Board of Supervisors Ordinance	Must go through competitive RFP or IFB process
	Establishment of PA does not require competitive bid process	Relationship established through a contract with County
	Relationship with County established through an Interagency Agreement or contract	Allowable to have PA be entity to let RFP or IFB process, hold and monitor the contract

#### Relationship Of The In-Home Providers To The Consumer And To The Employer

<b>Homemaker Mode-County</b>	<b>IP Mode-Public Authority</b>	<b>Contract Mode-Contractor</b>
Provider must become an employee of the County	Provider employed by consumer	Provider must become, an employee of the contractor
Provider must be hired in accordance with established County merit system requirements	Provider has freedom to choose/reject employer	Provider must meet contractor's employee qualification requirements
Training is not required	Access to training	Training provided by contractor
Provider wages and benefits through collective bargaining	Provider wages and benefits through collective bargaining	Provider wages and benefits through collective bargaining

#### Consumer Employer Rights

<b>Homemaker Mode-County</b>	<b>IP Mode-Public Authority</b>	<b>Contract Mode-Contractor</b>
Consumer may have some say in selection, training, rejecting, or changing any provider:	Consumer retains the right to recruit, hire, fire, train, and supervise their provider;	The consumer has some ability to select, train, reject, or change any provider under the contract mode:
However, the provider must be, or become, an employee of the county	Consumer is the employer for the above purposes	Contractor is the employer

### County Responsibilities

County responsibilities with all options include: IHSS eligibility, assessments and reassessments, authorization of tasks and hours, social work/case management, provider payroll function. The following are additional County responsibilities considered by the Committee.

<b>Homemaker Mode-County</b>	<b>IP Mode-Public Authority</b>	<b>Contract Mode-Contractor</b>
Provide, fund and manage a sufficient workforce to meet consumer needs	Funding and monitoring of Interagency Agreement	Conducting RFP or IFB process
	Manage provider payroll function	Contract monitoring
		Contractor payment

### Liability Issues

<b>Homemaker Mode-County</b>	<b>IP Mode-Public Authority</b>	<b>Contract Mode-Contractor</b>
No additional liability protections in AB 1682	There are certain liability protections (for the County and State) included in WI Code Section 12301.6	Required to carry certain levels of liability coverage per county and state requirements
County is liable as the employer	PA required to carry certain levels of liability coverage per County Interagency Agreement/Contract	

### Additional Required Services

<b>Homemaker Mode-County</b>	<b>IP Mode-Public Authority</b>	<b>Contract Mode-Contractor</b>
None required by AB 1682	<ul style="list-style-type: none"> <li>• Registry</li> <li>• Investigation of the qualifications and background of potential personnel</li> <li>• Establishment of a referral system</li> <li>• Providing for training for providers and recipients</li> <li>• Performing any other functions related to the delivery of in-home supportive services</li> </ul>	<ul style="list-style-type: none"> <li>• Provider recruitment</li> <li>• Training</li> <li>• Screening</li> <li>• Assignment</li> <li>• Supervision</li> <li>• Scheduling</li> </ul> <p>Established via contract, e.g., having sufficient workforce to meet consumer needs,</p>

## Evaluation of Options for Individual Provider Mode

### PUBLIC AUTHORITY

Advantages	Disadvantages
Increased state participation allows for higher wages provides incentive to increase the provider pool	Not all consumers have ability to function as the employer for hiring, training, supervising, and scheduling
Provider benefits will be available	All programs limited by state allocation (less of a problem in PA than other modes)
Consumer choice in hiring, training, scheduling supervising or firing providers	
More provider choice in consumer assignment	
Least costly of the allowable options	
Access to training and education for both providers and consumers	
Law requires public authority if one consumer requests independent provider mode	
Referral Registry required	
Collective bargaining for wages and benefits	

### COUNTY

Advantages	Disadvantages
Recruiting, hiring, scheduling, and supervising done by County	Provider must become employee of County. May limit who can be a provider (civil service process)
Subject to County disciplinary process*	Subject to County disciplinary process*
Attractive wages & benefits	Less liability protection for County
Collective bargaining for wages and benefits	No provider say in client assignment
	Less client choice of provider
	More costly to County than other modes
	Smaller pool of providers likely
	Unknown entity – not in existence anywhere – would take more time to develop

\* Committee members viewed the County disciplinary process as an advantage from consumer perspective and less so from the provider perspective.

### CONTRACT CARE

Advantages	Disadvantages
Wage & benefit level for providers	Provider must become employee of contract agency
Collective bargaining for wages and benefits	Cost prohibitive for all IHSS population to use contract care due to funding allocation
Some consumer ability to select, train, and schedule provider	Consumer has limited ability to control scheduling and supervision of provider
Handles recruitment, hiring, scheduling, and monitoring of employees	Flexibility of operations may be limited because of state contract language
Required to offer training	Limited hours of service availability
Liability coverage required, protection for County	Burden on County to monitor the contract

### Public Input

A public meeting was convened on October 26, 2000 to allow the opportunity for community input. The Committee heard from consumer advocates, representatives of community agencies, contract and independent providers, and the IHSS contractor. Individual Committee members also provided testimony. Those in attendance participated in a survey of issues identified as important to the Committee. Public input was also made available through the Committee web site, which posts meeting announcements and minutes along with the survey topics and data such as the charts included in this report. Finally, I-IRA staff conducted a small random sample survey in both English and in Spanish via telephone to IHSS consumers of both IP and Contract Modes. Feedback from all sources was consistent in establishing priority issues. The survey topics included:

- Provider salaries and benefits
- Provider and consumer training
- Importance of provider screening and background checks
- Importance of a provider registry and access to emergency back-up care
- Consumer role in scheduling care
- Considerations for special needs populations

Results of the combined survey findings are included in the appendix.

### Related and Additional Concerns

The committee studied the following additional questions related to the service delivery options that are addressed in the recommendations:

- Will Mixed Mode (IP and Contract) be maintained?
- Should criteria be developed for referral to IP or Contract Mode?
- If Mixed Mode, will contract procurement process be Request for Proposal (RFP) or Invitation for Bid (IFB)?

- How can this process be as open as possible?
- Who will hold the contract and be responsible for procurement and monitoring?
- What kind of public authority governance model is desired (County Board of Supervisor model, Stand-alone model, non-profit consortium?)
- How to outline the implementation process?
- What is the timeline for implementation?
- Who should participate in the writing of the ordinance?
- How to interface with the Long Term Care Integration Project and County Health Plan (Alliance)?

### Employer of Record Scoring

The three employer of record options were ranked and rated according to the criteria adopted earlier in the process. The scoring utilized numbers one (1) through three (3), with one having the least preference and three representing the highest preference. The chart portrays the rating and comparative ranking of the options by the Committee.

	County	PA	Contractor
Provider Issues (Relationship of provider to consumer and employer)	1	3	2
Consumer Employer Rights	1	3	2
County Responsibilities	1	3	2
Liability Issues	1	3	2
Additional (Required) Services	1	3	2
Costs	1	3	2
Outcome	3 <sup>rd</sup> choice	1 <sup>st</sup> choice	2 <sup>nd</sup> choice

### Preliminary Conclusions

The Committee determined that the IP mode has benefits that serve most IHSS consumers well and allows a high degree of autonomy desired by many consumers. Yet, there is a portion of the IHSS population that requires a higher level of service, and whose needs cannot be met through the IP mode. The IHSS funding allocation from the state to Santa Cruz County does not allow for either the County Homemaker Mode nor the Contract Mode to serve as the sole option to all IHSS consumers. Thus, the Committee determined that no single service delivery option can meet the needs of all IHSS consumers. Based on this conclusion, the Committee finds that the preferred mode

of IHSS service delivery for Santa Cruz County, under the AB 1682 provisions would be a “Mixed Mode” combination of Independent Provider and Contract Care. The respective employer of record options for the Mixed Mode are the public authority for IP Mode and an IHSS contractor for the Contract Mode. Since the Contract Mode already exists in Santa Cruz County, it would be necessary to establish a public authority if the Committee’s recommendation to maintain a Mixed Mode is adopted.

### **Fiscal Analysis**

Projected IHSS costs for Fiscal Year 2001-02 were prepared based on the Committee’s recommendation for a Mixed Mode of service delivery and the establishment of a public authority. The projected costs are based on current utilization by clients in both the Independent Provider and Contract Modes, with consideration for caseload growth.

Implementation planning for the public authority anticipates a November 1<sup>st</sup> start date. Costs related to service delivery for consumers using the IP mode reflect the current IP rate of \$7.25 per hour through October 2001, and the estimated public authority rate of \$10.38 per hour for the remainder of Fiscal Year 2001- 2002. The public authority rate includes the cost of provider wages and benefits, payroll taxes, public authority administrative costs, and first year start-up expenses such as office furniture, software and equipment that will not carry over into the subsequent years. To be eligible for maximum funding participation from the state, a county must first establish a public authority and receive approval for an hourly public authority rate.

The above public authority rate was derived by assuming maximum wage and benefit costs that would receive the full state and federal match. An hourly wage of \$8.50 combined with \$.60 per hour for benefits were used as the basis for calculating the rate. Last year’s state budget established annual ceilings on state participation in public authority provider wages. The increased participation is contingent upon a five percent increase in state General Fund revenues. Should this not occur, state participation will be capped at \$7.50, the maximum rate for FY 00/01.

Costs for the Contract Mode in FY 01/02 are based on the current rate of \$13.68 per hour, although a lower number of service hours is projected based on recent utilization trends. The existing contract expires on June 30, 2001 and the County intends to negotiate a one-year extension.

The following charts illustrate a comparison of costs between Fiscal Year 00/01 and Fiscal Year 01/02 based on the Committee’s recommendation to maintain a mixed mode of service delivery. The costs for FY 01/02 incorporate four months at the current IP rate and eight months at the proposed public authority rate. The implementation planning process to design the public authority will detail program structure and operations and will produce a precise budget recommendation for the public authority.

**FY00/01 – FY01/02 Cost Comparison for IHSS Based On Recommendations**

**FY 00/01 IHSS Budget (as revised to current IP wage)**

<b>Service Delivery Mode</b>	<b>Service Hours</b>	<b>Total Cost</b>	<b>Federal</b>	<b>State</b>	<b>county</b>
Independent Provider	940,740	\$6,259,501	\$2,042,392	\$2,308,145	\$1,908,964
Contract Care	190,000	\$2,599,208	\$671,505	\$1,253,007	\$674,696
<b>Total</b>	<b>1,130,740</b>	<b>\$8,858,709</b>	<b>\$2,713,897</b>	<b>\$3,561,152</b>	<b>\$2,583,660</b>

**FY 01102 Cost Projection for Mixed Mode of Public Authority and Contract Care**

<b>Service Delivery Mode</b>	<b>Service Hours</b>	<b>Total Cost</b>	<b>Federal</b>	<b>State</b>	<b>County</b>
Independent Provider	961,548	\$8,847,289	\$3,261,004	\$3,500,423	\$2,085,862
Contract Care	170,000	\$2,325,600	\$769,048	\$1,011,692	\$544,860
<b>Total</b>	<b>1,131,548</b>	<b>\$11,172,889</b>	<b>\$4,030,052</b>	<b>\$4,512,115</b>	<b>\$2,630,722</b>

**Public Authority Governance**

AB 1682 describes two models of governance for public authorities. The following PA models are established by a Board of Supervisors Ordinance and do not require a competitive bid process:

County PA Model: Board of Supervisors acts as the PA governing body with a consumer majority advisory body appointed by the Board of Supervisors.

Stand-alone PA Model: Independent PA with a consumer governing Board appointed by the Board of Supervisors.

The Committee conducted a lengthy and very thoughtful deliberation on this subject and determined that both models offered advantages to the IHSS service delivery system.

<b>County Model</b>	<b>Stand-alone Model</b>
<ul style="list-style-type: none"> <li>• Actions of current Board of Supervisors indicates support on issues related to IHSS consumers and providers</li> <li>• If relationship between PA and Board is good, advisory committee system works well in other counties</li> <li>• Closer working relationship afforded with County departments</li> <li>• County more likely to provide infrastructure/professional support to PA (legal, human relations)</li> <li>• Opportunity for County and consumers to gain experience operating under a proven governing entity</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer majority group is a policy setting body therefore policy approval not required by Board of Supervisors</li> <li>• Policy decisions may be made more quickly</li> <li>• Stand-alone model may be more reflective of the culture in Santa Cruz County</li> </ul>

Close partnership with the County would provide support in the development of infrastructure for the PA as a new public entity. Some members of the Committee believe that there are unique advantages to the Stand-alone model as well and feel that once the PA has been operational for a period of two years, the governance model should be reviewed to determine if the Stand-alone model is advisable. There was a majority decision, rather than a unanimous Committee vote to recommend a County PA Model for the initial two years of public authority operation. It was further recommended that after two years, the governing model be reconsidered to determine if a Stand-alone model is advisable.



## V. RECOMMENDATIONS

### Recommendation 1:

The Committee finds that while the majority of IHSS consumers are well served by the Individual Provider Mode, there is a portion of the IHSS caseload that requires a level of service not available in the Individual Provider Mode. In recognition of these findings, the Advisory Committee recommends the following regarding modes of service:

**Adopt proposed recommendation that Santa Cruz County remain a “mixed mode” county, providing IHSS through a combination of the Individual Provider Mode and the Contract Mode.**

### Recommendation 2:

The Committee finds that in keeping with AB 1682 requirements, that if requested by any recipient, a county with an IHSS consumer population of more than 500 shall be required to offer an individual provider employer option; and that the allowable employer of record for the Independent Provider Mode is a public authority or a nonprofit consortium. The public authority model is established by county ordinance and is currently being used in eight counties (covering over 60% of the State’s IHSS caseload). No county has ever implemented a non-profit consortium, thus it is an untested model. In recognition of these findings, the Advisory Committee recommends the following regarding employer of record for the Individual Provider Mode:

- 2-1: Adopt proposed recommendation that, pursuant to Welfare and Institutions Code section 12301.6, the Santa Cruz County Board of Supervisors establish an IHSS public authority for the purposes of serving as employer of record for individual providers; to provide the functions required of a public authority; and provide the functions related to the delivery of IHSS.**
- 2-2: Adopt proposed recommendation that the governing body of the public authority be the Santa Cruz County Board of Supervisors; with an advisory body having a majority of consumer members that has been appointed by the Board of Supervisors.**
- 2-3: Adopt proposed recommendation that after a period of two years; the public authority governance model be re-evaluated to determine if a Stand-alone model public authority is advisable.**
- 2-4: Adopt proposed recommendation that the Board of Supervisors develop and adopt an ordinance establishing a public authority as per recommendations 2-1, 2-2, and 2-3; and that members of the AB 1682 Advisory Committee and appropriate county staff participate in the development of the resolution.**

- 2-5: Adopt proposed recommendation that a public authority planning/implementation process be undertaken; that the process include a timeline which ensures public authority implementation no later than November 1, 2001; and that members of the AB 1682 Advisory Committee, appropriate county staff and departments and other stakeholders be involved in the planning/implementation process.**

**Recommendation 3:**

The Committee reviewed the two procurement methods allowed in IHSS Regulations, i.e., Request for Proposal (RFP) and Invitation for Bid (IFB). The Committee finds that the RFP process, currently in use in Santa Cruz County, provides considerably more flexibility than the IFB process; the RFP allows the County to design a contract more specifically meeting the needs of the local community; and allows contract award to be based on factors other than just cost. Additionally, the Committee understands the difficulties experienced by smaller, local organizations in attempting to participate as IHSS contract providers, however the Committee does believe that these organizations could enhance the service delivery mix. In recognition of these findings, the Advisory Committee recommends the following regarding the IHSS contract procurement process:

- 3-1: Adopt proposed recommendation that Santa Cruz County maintain use of the Request for Proposal (RFP) process for procurement of Contract Mode providers.**
- 3-2: Adopt proposed recommendation that the Contract Mode procurement process include seeking and encouraging local organizations to apply as Contract Mode providers.**

**Recommendation 4:**

In considering the recommendation that Santa Cruz County remain a “Mixed Mode” county, the committee realized that not all consumers can be adequately served by the Individual Provider Mode. The Committee found that the primary reason for this is the inability of some consumers to serve as the employer for the purposes of recruiting, hiring, firing, training, and supervising the provider, as required in the Individual Provider Mode. In recognition of these findings and believing the criteria for referral to a particular mode should be based on consumer need, the Advisory Committee recommends the following, which is in keeping with current local policy, for referral to the Contract Mode:

- 4-1: Adopt proposed recommendation that the primary consideration for referral of consumers to the Contract Mode be the consumer’s inability to serve as the employer of his/her provider (i.e., inability to recruit, hire, fire, train, and supervise the provider) as determined by the IHSS Social Worker in consultation with the consumer, and/or consumer’s recognized representative.**

- 4-2: Adopt proposed recommendation that the mixed mode program design include an educational component to instruct consumers about the available options to access emergency back-up services or short-term homemaker services through whichever mode best meets urgent needs, and that mechanisms be developed and implemented to assist consumers to access these services as well as additional support services necessitated by their disabling conditions.**

**Recommendation 5:**

In considering the significant tasks ahead of the IHSS Advisory Committee and its partners to establish a public authority, develop an implementation plan, and become successfully operational within the next year; and the fact that the county currently maintains the responsibility to procure and monitor the IHSS Contract the Advisory Committee recommends the following:

**Adopt proposed recommendation that the County maintain responsibility for contract procurement and monitoring until the public authority is fully operational and the Board of Supervisors and the IHSS Advisory Committee have had the opportunity to evaluate any benefits of transferring this responsibility to the public authority or to continue to maintain these duties within the County structure. For at least one year, the County shall maintain responsibility for the procurement and monitoring of IHSS contract services.**

**Recommendation 6:**

The Committee recognizes that a Long-Term Care Integration planning process is currently underway in Santa Cruz County; that IHSS is a significant component of any long-term care integration plan; and that the public authority Executive Director and members of the advisory committee can bring skills, experience and expertise to the planning process regarding the role of IHSS and the public authority in an integrated service delivery system. In recognition of these findings, the Advisory Committee recommends the following:

**Adopt proposed recommendation that the public authority Executive Director and members of the advisory committee be involved in long-term care integration planning and implementation.**

**Recommendation 7:**

The Committee has solicited comment from the public including both consumers and providers of IHSS services. Concerns have been expressed regarding the special needs of certain populations of IHSS consumers. Examples include but are not limited to: consumers with traumatic injuries, newly disabled consumers, consumers with dementia or other significant cognitive impairment, and disabled children. It is the experience of those providing comment that there is no standard approach or resource in the community to meet the unique needs of certain populations or to monitor and protect their rights to care. As the IHSS program serves persons with all types of disabling conditions, the Advisory Committee recommends the following:

**Adopt proposed recommendation that in the process of developing the implementation plan for the public authority, the IHSS Advisory Committee and other participating members incorporate design components that will address the concerns of persons with special needs in the areas of consumer education, provider training, registry services and emergency back-up care.**

**APPENDICES**

**IHSS ADVISORY COMMITTEE  
As Seated June - December 2000**

**Consumers**

1. Michael Molesky, Chair
2. Rene Bettencourt, Co-Vice Chair
3. Christopher Jordan
4. Patrice LaFollette
5. Rae Ellen Leonard
6. Sandra Seeger

**Providers**

7. Sherry Sibley Hall - Independent Provider, Co-Vice Chair
8. Anatalia Avila -Contract Care

**Commission Representation**

9. Marian Wood, Long Term Care Interagency Commission
10. Priscilla Loewenstein, Seniors Commission
11. Victor Everlove, Commission on Disabilities



# County of Santa Cruz

## IN-HOME SUPPORT ADVISORY COMMITTEE

1400 EMELINE AVE., 3rd FLOOR, SANTA CRUZ, CA 95060  
(831) 4644401 FAX (831) 454-4290  
MICHAEL MOLESKY, CHAIR

### Employer of Record Survey Results October 2000

A total of 64 people responded to the survey, including 33 consumers and 3 providers who answered questions in the telephone survey (50% IP and 50% CC), and consumers, providers and agency representatives who attended the MSS Advisory Committee meeting on 10/26. Additionally several individuals communicated via email and their comments are noted in the General Comments page. The following summarizes the finds by the questions that were put forth in the survey.

- 1.) How important are wages and benefits to effecting quality of care?
  - 90% noted that this issues is most important to them.
  - 5% felt this is a #2 priority and somewhat important.
  - 5% felt this is a #3 priority
- 2.) How important is training for care providers?
  - 54% felt this is a #1 priority
  - 39% felt this is a #2 priority and somewhat important.
  - 7% felt this is a #3 priority
- 3.) How important is control of your scheduling to quality care?
  - 52% felt this is a #1 priority
  - 30% felt this is a #2 priority and somewhat important.
  - 18% felt this is a #3 priority
- 4.) How important is it to be able to verify the skill level and experience of new care providers?
  - 43% felt this is a #1 priority
  - 52% felt this is a #2 priority and somewhat important
  - 5% felt this is a #3 priority
- 5.) How important is it to obtain background checks of care providers?
  - 82% felt this is a #1 priority
  - 13% felt this is a #2 priority and somewhat important
  - 5% felt this is a #3 priority
- 6.) How important would it be to establish a provider registry service?
  - 61% felt this is a #1 priority
  - 24% felt this is a #2 priority and somewhat important
  - 15% felt this is a #3 priority

7.) How important is it to have a referral service for emergency care providers?

79% felt this is a #1 priority

15% felt this is a #2 priority and somewhat important

6% felt this is a #3 priority

8.) How important is education for the consumers of MSS services?

66% felt this is a #1 priority

33% felt this is a #2 priority and somewhat important

1% felt this is a #3 priority

The results of the survey indicate that the majority of participants felt that each of these questions were either of a first or second priority.



**SCOPE OF SERVICES  
PUBLIC AUTHORITY IMPLEMENTATION CONSULTATION  
SANTA CRUZ COUNTY PROJECT**

Submitted by:  
Eldon E. Luce Consulting  
1509 Dale Avenue  
San Mateo, CA 94401  
Phone: (650) 296-3958  
Email: elconsult@hotmail.com

**Project would include, but not necessarily be limited to the following:**

- A. Meet with the Department of Social Services Director or designee, 1682 Advisory Committee IHSS social workers and other key stakeholders to understand and clarify expectations for the Public Authority (PA).
- B. Develop ad hoc Implementation Team
  - 1. Meet with the Department of Social Services Director or designee and other key stakeholders to finalize membership of Implementation Team; and discuss Brown Act relative to Team meetings.

Potential Implementation Team membership:

- 1682 Advisory Committee
- IHSS Providers
- Senior Advocate
- Union representative
- IHSS Contractor representative
- County staff as appropriate, e.g., Social Service Department, County Counsel, Risk Management, Human Resources.
- Doctors
- Nurses
- Social Workers
- Geriatric Specialists
- Elder Care Attorneys
- Developmentally Disabled service Representatives
- Independent Living Advocates
- Community Based Organizations

2. Facilitate Implementation Team in establishing meeting ground rules; decision-making process; agreement on makeup of steering committee (including, but not limited to Department of Social Services Director or designee and chair of 1682 Advisory Committee) that will review and approve future agendas; scheduling of future meetings (would propose meeting twice monthly); and presentation for Team's consideration, modification, prioritization and approval of the following outline of issues to be address in the comprehensive work plan:
  - . Role, responsibilities, authority of the PA
  - Values and Mission Statement and goals for the PA
  - . Advisory Committee mission, membership, structure and operations
  - . PA functions/activities:
    - Registry structure
    - Training component structure
    - Other functions/activities
  - . PA administrative structure
  - . PA Executive Director and staff job descriptions
  - . PA budget
  - . Evaluation plan for PA activities
  - . Performance indicators for PA activities

C. Development of comprehensive work plan for designing the PA

Assuming the outline of the comprehensive work plan is approved by the Implementation Team, the list of issues/questions I would facilitate the Team in addressing includes, but is not limited to:

1. Role, responsibilities, authority of the PA

Given the expectations of key stakeholders; the need to work cooperatively with county departments; work within the political structure of the county; be accountable to the governing board, advisory committee, consumers, workers, etc.:

- What will the role of the PA be relative to the above entities and constituencies?
- . What will the scope of responsibilities be?
- How will responsibilities be divided between county IHSS and PA?
- What will the working relationship/level of coordination be between county IHSS and PA?
- . How will advocacy efforts be divided and/or coordinated between county/county lobbyist and PA/PA Advisory Committee?
- . How much authority (in what areas) will the PA have?
- . In what instances can the PA act independently? When does it need approval? Approval from whom?

- To whom does the PA report on a daily basis? Will there be a direct supervisory relationship between a county employee and PA Executive Director, or a liaison relationship?

2. Values and Mission Statement and goals for the PA

After agreeing on/understanding the role, responsibilities and authority of the PA the Team will be ready to address the organization's values, mission and goals. The Mission Statement is developed based on the values/principles held by the group relative to the organization; goals are developed that support the mission of the organization.

- What are the key/essential values/principles the group sees the organization being grounded in?
- What is a short succinct statement that encompasses the values/principles and states the mission of the organization?
- What does the group envision as the goals that will be address toward meeting the stated mission of the organization?

3. Advisory Committee mission, membership, structure and operations

- What is the mission/role/purpose of the Advisory Committee (AC)?
- Advisory on policy? Program? Legislation? Other?
- What is AC role in collective bargaining?
- Does AC have direct day-to-day relationship with Board, or is relationship through Executive Director? Other?
- What is the ideal number of members to accomplish the mission/role/purpose?
- What membership categories will best serve the mission/role/purpose?

While the following questions will be addressed once the AC is appointed, the Team may want to give some consideration to the following:

- AC committee structure, meeting schedule, need for reasonable accommodations (including transportation costs), decision-making process, Brown Act requirements, etc.

4. PA functions/activities:

In general the PA is required to provide: A registry of providers; screening and checking background of potential providers; a system for referring providers to consumers; and access to training for consumers and providers. The PA is allowed to provide other activities related to the delivery of IHSS.

Relative to each of these functions/activities, the list of issues/questions I would facilitate the Team in addressing includes, but is not limited to:

### Registry of Providers

Will registry be:

- Centralized or decentralized?
- Run in-house or contracted out?
- For IHSS only or also for private-pay?
- What will registry require in computer hardware and software?
- How does the system for referring to the registry work?
- Who makes referrals to the registry? County IHSS? Self? Other?
- How much information will County IHSS be willing to share with registry when making referral, e.g., 293?
- How does registry recruit sufficient numbers of providers to meet consumer needs?
- How does registry meet need to provide emergency, substitute, and short term and respite providers?
- What information is required of provider and what process does provider go through to be listed on the registry?
- Will a minimum level of training be required to be listed on the registry?
- What would exclude a provider from registry? Cause provider to be removed from Registry?
- What process will be used to address provider or consumer complaints, i.e., grievance procedure?
- How often will provider tiles be updated regarding provider availability?
- Whose responsibility will this be? PA? Provider? Both?

### Screening and Background Check

- . What will be required on the provider registry application?
- . Will references be required and checked? How many? What type?
- Will there be a policy for those who do not have references; have not worked before?
- Will documentation of any training, e.g., CNA, CPR, First Aid be required? Checked?
- . Will those indicating a willingness to drive on behalf of the consumer be required to show drivers license? Proof of insurance? DMV printout?
- . Will there be a criminal background check? If so how extensive?
- . What will policy be regarding exclusion based on criminal background check?
- . Will a face-to-face interview between provider and registry staff be required?
- . Will an I-9 be required?

### Registry Referral System

Access To Training For Consumers And Providers

Other Activities Related To The Delivery Of IHSS

5. PA administrative structure
  6. PA Executive Director and staff job descriptions
  7. PA budget and rate and documentation required by CDSS
  8. Evaluation plan for PA activities
  9. Performance indicators for PA activities
- D. Consultant would prepare final report (findings and recommendations) for Board of Supervisors approval.