



**California Association of Public Authorities  
for In-Home Supportive Services**

1029 J Street, Suite 120, Sacramento, CA 95814  
Phone: 916.492.9111 Fax: 916.492.9444

August 28, 2009

## **Funding cut to Public Authorities squeezes access to In-Home Supportive Services**

Tens of thousands of aged, blind, and disabled Californians who rely on their local Public Authority for help in receiving In-Home Supportive Services, are losing much of that help. In signing the revised 2009-2010 Budget package, Governor Schwarzenegger struck \$13 million – 57 percent – in General Fund support for operation of the Public Authorities.

The California Association of Public Authorities (CAPA), whose 52 member Public Authorities and Non-Profit Consortia represent 55 counties, reports that the cut will result in delays in screening potential providers for consumers seeking referrals, poorer provider referral for consumers elimination of critical although non-mandated services and trainings, and a loss of oversight as Public Authorities slash hours and staffing.

Absurdly, the cut comes alongside a flood of new administrative requirements. Over the next nine months, roughly 400,000 providers must undergo mandatory training, usually a service of the Public Authorities. In the meantime, various new fraud prevention and detection measures must be implemented, all requiring more staff time, not less. And at the moment, thousands of consumers are facing difficult losses in service, which they are asking their Public Authority staff to explain and hopefully ease.

In the face of the Administration's parallel effort to improve program "integrity," the cut in Public Authority funding is both dishonest and self-defeating. For IHSS consumers with a growing need for more – not less – information and assistance, the cut is a mindless cruelty. Ultimately, the new and inevitable delays in provider placement serve no one, including the taxpayer, since during those delays many consumers will get assistance not at home but at expensive nursing facilities. Many consumers simply will never return home.

Consumers, providers, policymakers, and the state's taxpayers can anticipate wide losses in program services, quality, and effectiveness. These losses include:

**Delayed referrals** - Many Public Authorities generate and mail lists of providers from the Registries on a tight turnaround; 24-hour turnaround is the typical standard. With the loss of staffing – and in many PAs, the majority of staff will be lost – members report that turnaround times will expand to anywhere from 48 hours up to a week or 10 days. During those delays, one PA Director reports, “Consumers may be without help until help can be found, putting them at risk for harm and neglect. Maybe they won’t eat.”

**Poorer matching of providers and consumers** – Some PAs now check all provider names before mailing out their lists, to ensure that the provider is currently available and interested in providing services. In addition, most PAs spending time trying to match a provider’s skills with a consumer’s needs, language preferences, and other criteria. Many PAs schedule 10-day follow-ups, or in-home visits, to ensure the hiring process has been successful. Similarly, almost all PAs take an active role in resolving payroll and other disputes. Most PAs report the loss of all, or nearly all, capacity to perform these functions.

**Background checks delayed** – Most PAs order background checks for all Registry providers. Although providers will soon have the obligation to pay for those checks, the processing of those reports, including mailings to providers who don’t qualify, will be subject to long delays.

**Loss of on-call coverage** – Many PAs contract with outside agencies or have their own on-call list to provide coverage when providers are sick or can’t work or to cover urgent needs. Some counties report that on-call services will no longer be provided.

**Consumer access sharply reduced** – Consumer and providers will find their Public Authorities open less often, both for in-person or telephone inquiries. One PA Director reports a move to multi-day office closures. Another notes that reception hours, currently 8 a.m. to 5 p.m. will have to be scaled back to two or three hours per day. Consumers and providers who show up outside that window “would not get their inquiries addressed until they receive a phone call back many days later.” Most PAs note that the wait times for return phone calls will extend to five days or a week.

**Reduced frequency and range of training** – As one of their statutory roles, Public Authorities offer training to providers and consumers. Topics range from basic orientation and performance of tasks, to legal rights and responsibilities, reporting of abuse and fraud, first aid, and management of chronic conditions. Ironically, just as the State is mandating that all providers take narrow, specific training that focuses on avoiding fraud, PAs are losing the capacity to provide training that benefits the consumer and provider by strengthening the providers’ skill sets. As one PA director explains, “Provider orientation/training will go by the wayside...Necessary do’s and don’ts will be missed and quality of care will be diminished significantly. Questions regarding proper ways of providing services will go unanswered...raising risk of harm to consumers.” A PA Director in one mid-size county anticipates that “provider training [will] be limited to handing out an information sheet of training available in the community.”

**Less consumer and community outreach** – Many Public Authorities conduct outreach to promote IHSS’ value in keeping residents in their homes and communities. PA staff make visits

to adult day care centers, senior centers, health fairs, and other venues. Members report that these visits will stop. Many Public Authorities publish newsletters, which are a cost-effective means to convey information to consumers and providers; these publications will cease.

**Staffing for IHSS Advisory Committees eliminated** – With representatives from consumers, providers, and other community stakeholders, local IHSS Advisory Committees have been critical to tailoring the delivery of service to the needs of consumers in that county. Regrettably, many PAs will no longer be able to provide staffing to those committees.