



California Association of Public Authorities
for In-Home Supportive Services
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May 5, 2009

The Honorable Fiona Ma
California State Assembly
State Capitol
Sacramento, CA 95814

RE: AB 1000 (Ma)
CAPA Position: Express Concerns

Dear Assembly Member Ma,

The California Association of Public Authorities (CAPA) has concerns about the provisions in your legislation, AB 1000, as they pertain to the In-Home Supportive Services program (IHSS). CAPA represents 52 Public Authorities and Non-Profit Consortia operating in 55 counties, each of whom serves as the local employer of record and maintains the provider registry for the IHSS program

CAPA absolutely believes that IHSS providers would deserve paid sick leave if such a benefit were extended to all California workers. The health and wellbeing of IHSS workers is crucial to the delivery of in-home services, and assuming the many funding and implementation issues could be resolved, CAPA would be pleased to support a paid-sick-leave proposal.

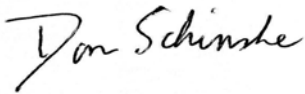
Yet these issues remain formidable:

- 1) Funding – The accrual of one paid sick leave hour per every 30 hours work would, in rough terms, increase the cost the IHSS program by more than three-percent. The increased costs would be borne by the State, along with the federal government and the counties, at a time when public resources at all levels are stretched desperately thin. The “dollar-neutral” alternative – to reduce hours of service to IHSS consumers to accommodate higher payroll costs – is one CAPA would oppose strenuously.
- 2) Double payment for services – The State and other funders of the IHSS program would, in effect, need to pay twice to meet the needs of a consumer whose regular provider is ill. The ill provider would be paid, as would the substitute provider who delivers that day’s services. Even if the State were willing to pay twice for its share of the service, it is unclear whether the other funders – the federal government and the counties – would agree to do the same with their share of the IHSS obligation.

- 3) Tracking – Public Authorities likely would be made responsible for tracking the accrual of sick hours. Such tracking, in most typical employer-employee arrangements, is handled through automated payroll processing. However, most PAs are not now involved in the payrolling process and so would likely need new capacity – human and technological – to track the accrual. The fact that many providers work for multiple consumers, and that many consumers are served by multiple providers, further complicates what would appear, at the moment, to be an intensely manual process.
- 4) Family member providers – Statewide more than half of the consumer-provider relationships are between family members. When relationship is within in the same household, it is hard to visualize what sick leave would mean. It would be tougher still to define a workable process in regulation.
- 5) Collective bargaining – By requiring that providers receive sick-leave benefits or increased pay, that state would be dictating the terms of collective bargaining.
- 6) Consumer needs – IHSS consumers are authorized hours based on the number needed to keep them safely in their homes. Unless specific provision is made to ensure that consumers receive all their service hours, we believe the bill could threaten the safety of consumers and their ability to remain at home.

Please, as you and your colleagues consider AB 1000 and the important benefit it would provide to many California workers, we ask that you address the unique challenges it presents to the IHSS program, and the 440,000 consumers who depend on it to be accessible, reliable, efficient, and adequately funded.

Sincerely,



Don Schinske
Legislative Advocate

cc. The Honorable Kevin De León, Chair
The Honorable Jim Nielsen, Vice Chair
Assembly Appropriations Committee
Members, Assembly Appropriations
Consultant, Assembly Appropriations