



PERSONAL ASSISTANCE SERVICES COUNCIL
..... of Los Angeles County





Sandy Varga

in memoriam

Sandy Varga, newly-elected Chair of the Governing Board of the Personal Assistance Services Council of Los Angeles County (PASC), unexpectedly passed away on September 23, 2011.

Born in New York, Sandy moved to the Los Angeles area in 1984 and began a finance career in the entertainment industry. In 2002, she was diagnosed with cancer, and two years later became hemiplegic due to a medication error. She eventually went into remission and was declared cancer-free, but spent the rest of her life living with a disability.

Sandy viewed her new life as a blessing and followed her second calling as an advocate for the disability community. In 2008, she was appointed to the PASC Governing Board. She was also appointed to the Access Services Board of Directors, and served as the Southern Region Vice President of the California In-Home Supportive Services Consumer Alliance (CICA). Sandy volunteered her time by representing In-Home Supportive Services (IHSS) consumers on the statewide IHSS Coalition, and was later appointed Coalition Chair. She also made countless trips to Sacramento to testify at public hearings, visit with legislators, and participate in rallies related to disability issues.

Sandy's efforts as an advocate for the IHSS and disability communities were recognized in 2008, when she was the recipient of an LA County Access Award. Her dedication to empowering people with disabilities and her presence among the IHSS community will be missed. Sandy is survived by two children and four grandchildren.

PASC mission statement

The Personal Assistance Services Council is committed to improving the In-Home Supportive Services Program and enhancing the quality of life for all people who receive and provide In-Home Supportive Services.



governing board



(above)
Chair: Sandy Varga
(passed away following Board election,
September 2011)

(below)
Chair: Lillibeth Navarro
(October 2011-present)

(from left to right)
Vice Chair:
James N. Adler

Secretary:
Ernie Castano

Treasurer:
Chris Otero

Member at Large:
Deborah Miles

Rosalie Argenta
Margaret Belton
Jerry N. Davila-Castro
Janet Heinritz-Canterbury
Nancy Becker Kennedy
Terry Magady
Bertha Poole
Eric Vasquez





from the BOARD CHAIR




Lillibeth Navarro



As PASC Board Chair, I am proud that PASC is committed to protecting the IHSS consumers and providers it serves, as independence is sacred to people with disabilities, and certainly key to the American mindset. For the disabled who have the skills to navigate their environment and use the community resources necessary for independent living, the availability of IHSS ranks first in the order of things to check off to achieve independence. From the early history of the IHSS Program, traceable to the polio survivors of the mid-fifties and early sixties, the program has undergone tremendous upheavals of budget cuts, program alterations, and positive and negative bureaucratic changes affecting both recipients and providers. The reciprocal and interdependent bonds between these two groups have been severely tried and tested to the core, for some to the breaking point. Yet, 30 plus years later, IHSS remains robust, although about to enter a tunnel of uncertainties.

What constitutes the elements of this tunnel? For one, there is the advent of managed care, the Duals Demonstration of California's Coordinated Care Initiative (CCI), which is sure to change the IHSS Program for Medi-Cal and Medicare recipients. Who is to administer IHSS, and what happens to the individual provider mode? Do recipients retain their right to hire, fire, and train their providers? Do providers get to keep their hours and union membership? How does the HMO figure in all this? The questions are many, and even the state, in light of the Affordable Care Act, is still in the process of tweaking the massive proposal of healthcare reform.



So we welcome the changes in healthcare directed at comprehensive services delivered with cost efficiency and intelligent coordination toward a greater quality of life. It is indeed a very attractive, reasonable proposition until you read the fine print:

1. We do not see in the CCI a well-defined, step-by-step process of providing advanced notice to Medi-Cal and Medicare recipients of these drastic changes in their healthcare coverage. For people with severe disabilities on complicated therapies and in treatment under the care of medical specialists, there is no provision for a reasonable and timely transition, so that those therapies are not abruptly discontinued and disapproved, putting the lives and health of the severely disabled in jeopardy. We demand, rather, to see the creation of an emergency triage of sorts, something like an emergency shelter for dislocated Medi-Medi recipients. This “ER Shelter” should consist of the following:

- a.) *Timely notification to Medi-Cal and Medicare recipients, at least six months in advance, to provide reasonable accommodation under the Americans with Disabilities Act of 1990 and its subsequent amendments, so that those needing plenty of preparation time to understand what’s going on have time to map out a medical plan of action and to get together the necessary finances to make the adjustments.*
- b.) *Timely notification to HMOs chosen to implement the CCI, so that they can better assess their capability to provide services and have time to design new programs or mimic other government programs, like the different long-term care waivers currently open to Medi-Cal recipients; also to give HMOs the time to adequately inform recipients about their plan to cover services as comprehensively as possible to assure a seamless transition for Medi-Medi and other recipient categories affected.*
- c.) *Adequate accommodation for opt-out options for Medi-Medi and Medi-Cal only recipients.*
- d.) *A robust Ombudsman Program that assures that recipients receive a seamless transition to the HMOs, through wise advice and competent advocacy, giving recipients continued access to their therapies and medically necessary treatment.*
- e.) *The provision of a Special Circumstances Program in the Department of Public Social Services (DPSS) for the purchase and provision of goods and services needed by the severely disabled in the CCI transition process.*

What do we do in the meantime? We remain vigilant, truly involved advocates, recipients, and providers. Let us work closely with PASC in its myriad of activities of consumer education and outreach, legislative monitoring, and government relations, in its ceaseless advocacy toward the continuing improvement of the IHSS Program. Change is permanent, but it ought to heighten our watchfulness and hone our people skills and sharpen our strategic thinking.

Lillibeth Navarro
Chair
PASC Governing Board



message from THE EXECUTIVE DIRECTOR



Greg Thompson

As PASC's Executive Director, I am pleased to submit our eleventh Annual Report to the Board of Supervisors of Los Angeles County for the period of July 1, 2011 through June 30, 2012.

During this reporting period, PASC has remained strongly committed to implementing the basic objectives set forth in its mandate to:

- function as the employer of record of IHSS workers for collective bargaining purposes*
- develop and operate a Registry*
- provide access to training*

PASC has made it a priority to reach out to IHSS consumers in an effort to ensure the core principle of “nothing about us without us.” PASC has introduced new technology to continue to expand its programs and projects, and make it easier for consumers and providers to access information. The following highlights this year's activities:

Registry

The PASC Homecare Registry continued to expand while providing assistance to IHSS consumers and providers. As of June 30, 2012, over 11,000 IHSS consumers and 14,000 providers have been approved for Registry services. The PASC Registry has made over 24,000 “matches” since June 2002, and continues to respond to an increasing number of inquiries about joining our Registry.

Collective Bargaining

PASC continued to work with the Service Employees International Union, United Long Term Care Workers (SEIU ULTCW). Together we accomplished the following:

- PASC and SEIU ULTCW signed a three-year collective bargaining agreement, including a wage increase for providers.
- PASC and SEIU ULTCW successfully completed their arbitration and have implemented the requirements of that agreement.
- PASC entered into a contract with L.A. Care Health Plan to manage the PASC-SEIU Homecare Workers Health Care Plan.

Legislation

The IHSS Program continued to be threatened by budget cut proposals in fiscal year 2011-12. These proposed cuts threatened the rights of IHSS consumers and their ability to live independently in the community. On behalf of the IHSS consumers and providers, PASC worked with legislative leaders to help protect the IHSS program, and participated in multiple CCI statewide workgroups and stakeholder meetings. PASC, along with the California Association of Public Authorities (CAPA), supported many pieces of legislation with the intention of enhancing the IHSS Program.

Trainings

PASC's training programs continued to help consumers and providers utilize the IHSS Program more easily and effectively. Working together with several organizations, PASC offered free trainings and seminars to help improve services for LA County seniors and persons with disabilities. PASC continued to incorporate new methods to make trainings more accessible, including seminars via teleconference and videos available online.

Homecare Workers Health Care Plan

PASC continues to administer the PASC-SEIU Homecare Workers Health Care Plan, which provides affordable health insurance to over 41,000 IHSS workers in LA County.

Fiscal

PASC is responsible for its fiscal management, and operates in compliance with federally mandated accounting practices and auditing standards. Each year the program contracts are individually audited with regard to their accounting standards and internal controls, in compliance with OMB Circular A-133. As a result of this annual audit for the year ended June 30, 2012, an “unqualified opinion” was expressed by Quigley & Miron, PASC's independent auditors.

I look forward to continuing to work together with DPSS, the PASC Board, PASC's employees, and our many community partners to seize new opportunities to ensure that the IHSS Program continues to serve seniors and persons with disabilities.

Greg Thompson, LCSW
Executive Director

REGISTRY



The PASC Homecare Registry is one of the most important community resources for IHSS recipients and homecare providers in Los Angeles County, and is the number one IHSS provider referral service in the county. The Registry offers a free referral service that brings together IHSS consumers in need of assistance and IHSS homecare providers, so that they themselves may decide if they wish to enter into an employer-employee agreement. In addition, the Registry has become a very well-known and highly trusted source of information and assistance for IHSS-related issues such as missing timesheets, late payments, and consumer-provider discrepancies. Following are highlights of some of the Registry's operational procedures, services, and users.

User Requirements

In order to participate in the PASC Homecare Registry, both IHSS consumers and homecare providers are required to complete a Registry Application Packet, which includes a waiver and a release of information agreement. Also, consumers must be current with IHSS and reside in Los Angeles County; homecare providers must meet additional Registry requirements:

1. Attend a three-hour Registry Orientation Meeting (ROM) *
2. Show proof of identity
3. Submit information on their employment history for the past five years
4. Submit three personal references from individuals who are not family members

Registry Matching Criteria

The PASC Homecare Registry adheres to three main referral criteria when matching consumers and homecare providers:

1. The consumer's request for certain services and skills and other specific needs, and the particular skills, capabilities, experience, and willingness of the provider applicants
2. Geographical proximity (estimated travel time and ease of transportation) of the residences of the consumer and the provider applicants
3. The consumer's scheduling preferences in comparison with provider applicants' availability

Notwithstanding the above matching parameters, if a consumer requires very intimate personal care such as toileting, bathing, dressing, etc., he or she may request that, inasmuch as possible, the provider applicants referred be gender specific, or that additional efforts be made to identify provider applicants with specific experience, training, skills, and/or willingness to adapt to special circumstances, such as when a consumer is chemically sensitive.

Registry Matching Process

The PASC Homecare Registry uses a customized database application that facilitates the consumer-provider referral process. The application allows staff to search the Registry's universe of available providers primarily based upon the above-described main referral parameters, and generate referral reports which are forwarded to the consumers for their consideration. Consumers are responsible for initiating

contact with provider applicants, but the Registry is also available to initiate provider contacts at a consumer's request. The Registry does not recommend or assign applicants to IHSS consumers; consumers, in their capacity as employers, must choose and manage their own providers.

Issue Solving Unit

Over the years, PASC has provided assistance to providers and consumers to resolve issues pertaining to missing timesheets, late paychecks, and minor consumer-provider disputes. With the inception of the new state-mandated requirements for IHSS homecare providers, the number of service request calls from consumers and providers regarding the above matters increased substantially. This prompted the creation of the Issue Solving Unit in March 2012, as an extension of PASC's Registry services. The Issue Solving Unit takes calls from consumers and providers seeking assistance on a variety of issues, including requests for help to schedule a county orientation for new homecare providers, to obtain timesheets, to normalize provider semimonthly IHSS payments, to identify an assigned social worker or specialized provider clerk, and/or to get consumers' IHSS services reinstated. The Issue Solving Unit helped 229 consumers and providers to resolve a variety of problems related to IHSS enrollment and payment processes during reporting period.

Registry Outreach

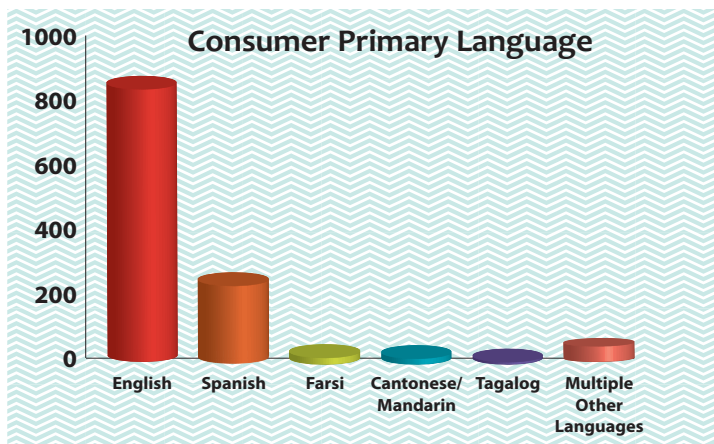
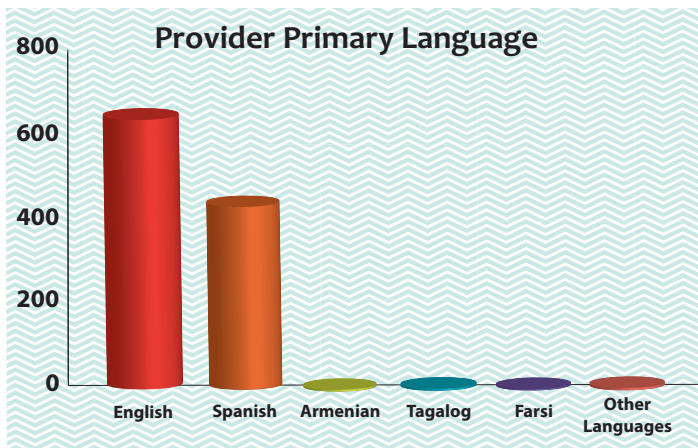
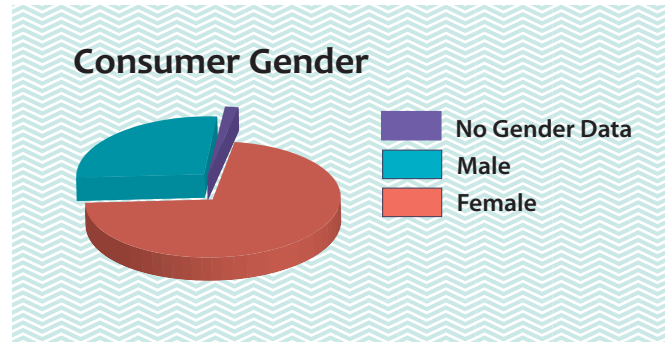
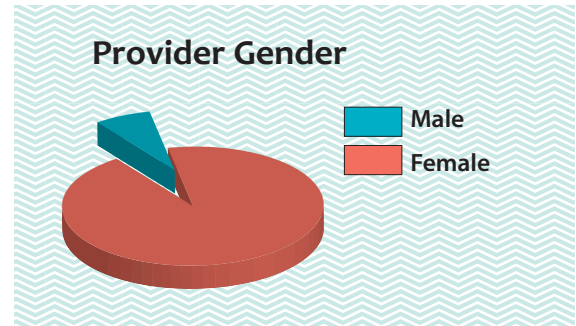
Aside from the fact that PASC is a widely known and respected organization in the IHSS, senior, and disability communities within LA County and beyond, it has also established a number of procedures and year-round activities to publicize its Registry services. First, it has developed a series of brochures, fliers, and informational documents that are periodically distributed among well-established senior and disability organizations, libraries, and healthcare facilities. Second, PASC disseminates information about its Registry services directly to county IHSS social workers, and they in turn relay this information to their clients during initial IHSS assessments and annual visits. Third, PASC not only participates in numerous community fairs, health fairs, conferences, seminars and other activities on a routine basis, but also makes presentations throughout the year at Department of Housing and Urban Development facilities, case management workgroup meetings, senior centers, and multiple community organizations.

* This orientation is in addition to the orientation meeting mandated by the state and conducted by local IHSS officials.

Registry Provider Recruitment

PASC regularly conducts ROMs in different cities of Los Angeles County to recruit new homecare providers. Registry provider applicants must first contact the Registry and ask to be placed on a waitlist. When the Registry has a need for homecare providers in certain geographical areas, provider applicants on the waitlist from those areas are invited to participate in a ROM. ROMs are three hours long: The first two hours are dedicated to explaining IHSS-related matters such as the IHSS Program, mandated state requirements for new IHSS providers, consumer rights, provider responsibilities, and the Registry. The last hour is used to respond to participants' questions and to collect Registry Application Forms.

During the period of July 1, 2011 to June 30, 2012, PASC conducted 67 ROMs, recruited 1108 new providers, signed up 1199 new consumers, and made 2771 consumer-provider matches.

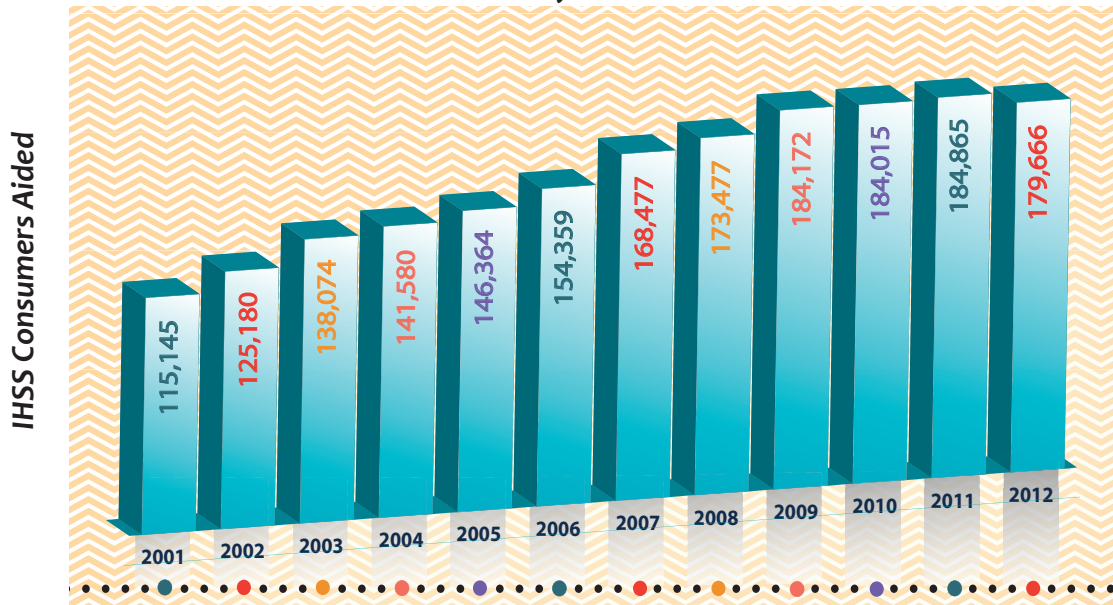


New Provider Enrollment Program/Procedures

State laws enacted in 2009 require IHSS homecare providers to complete a mandatory three-step enrollment process. First, provider applicants who have been hired by an IHSS recipient must attend a special meeting, conducted by local IHSS officials, to learn important facts and regulations germane to the IHSS Program. Second, they must submit their fingerprints via a live scan process and clear a CBI administered by DOJ. Third, they must submit to IHSS officials valid proof of identity, and complete a county provider enrollment form. PASC plays an extremely vital role in the implementation of these provider enrollment requirements.

PASC coordinates the CBI process by making available to county staff and homecare providers live scan form documentation and instructions for fingerprint submission and criminal background checks. In addition, PASC receives and analyzes CBI responses (also called Criminal Offender Record Information, or CORI) from DOJ and determines provider eligibility for the IHSS Program. Furthermore, PASC notifies providers and county staff of the status and final outcome of every CBI transaction performed for IHSS purposes in Los Angeles County. Last, but certainly not least, PASC operates a call center to respond to inquiries related to the provider enrollment requirements, CBI process, status of criminal background investigations, and IHSS payment procedures. During fiscal year 2011-12, PASC reviewed and processed over 30,000 CORI responses, in addition to close to 8000 subsequent arrest notifications and conviction reports.

IHSS Caseload Growth and Projected Caseload Growth



Over 179,666 consumers receive IHSS services in Los Angeles County as of June 30, 2012. Since December 1993, the number of IHSS consumers has risen by 162%.

PROGRAMS



Training

In an effort to continue to provide access to training for consumers and providers, PASC has both developed, and worked with community partners to provide, a variety of free trainings throughout LA County. Several trainings were chosen to help consumers better understand the IHSS system, including How to Make the Best of Your IHSS Experience, How to Hire and Train Your Homecare Worker, and Getting the IHSS Hours You Need. These topics were offered both in classroom-style presentations and as TeleWorkshops, for which participants called in to a toll-free number in order to hear the presentation without leaving their homes. In addition, home- and community-based issues, health topics, and IHSS legislation topics were included in training programs such as these:

How to Hire and Train Your Homecare Worker – Tips on how to hire a homecare provider who best meets your needs.

How to Make the Best of Your IHSS Experience – Strategies to save time and money as an IHSS consumer.

Directing Your Medical Care – How to prepare for doctor visits and get the care you want from your medical professionals.

Lifting and Transferring – How to lift or transfer a person who cannot move him/herself from a wheelchair or bed using a Hoyer Lift or slider board.

De-Cluttering – The difference between clutter and hoarding and how to de-clutter a home.

Diabetes Management 101 – Learn about diabetes and how to plan a menu and make wise food choices. Also offered is a four-part series that discusses the basics of diabetes, dental care, diet and exercise, balancing your diet, carbohydrate counting, and meal planning, with cooking tips and recipes.

Balance and Fall Prevention – Techniques to prevent falls while maintaining your mobility.

Information and Referral

The Information and Referral Program continues to grow its database of community resources, including independent living centers, senior centers, rehabilitation centers, housing resources, the homecare workers' union, accessible transportation, legal advocacy services, and home health services. During fiscal year 2011-12, PASC assisted consumers and providers with over 1000 referrals to resources such as these.

Community Outreach

PASC's Outreach Program continued to expand its services to the senior and disability communities through community events, in-person meetings, and print and electronic media. Homecare workers, family members, and professionals who were interested in these outreach events were also allowed to attend.

PASC also participated in the Los Angeles County Commission on Aging and California's Olmstead Advisory Committee. PASC gave informational presentations, participated in community resource fairs, and collaborated with community agencies to continue to provide the PASC-IHSS Mobile Help Desk. Through the Mobile Help Desk, PASC staff meet one-on-one with seniors and people with disabilities in various locations in an effort to make it more convenient for those who would prefer to meet staff in person. PASC also reached out to the community electronically, through its website and monthly e-newsletter, the PASC E-News; these provide other venues to disseminate information on trainings and events, the IHSS Program, PASC's services, community resources, and legislation. Published in both English and Spanish, these reach a wide array of people.

Back-Up Attendant Program

The PASC Back-Up Attendant Program refers short-term replacement homecare providers to qualified IHSS consumers who need vital assistance in their homes when their regular attendants, and their designated substitutes, are unable to work due to an unplanned or unexpected event or circumstance. Consumers who are eligible to use the Back-Up Program typically have higher levels of care needs than most IHSS consumers, and cannot be left without assistance for extended periods of time or even a few hours. Services provided through the Back-Up Program allow approved consumers to get the care they need in absence of their regular homecare providers or substitutes. Back-Up Program hours do not supplement the consumer's IHSS authorized hours; any service hours worked by an IHSS provider for a Back-Up Program consumer are subtracted from the consumer's total number of authorized hours for that particular month.

Providers who participate in the Back-Up Program are individuals who have a nursing background or training, or extensive experience working for individuals with disabilities. Back-Up Program provider applicants must have completed a Certified Nursing Assistant (CNA) or Licensed Vocational Nurse (LVN) course or higher, or demonstrate that they have the skills and experience required in order to work for IHSS consumers with severe disabilities. In addition, Back-Up providers complete a program orientation and either a 12-hour training course or a proficiency exam, to ensure that they are prepared to assist consumers with personal care and paramedical services with little notice or time for on-the-job training. Back-Up providers are currently paid \$12.00 per hour.

During fiscal year 2011-12, the Back-Up Attendant Program signed up 95 new consumers --bringing the total to 1230 consumer participants -- and filled 192 requests.

Homecare Workers Health Care Plan

The PASC-SEIU Homecare Workers Health Care Plan has been designed to provide much-needed healthcare benefits for many IHSS workers in Los Angeles County who would otherwise be uninsured. Implementation of a health benefits program tends to produce a larger, more stable workforce for IHSS recipients. Since the Plan's implementation in April 2002, enrollment has grown to over 41,000 members, making it California's largest medical benefits program for IHSS workers.

For an IHSS worker to be eligible to enroll in the Plan, data records must show that the worker was authorized by the county to work 77 or more hours per month for the preceding two consecutive months and that, at the time of enrollment, the worker has remained on active payroll in a 77-hour assignment.

Effective February 1, 2012, all lines of operation for the IHSS health plan were successfully transitioned from Community Health Plan of Los Angeles County to L.A. Care Health Plan. PASC continues to be the administrator, providing monthly analysis of IHSS workers' eligibility, mailing and processing enrollment forms, and operating the Health Plan Information and Enrollment Call Center.

pascla.org



Legislation

PASC continues to track, analyze, and educate its constituents about state and federal legislation impacting services for IHSS consumers and providers. Several modes of communication are utilized to communicate legislative news to the PASC community, including PASC's website, e-news, targeted mailings, and presentations in the community. PASC also maintains a presence in legislators' offices in an effort to educate them about the IHSS Program and legislation impacting it. PASC Board and staff regularly visit the offices of legislative members who represent its constituents and submit letters to support or oppose specific legislation. They also speak with legislators or their deputies regarding their concerns about legislative issues.





FINANCE



Statement of activities and changes in net assets
For the years ended June 30, 2011 and June 30, 2012

	2011 Audited	2012 Audited
Revenues	\$ 3,937,753	\$ 4,142,682
Operating costs	\$ 3,947,159	\$ 4,133,855
Operating surplus	\$ (9,406)	\$ 8,827
Net assets, end of year	\$ 2,390,583	\$2,416,444

Complete audited financial statements for years to June 30, 2012 are on file at PASC's offices.
The auditor's report, completed by an independent certified public accountant, was unqualified.



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