



PASC

ANNUAL REPORT

Personal Assistance Services Council Annual Report for Fiscal Year 2013 - 2014



PASC



PASC

MISSION STATEMENT

The Personal Assistance Services Council of Los Angeles County (PASC) 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.

In-Home Supportive Services

The In-Home Supportive Services (IHSS) Program helps pay for services provided to low-income elderly, blind or disabled individuals to hire someone to help them with housework, meal preparation, and personal care. With help, individuals who receive IHSS can remain safely in their own home and do not need to move into skilled nursing facilities.

Some of the services that can be authorized through IHSS include: housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments, and protective supervision for consumers who are mentally impaired.

Who we are



The Personal Assistance Services Council (PASC) is the public authority for In-Home Supportive Services (IHSS) in Los Angeles County. PASC was established by the County Board of Supervisors in 1997, and its main goal is to enhance the IHSS Program. PASC serves as the employer of record representing over 140,000 IHSS providers for purposes of collective bargaining over wages and benefits. It also operates a Registry to provide referrals for IHSS consumers and providers, provides access to training for IHSS consumers and providers, operates the county back-up program, administers the PASC-SEIU Health Plan for eligible homecare workers, has an Issue Solving Unit, and provides an array of support services to the IHSS Program in general.

PASC Governing Board

Lilibeth Navarro - Chair
James Adler – Vice Chair
Chris Otero - Treasurer



Deborah Miles – Member at Large
Bertha Poole
Jerry N. Davila-Castro



Maggie Belton
Nancy Becker-Kennedy
Terry Magady



Ernie Castano

Not Shown
Kevin MacDonald
Randi Bardeaux
Hope Boonshaft





The PASC Governing Board meets on the first Monday of the month in the Kenneth Hahn building, downtown Los Angeles, from 1:00 PM to 4:00 PM. Each year the board votes on area(s) of focus for the upcoming year. In addition to its core functions, in FY 2014-2015 the PASC Board will also be focusing on the following issues:

- Make IHSS Provider Criminal Background Investigation optional
- Allocate additional IHSS hours for emergencies
- Restore the seven percent reduction of IHSS hours
- Protect the IHSS IP mode and consumer direction
- Improve the content of new provider orientation workshops
- Restore State participation in share of cost spend down for Medi-Cal
- Protect the role of the local public authority
- Pay IHSS workers for on-the-job training
- Pay providers to attend IHSS orientations
- Make it possible for IHSS workers to be paid within two weeks of work completion
- Provide credits, workers' compensation, and all other benefits for parent and spouse providers
- Provide consumers with access to doctors' offices with accessible examination tables
- Make it possible for IHSS consumers to qualify automatically for waiver programs

Message from the Board Chair

The love and caring of human beings is an utterly sensitive call—it is ingrained in the human heart as a given, and it comes as an instinct for mothers and fathers— family members at least. In the story of civilization, caregiving has held families and societies together, and its organic nature is evident in the different cultures of the world. This is essentially our charge at PASC, the promotion of the best of caregiving from both the recipient's and provider's side.

But this relationship has moved out of the realm of the home as society has evolved into nuclear families and a highly individualistic and/or bureaucratic orientation. Caregiving, once organic and simple, now entails government bureaucracies and payrolls, In- Home Supportive Services (IHSS) worker rights and IHSS recipient needs, and the once unbreakable nuclear core of caregiving is threatened with what is now a contest of benefits between two camps. Who has more benefit pluses, the recipients or the providers? If IHSS workers now have higher wages, when will the seven percent cut in hours be restored for IHSS recipients? If IHSS workers now have overtime pay, will IHSS recipients have the flexibility of keeping the IHSS providers of their choice, even if they have to sign for overtime hours? And the debate goes on.

PASC, committed to both groups, is left with the challenge and responsibility of working with everyone. The stakes are high, and the atmosphere for chaos is brewing. How do we get everyone to listen to each other without suspicion? How do we undo the knots of miscommunication and misjudgment? How do we get everyone to cooperate? Who can lead the way without any ulterior motive other than the common good?

Looking beneath the surface are hopeful signs— the unceremonious quiet of PASC staff patiently and methodically coordinating the organization of the consumers for various legislative visits, the conference calls explaining the consumer

options, and the active partnership with the different agencies and organizations working on the seamless transition into the *managed care* mode of healthcare through Cal MediConnect. On the state level, there is also the close collaboration with the California Association of Public Authorities (CAPA) on the issues of new IHSS timesheets and the accompanying trainings coming soon, as well as the upcoming Fair Labor Standards Act (FLSA) regulations.

Beneath the surface too is the passionate work of the different committees, particularly the PASC Managed Care Committee and its allies, assiduously monitoring how changes affect consumers in the most private of concerns, taking care that the organic nature of caregiving is not reduced to the institutional approach to healthcare.

The outside terrain certainly has dramatically changed for IHSS. Gone is its original simplicity, the way the gas-powered car was simple. But maybe, change, while chaotic now, will eventually bring with it the necessary upgrades to all moving parts of IHSS, the way the auto industry has finally and successfully come up with the environmentally-friendly hybrid model.

The goal is that IHSS maintains its integrity: IHSS recipients have final say in the management of their personal care, and IHSS providers are treated fairly and with respect. When we realize and appreciate our different roles in the massive work of IHSS reform, we can reasonably hope to attain this goal. To their core, most people are thoughtful problem solvers, creative, and practical, and the will to survive through tough times is instinctive.

Lilibeth Navarro
Board Chair



Message from the Executive Director

Although the California State Budget has a surplus, seniors and people living with disabilities continue to face a tough economic climate. The Personal Assistance Services Council of Los Angeles County (PASC) continues to provide excellent programs and services for consumers and providers. As Executive Director, I am pleased to submit the thirteenth Annual Report to the Board of Supervisors of Los Angeles County for the period of July 1, 2013 through June 30, 2014.

While honoring its mission to improve the In-Home Supportive Services (IHSS) Program and enhance the quality of life for all people who receive and provide IHSS, PASC continues to succeed in its implementation of the core objectives set forth in its mandate, which are:

- **Function as the employer of record of IHSS workers for collective bargaining purposes**
- **Develop and operate a Registry to match consumers and providers**
- **Provide access to trainings for consumers and providers**

PASC made many improvements to advance its delivery of services to consumers and providers. Following in suit with last year's telecommunications upgrade to the new telephone system, computer equipment was upgraded to allow for the installation of a Windows 7 platform. The Registry database was also upgraded for improved performance, which allowed the database and the telephone system to work together.

PASC also changed its copier/printers to a state-of-the-art system, which supports the production of high-quality photocopies and high-volume printing. This reduced our printing expenses for jobs that were previously outsourced.

PASC is now able to provide services that are evidence-based and cost-effective.

The following are highlights of this year's activities:

Registry

The PASC Homecare Registry continues to provide assistance to IHSS consumers and providers. As of June 30, 2014, over 17,070 IHSS consumers and over 14,260 providers were approved for Registry services, and over 27,700 “matches” have been made since the inception of the Registry. The PASC Registry has upgraded its technological systems to better support consumers and providers. A more comprehensive summary of Registry activities is included in this report.

During the reporting period, PASC continued to work closely with the United Long Term Care Workers (ULTCW) on issues of relevance to the homecare providers. The Labor Management Committee (LMC) expanded its scope to include the troubleshooting of issues resulting from the implementation of the Case Management Information and Payrolling System (CMIPS II), the revamped computer system installed by the California Department of Social Services (CDSS) to handle IHSS case and payroll matters.

Legislation

PASC continued to work with local and state politicians, advocates, and community organizations, to enhance the livelihood of IHSS consumers and empower them to live independently in the community. PASC continued to be present during the development phase of the Coordinated Care Initiative (CCI). The implementation of the CCI in Los Angeles County began on July 1, 2014. PASC is an active member of the California Association of Public Authorities (CAPA), which supports many pieces of legislation that are in IHSS consumers’ best interest.

Education and Trainings

While maintaining its existing relationships with several organizations and developing new ones, PASC continues to expand its education and training programs. We developed educational materials on a wide variety of topics related to the IHSS Program in the form of PowerPoint presentations, which can be made accessible to consumers and providers online, or in a classroom setting. Free trainings and education seminars are being provided, and consumers can connect to PASC through our new Facebook and Twitter pages. PASC is dedicated to providing access to information, so consumers and providers can easily access the IHSS Program. PASC continues to

conduct monthly Tele-Town Halls on important topics affecting IHSS consumers and their providers.

Homecare Workers Health Care Plan

The PASC-SEIU Homecare Workers Health Care Plan has over 47,000 IHSS provider enrollees in Los Angeles County. This Health Care Plan provides affordable health insurance for those homecare providers who would otherwise be uninsured. The medical benefits program enhances the stability of the IHSS workforce by reducing worker turnover, and promotes preventive healthcare to reduce unnecessary hospitalizations.

Fiscal

PASC prides itself as a conservative manager of public funds provided by federal, state and county agencies, while providing valuable services to enhance the lives of IHSS consumers and providers. PASC's fiscal management is in compliance with federally-mandated accounting practices and audit standards as an independent public authority to the County of Los Angeles.

Each year since its inception, PASC has been subjected to rigorous financial scrutiny by an independent Certified Public Accounting (CPA) firm. PASC's individual contracts are audited with regard to their accounting standards and internal controls, in compliance with Office of Management and Budget (OMB) Circular A-133. For the past three years, Quigley and Miron have performed this audit. As a result, for the year ended June 30, 2014, an "unmodified opinion" was expressed by this firm.

Working with the Los Angeles County Department of Public Social Services (DPSS), the PASC Board, PASC employees, and our many community partners, I will continue to honor our mission to improve the IHSS Program and enhance the quality of life for all people who receive and provide IHSS.

Greg Thompson, MSW

Executive Director



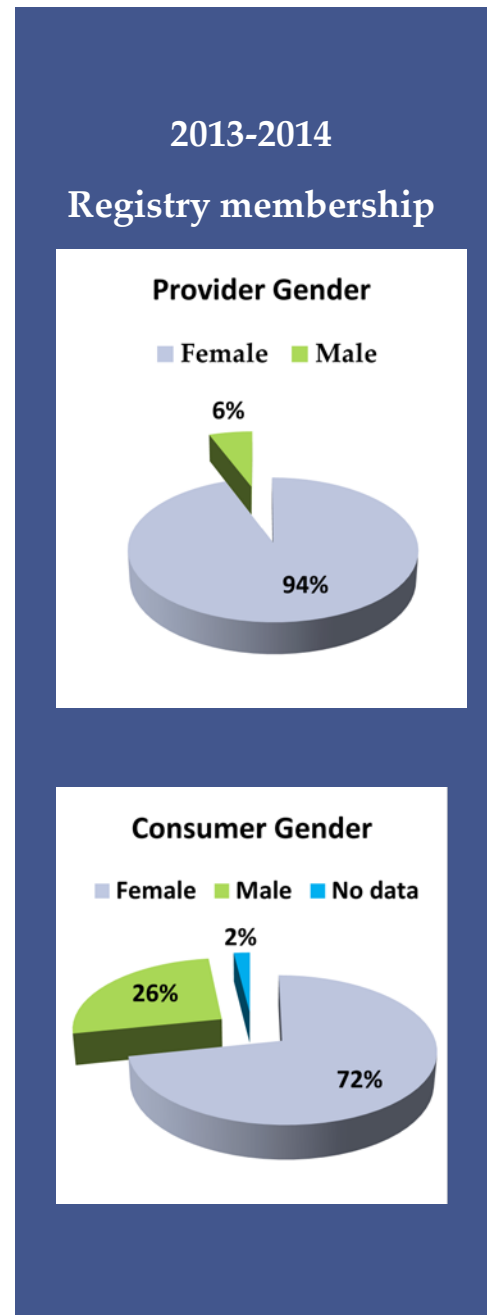
Registry

The PASC Homecare Registry offers vital services to the community of IHSS consumers and homecare providers. The Registry administers a process through which IHSS consumers seeking homecare assistance can be referred to homecare providers in search of employment, so that they themselves can determine whether they wish to establish an employment relationship. This is the Registry *referral and matching* service. The Registry also manages the *Back-Up Attendant Program*, a service designed to refer homecare providers to consumers with high-end needs when their regular homecare providers are unable to work due to an unplanned event or circumstance. In addition, the Registry runs the *Issue Solving Unit*, a team that provides assistance to consumers and providers who experience difficulties understanding and navigating the IHSS orientation, enrollment, and payment processes. Following is an explanation of how each one of these Registry services functions, along with statistics on our Registry operations for fiscal year 2013-2014.

Consumer Registration Requirements

In order to utilize PASC provider referral services, consumers must be approved by the Department of Public Social Services (DPSS) of Los Angeles County to receive IHSS, reside in LA County, and complete the PASC Registry application forms. Registry forms can be downloaded directly from our website, and they can be mailed, faxed, or emailed to consumer applicants.

Once the completed Registry forms are received, Registry staff must verify the consumer’s eligibility for IHSS. The eligibility verification process can be done very easily if the Registry has the consumer applicant’s new case number. When the case number is not readily available, Registry staff must contact the IHSS Ombudsman or



Registry



consumer's social worker, to verify eligibility for the IHSS Program. Once requirements are met, the consumers are added to the Registry, and they can obtain provider referral lists upon request.

Provider Registration Requirements

Registry provider applicants must attend a three-hour orientation meeting, clear a Criminal Background Investigation (CBI) as administered by the state's Department of Justice, show proof of identity, and complete the Registry Application forms. When completing the Registry Application forms, provider applicants are required to submit information on their employment history for the past five years and submit three personal references, which cannot include family members. PASC's Registry Orientation Meeting is different from the County's orientation for IHSS providers.

In FY 2013-2014, 1,317 consumers and 1,270 homecare providers joined PASC's Registry

Consumers approved for Registry 1,317

- Consumer Registry enrollment inquiries 2,051

Providers approved for Registry 1,270

- Provider Registry enrollment inquiries 7,028

Non-Registry-affiliated consumers and providers can also utilize PASC Registry services for assistance in resolving provider enrollment problems and payroll issues, and obtain information about the CBI process and other IHSS-related topics.

Matching and Referral Criteria

PASC Registry utilizes three main criteria when matching consumers and providers:

- (1) Consumer's needs, provider's self-described skills, experience, and willingness to work

Registry

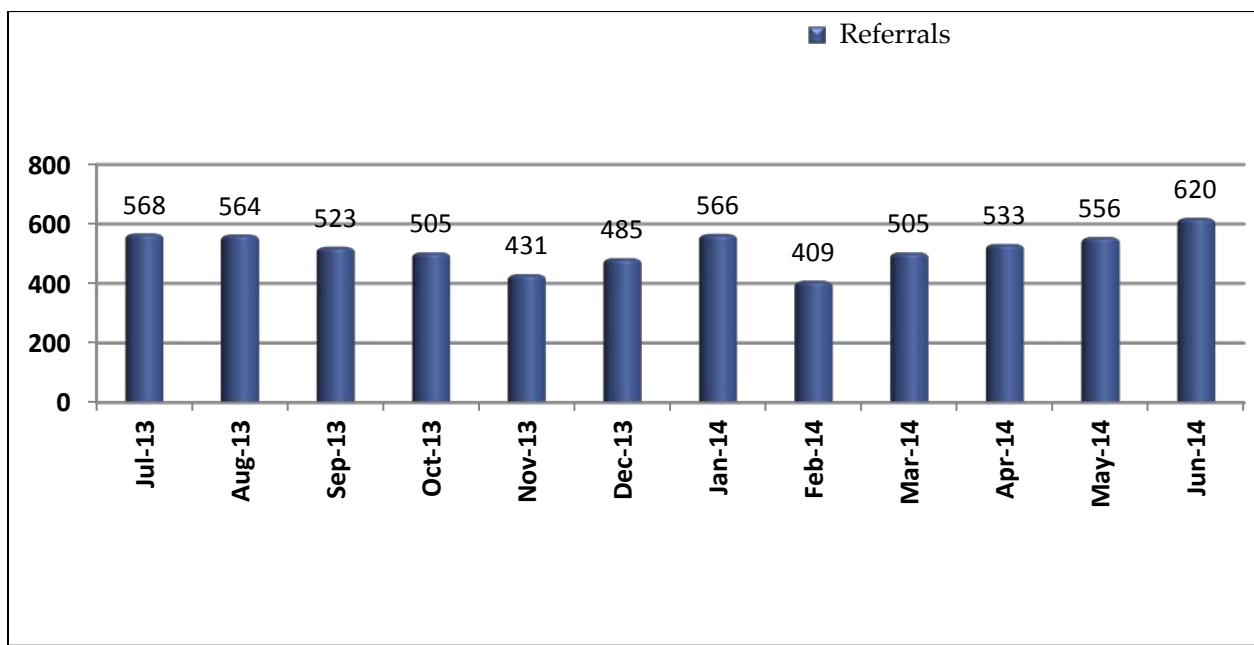


- (2) Geographical proximity between requesting consumers and provider applicants
- (3) Consumer's preferred work schedule compared to provider applicants' availability

Additionally, the Registry uses other referral criteria such as gender specificity – particularly when a consumer requires very intimate-type care, and language preference. The primary language of the overwhelming majority of Registry consumer and provider participants is English or Spanish.

The graph below shows the number of referral lists requested by consumers in FY 2013-2014.

FY 2013-2014 Registry Referral Reports Generated



During the consumer-provider matching process, information obtained from the Consumer and Provider Registry Application forms, and some limited data obtained from the state's Case Management Information and Payrolling System (CMIPS), is input in the Registry's customized database. The database stores, sorts, and generates provider referral reports ("referral lists"), which are made available to requesting consumers. The referral lists generally consist of contact information for up to five

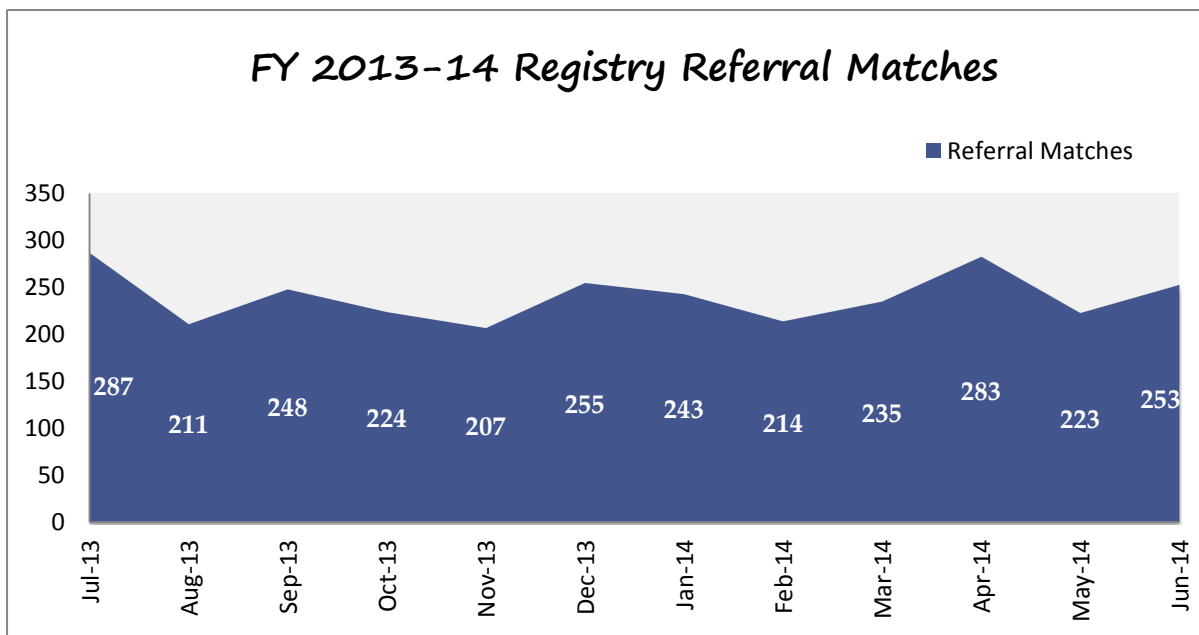
Registry



homecare providers who reside relatively close to the consumers, and the lists are forwarded to the requesting consumers by mail, fax, or email. (Often consumers ask for the referral lists by phone.) It is the consumers' responsibility to initiate contact with the provider applicants, to learn more about their schedule, possible job interviews, and/or hire them. In some instances, when a consumer has difficulties communicating by phone or has certain telephone usage restrictions, PASC Registry will initiate provider contacts at the request of the consumers.

In adherence to the individual provider (IP) mode, the Registry does not recommend, assign, or supervise the homecare providers; consumers must choose, direct, and manage their homecare providers.

The graph below represents the number of Registry referral matches made in FY 2013-2014.



Registry Outreach Activities

PASC Registry services are well-known throughout LA County due to the Registry's 13 years of successful operation, and to multiple service advertisement strategies used. First, county IHSS social workers and case managers from a variety of organizations distribute informational materials about PASC Registry services among their clients. Also, consumers and providers who are already signed up with the Registry inform other non-registry consumers and providers about

Registry



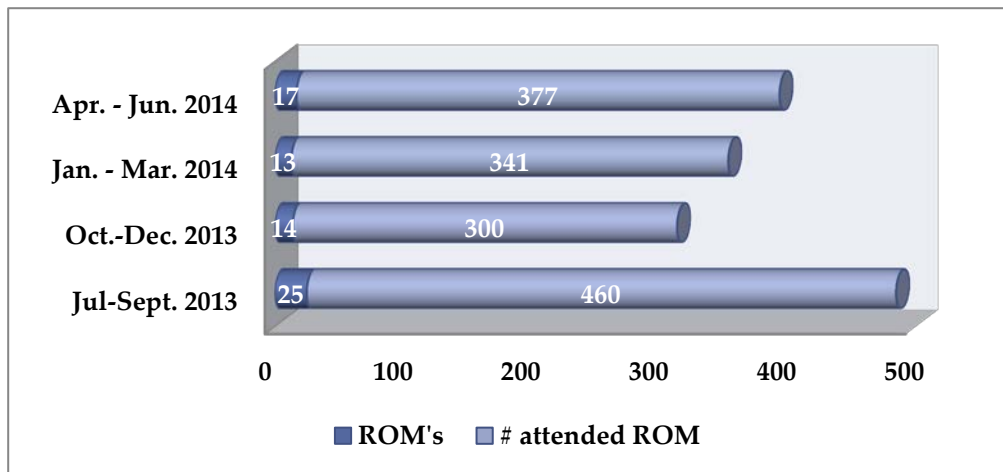
PASC and its services. PASC participates in multiple community fairs, health fairs, seminars, and workshops during the year. In addition, PASC distributes brochures and fliers at senior and disability organizations, libraries, grassroots organizations, and healthcare facilities periodically, and makes presentations at multiple senior and disability organizations upon request.

Registry Provider Recruitment

The PASC Registry consumer pool experiences a sustained growth throughout the year, so there is a constant need for new homecare providers. Registry provider applicants learn about the Registry in the same manner as consumers: through IHSS social workers and case workers, at community events, at job fairs, at senior and disability organizations, and most commonly, by word of mouth. Registry providers are recruited at PASC-coordinated Registry Orientation Meetings (ROMs). In order to attend a ROM, interested applicants must first contact the Registry and provide basic information about their experience, skills, and/or training as homecare providers—many PASC Registry provider applicants are current IHSS providers who are underemployed. The names and contact information for these potential applicants are saved in the Registry database system until such time that new monthly ROMs are scheduled. Once the monthly ROM schedule is set, a personalized notice is mailed to those potential Registry applicants who reside in—or close to—the areas where the ROMs will be conducted, inviting them to call in and reserve a space to attend a ROM.

In FY 2013-2014, PASC conducted 69 ROMs, which were attended by 1,478 individuals.

FY 2013-2014 ROM Meetings



Registry



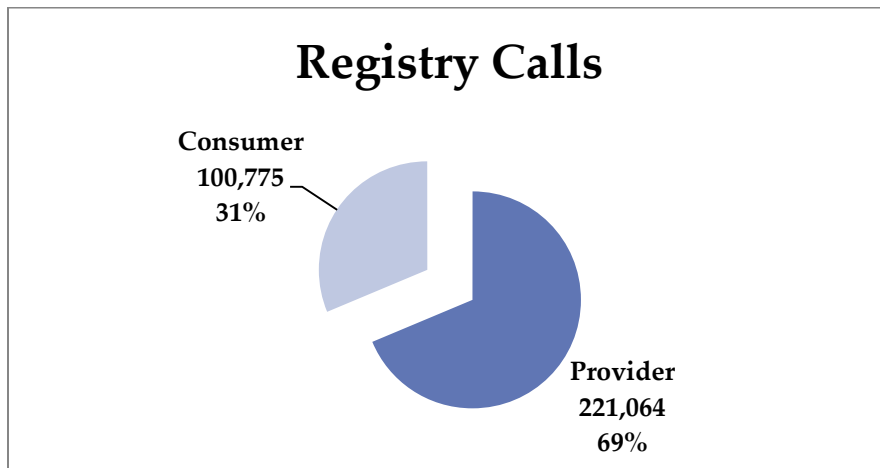
ROMs are typically three-hour-long meetings conducted in different cities of the county. The first two hours of the meeting are dedicated to reviewing important facts related to the IHSS Program and PASC Registry operations, including but not limited to the scope of the IHSS Program, the IP mode, the role of consumers as employers, the responsibilities of being a homecare provider, expectations for Registry providers, and the PASC Registry matching process. The final hour of the meeting is used to distribute, review and collect applications for the Registry.

Registry Call Center

PASC's call center consists of Registry Specialists and Clerks who are trained to aid in the Registry enrollment and matching process. In the FY 2013-2014 reporting year, the Registry system was upgraded to a state-of-the-art database allowing number recognition to be programmed within the Avaya phone system. The Registry call center handled 321,839 calls during the reporting period. On average, the phone was answered in **39 seconds**, with an average talk time of **two minutes** and **thirty-three seconds**.

The graph below represents the percentage of calls handled by the Registry call center.

FY 2013-2014 Total Calls



Back-Up Attendant Program

PASC Back-Up Attendant Program (BUAP) is a service established in 2007 to refer temporary substitute homecare providers to qualified IHSS consumers when the consumers' regular attendants, and their usual alternates, are unable to work due to an unexpected circumstance or an unplanned event. BUAP consumers have a high level of

Registry



care needs and cannot remain in their homes safely without homecare assistance. The most typical services provided by BUAP attendants include assistance with bowel and bladder care, feeding, lifting and transferring, and paramedical services. BUAP hours do not supplement the consumer’s IHSS authorized hours; service hours provided by back-up attendants are subtracted from the consumer’s total number of authorized hours for that particular month. With very few exceptions, BUAP consumers are limited to 20 hours of service in any given month.

During **FY 2013-2014**, PASC signed up **140 new consumers** and **filled 177 requests** for BUAP services. The total number of BUAP consumers on the Registry was 1,512 through June 30, 2014.

Back Up Attendant FY 2013-2014

FY 2013 - 2014	Eligibility Inquiries	Enrolled Consumers	Services Requested	Services Completed	Cancelled by Consumer	Ineligible/ Denied	Unable to Fill
July	28	20	31	19	8	2	2
August	32	10	25	17	3	1	4
September	34	16	26	14	5	3	4
October	30	17	22	7	5	1	9
November	36	12	17	9	1	-	7
December	22	7	30	17	8	-	5
January	24	10	20	15	2	-	3
February	25	11	18	11	2	1	4
March	35	13	23	15	4	0	4
April	25	8	23	15	2	1	5
May	29	7	24	20	3	-	1
June	29	9	30	18	9	1	2
Total	349	140	289	177	52	10	50

BUAP provider participants are homecare providers who have a nursing background, training or extensive empirical knowledge working for individuals with high care requirements. Also, BUAP providers must receive orientation to the back-up program and complete either a 12-hour training course or take a proficiency exam, to ensure that they are prepared to assist consumers with personal care and paramedical services with little advanced notice or time for on-the-job training. BUAP providers are paid \$12.00 per hour.

PASC Issue Solving Unit

Recent passage of new state law establishing specific requirements to determine homecare provider eligibility has significantly increased the number of provider IHSS enrollment and payment complaints taken by Registry staff. In light of this, PASC created the Issue Solving Unit, a team within the Registry operation, to help homecare providers and consumers who experience difficulties navigating the IHSS provider enrollment and payment processes. Among other types of services, the unit responds to requests for clarification of the new state law related to homecare provider viability to provide IHSS services, helps provider applicants to secure reservations for IHSS-mandated orientations, provides assistance to homecare providers with payroll problems such as late/missing timesheets and paychecks, offers assistance to consumers to identify case-assigned social workers and specialized provider clerks, and helps IHSS participants with other IHSS-related issues. During the reporting period, the Issue Solving Unit handled **715 requests** for assistance with resolving a variety of **provider enrollment and payroll issues**.

Also, the advent of the statewide implementation of a new Case Management Information and Payrolling System (called “CMIPS II”), and the need to create new timesheets for IHSS providers, prompted PASC to offer to help the IHSS Program in training homecare providers and consumers on how to complete these new timesheets. From June to September 2013, PASC scheduled and conducted multiple timesheet completion trainings for consumers and providers, and **trained 548 IHSS participants**.

Criminal Offender Record Information (CORI)

Review and Processing

Recently-enacted state laws require IHSS provider applicants to submit their fingerprints by way of a live scan process and clear a Criminal Background Investigation (CBI), as administered by the Department of Justice (DOJ). PASC coordinates the CBI process for IHSS homecare providers in Los Angeles County. PASC prepares the live scan documentation and instruction packets for fingerprint submission and criminal background checks in eight different languages. In addition, PASC receives, reviews, and processes CBI responses (also called criminal offender



record information or CORI) from DOJ and helps to determine provider eligibility for the IHSS Program. PASC notifies providers and county staff of the status and final outcome of all CBI transactions. Furthermore, PASC administers a call center to respond to homecare provider inquiries related to provider enrollment requirements, the CBI process, and the status of CBI responses.

During FY 2013-2014, PASC received, reviewed, and processed over 43,000 CORI responses.

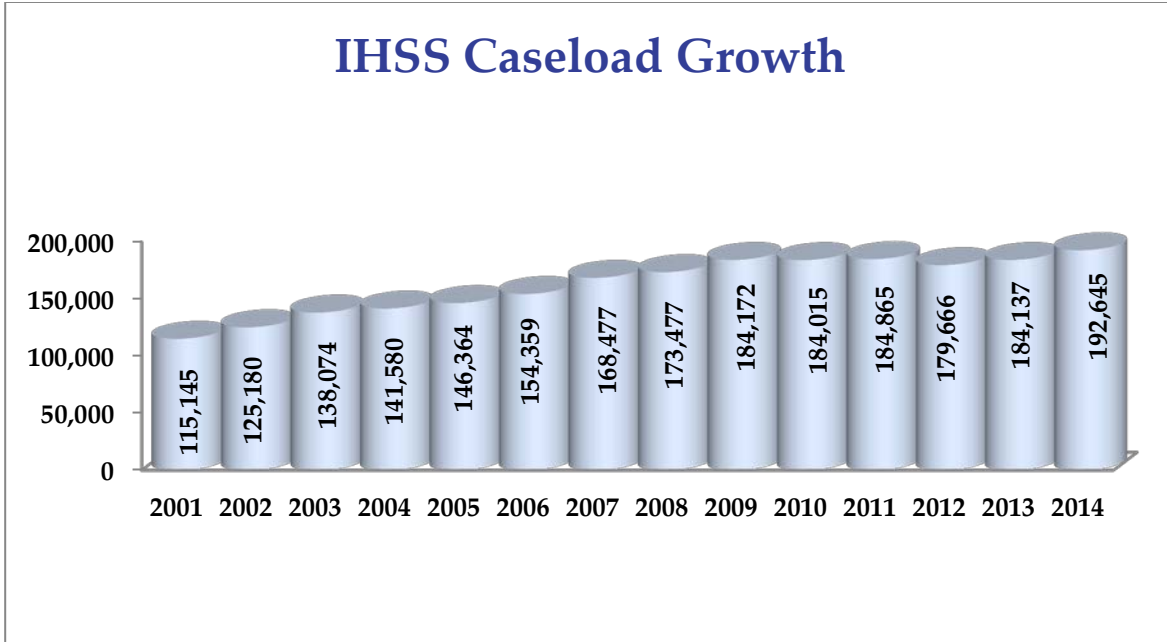
The graph below shows the monthly CBI activity for FY 2013-2014.

	Passed CBI	Notice mailed	Failed CBI	Notice mailed	Delayed CBI	Notice mailed	Subsequent Arrest/Conviction	Requested info
Jun-14	2,368	2,533	12	12	526	0	922	2,343
May-14	2,536	2,709	18	18	554	212	1,133	2,194
Apr-14	2,501	2,670	19	19	667	582	1056	2,017
Mar-14	2,436	2,628	31	31	156	121	1114	1,979
Feb-14	2,489	2,613	18	18	117	111	721	1,789
Jan-14	2,348	2,442	16	16	109	102	1081	2,096
Dec-13	1,855	2,210	20	20	146	143	1027	1,738
Nov-13	1,892	2,080	19	19	110	114	1,005	1,588
Oct-13	2,057	2,274	20	20	137	133	1,072	2,313
Sep-13	1,865	2,129	33	33	94	104	963	3,690
Aug-13	2,269	2,739	16	16	142	151	835	2,185
Jul-13	2,141	2,164	27	27	107	101	1,156	2,337
Total	26,757	29,191	247	247	2,865	1,874	12,085	26,269

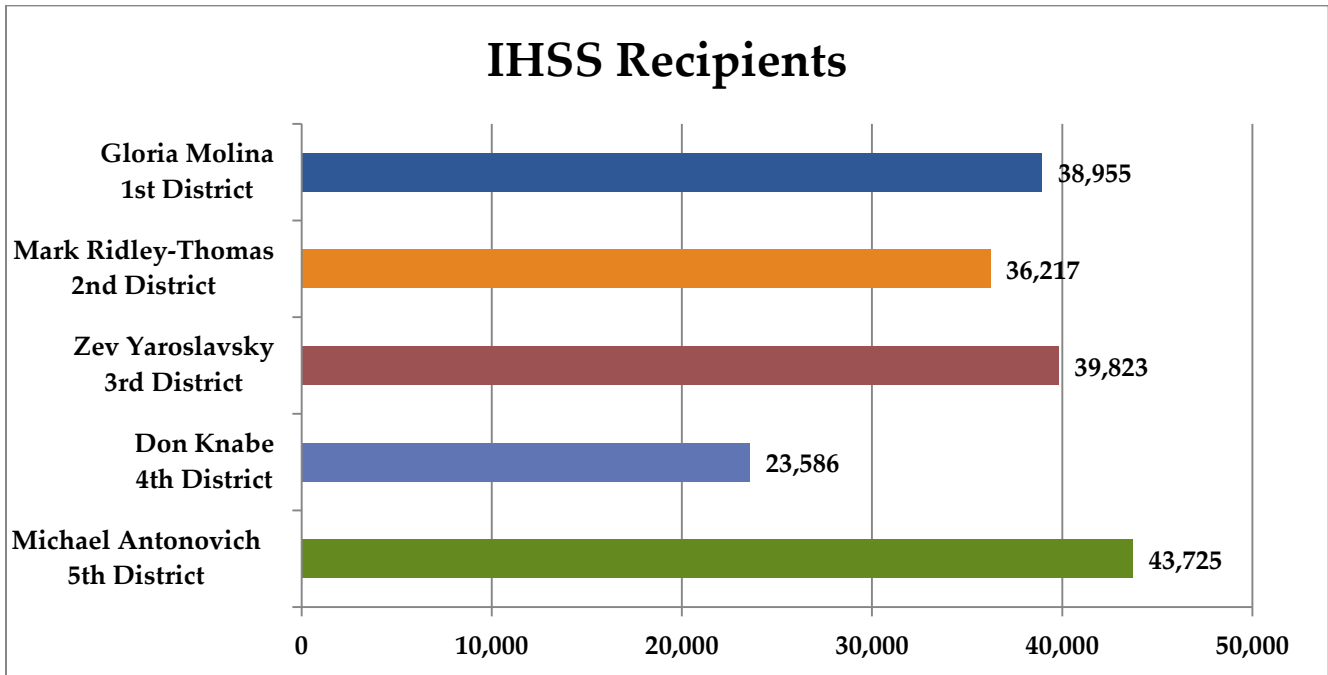
PASC stopped mailing delayed notices in June 2014 because DOJ began to send delayed notices for every fingerprint submission instead of just for transactions that were actually delayed.

CASELOAD GROWTH

192,645 consumers receive IHSS in Los Angeles County as of June 30, 2014. Since December 1993, when there were **68,392 IHSS consumers**, the number of IHSS consumers has grown by **181%**.



The following graph shows IHSS recipients per Los Angeles County Board of Supervisor’s District as of September 2013.



*There were 2,505 recipients who were “unknown” as to what district they belonged to.

Programs

Community Partnerships

PASC has continued to outreach to various community programs over the past year. First, PASC signed a Memorandum of Understanding (MOU) with the L.A. Care Health Plan Family Resource Center. This center provides supportive services and information regarding health conditions, free of charge to the community where it is located. At the center, PASC now provides Registry Orientation Meetings and monthly classes that are designed to engage and educate IHSS consumers and providers, who are often members or potential members of the health plans. This partnership is a work in progress. PASC plans to engage other health plans in the near future.

PASC has also provided trainings to more than **100 service coordinators** at buildings for seniors and persons with disabilities countywide, bringing them up to date on changes in the IHSS Program. We have also had meetings with consumers and providers at dozens of senior buildings countywide.

In addition, PASC has continued its relationship with and participation in the Los Angeles County Commission on Aging (LACCOA). The members of LACCOA represent all 88 cities in L.A. County and come from diverse socio-economic backgrounds.

Consumer & Provider Training Seminars FY 2013-2014





Furthermore, PASC has been represented at the table on various elder abuse coalitions, as well as the Mass Sheltering Planning Committee of Access and Functional Needs (AFN), which is in the process of reviewing disaster plans for county departments. The AFN group is an all-inclusive group, looking at ways to provide services for seniors and people with disabilities at shelters during a disaster.

Finally, PASC launched its Facebook and Twitter pages, which provide a combination of the latest information on PASC, IHSS, Cal MediConnect, and health, as well as motivational support.

Consumer Outreach

Over the past fiscal year, PASC has strengthened its efforts to connect with IHSS consumers, as frequent state legislation and policies, which threaten consumer abilities to stay safe in their homes, need to be processed with recipients. Examples of these state policies and legislation are the 7% reduction in IHSS hours, the new payroll system and the upcoming rollout of Cal MediConnect--all major changes, all in the last year, and all playing havoc on the delicate balance consumers put together in their struggle to avoid unnecessary institutionalization. PASC's energized consumer outreach efforts included hundreds of phone conversations, dozens of small group meetings at senior centers and HUD-subsidized buildings, extensive coalition work on all of these issues, monthly telephone town halls with thousands of consumers, and one-on-one local district meetings with IHSS recipients and state legislators.

A huge and exciting part of PASC's success is the growth of the Consumer Corps and the emergence of the PASC Peer Program. PASC's Peer Mentors work to engage consumers' imagination beyond immediate issues that affect them, and incite a passion for making change and engaging others on issues that affect them. The Peer Program provides training and support to IHSS consumers on issues and action, and these trained consumers then volunteer their time to meet with, have phone conversations with, facilitate discussions with, and engage in other actions with IHSS consumers in their communities. The peers give PASC an "on the ground presence" and have made PASC the "go to" organization when advocates, elected officials, state and county administrators, and reporters want to talk with "real people," to provide feedback on policies, materials, and activities that will affect IHSS consumers.



Started in 2013, the number of peers grows constantly. From three people at the outset, there are now over thirty active peers, throughout the county, who are engaging consumers in a variety of venues.

- ✓ **Peer-Facilitated Discussions:** The peers have now facilitated nearly **70** group discussions that range in size from **1 to 40 participants**. The discussions involve no speeches, no PowerPoint presentations, and, very importantly, the peers and participants enjoy engaging in lively discussions. While the peers prioritize facilitating these discussions in their own communities, the peers have traveled throughout the county to facilitate these discussions in a wide variety of senior centers and HUD-subsidized buildings: East LA, El Monte, Lancaster, Long Beach, Los Angeles, Inglewood, Pasadena, South LA, Van Nuys, West Hollywood, and Woodland Hills. With interpretation help from PASC staff, the peers have done Cal MediConnect discussions in English with interpretation into Chinese, Spanish, Armenian, and Korean.
- ✓ **Phone Contact to PASC Registry Users:** The peers call PASC Registry users in the peer's area "to check in with them" on their situation and to update them on current issues in IHSS. While many calls are "no answer," "disconnected number," or "can't talk now," when the peers reach a recipient, they hear about timesheet problems, problems of contacting their social worker, provider problems, confusion about Cal MediConnect, and needs for other types of help. Their calls are generally brief and are not high-pressure conversations with policy or fiscal details on issues. The peers listen and provide appropriate referral or assistance to help the consumer address their issue.
- ✓ **Phone Contact with Telephone Town Hall Participants:** PASC's monthly telephone town halls provide another opportunity for PASC to engage with IHSS consumers. Dozens of participants in the telephone town halls leave questions at the end of the telephone town hall, and the peers, along with outreach staff, respond to those questions. Over and over they hear "Wow, thank you for calling me back!" While these calls provide important referral information to the consumers, they also build a connection between PASC and the consumers.
- ✓ **Consumer Corps Emails and Legislative Information:** PASC maintains contact with several hundred IHSS consumers who want information on issues and



consumers who want to develop a relationship with their elected officials. Consumer Corps participants get information on issues and notices that might affect them primarily through email, phone, website, and regular mail. As mentioned above, recent issues and policies (new overtime rules, Cal MediConnect, continuing 7% cut in hours) can have a huge effect on consumers' lives, and Consumer Corps participants receive information from PASC that is essential to their remaining safe in their homes. At least once each year, PASC works with Consumer Corps participants to schedule a meeting with their state senator or assemblymember to discuss these issues, as well as to enhance the relationship of the consumer with the legislator. Consumer Corps participants may not be as active as PASC Peers, but their involvement on issues, as well as their contact with legislators and other IHSS recipients, is key to PASC's outreach strategy.

- ✓ **Consumer Feedback and Testimony:** PASC is repeatedly asked by government agencies and organizations for consumers to review materials, policies, and activities that will significantly affect thousands of consumers. PASC calls on the peers to engage in these reviews. When the Centers for Medicare & Medicaid Services (CMS) was strongly urged by consumers and advocates to conduct consumer testing of the basic Cal MediConnect enrollment materials (60-day and 30-day notices and the Plan Choice Form), CMS contacted PASC to ask consumers to participate in the review and testing. Harbage Consulting, who contracts with the State of California on Cal MediConnect, repeatedly requests feedback from PASC peers regarding their materials and strategies, including focus groups and one-on-one interviews.
- ✓ **Media:** PASC peers are continually asked to be panelists and asked for interviews by media outlets. New American Media involved peers in their Roundtable Discussions on Cal MediConnect and their extensive efforts to get interviews with reporters from the many ethnic media outlets in Los Angeles County. Ethnic populations are among the hardest to reach constituencies on issues such as Cal MediConnect. PASC peers have been interviewed by Spanish, Korean, Chinese, as well as English-speaking outlets on this issue.

Through these varied points of contact, PASC is building consumer involvement and engagement. More than ever before, IHSS consumers are in action doing work on issues that affect them and their communities. They are involved as educators with other consumers, and



they are involved as promoters of PASC’s mission—to improve IHSS for those who receive and provide IHSS.

Peer Mentor Activity for FY 2013-2014

	Peer Mentors	Peer Trainings	Peer Sessions	Participants	Phone Calls	Legislative Action
July-Sept, '13	4	1	12	141	60	0
Oct-Dec, '13	12	2	8	107	50	0
Jan-Mar, '14	20	1	3	24	60	100
Apr-June, '14	20	2	4	46	200	100

Homecare Workers Health 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. The medical benefits program has been implemented to:

- 1) reduce unnecessary worker hospitalizations by promoting preventive healthcare
- 2) enhance IHSS workforce stability by reducing worker turnover (Previous studies have confirmed the positive impact on IHSS workforce retention in LA County.)

Since the Plan’s implementation in April 2002, enrollment has grown to over **47,600**, making it California’s largest medical benefits program for IHSS workers.

PASC continues monthly mailings to newly-eligible providers, as well as eligibility warning and termination notices (which include COBRA packets) for enrolled members. Enrollment forms are automatically mailed to eligible providers at the time of their first meeting the eligibility criteria. As of July 2013, the eligibility hour threshold was temporarily lowered from **77 to 73 hours per month (proportional to a 4.4 % IHSS cut)**.



Health Plan Activity for FY 2013-2014

	Eligible Providers	Newly Enrolled	Total Enrollment	%	Monthly Termination	COBRA Enrollees	Inquiries Received
Jun-14	106,197	854	48,090	45.2%	366	100	2,516
May-14	104,195	699	47,602	45.6%	427	107	3,076
Apr-14	102,868	1336	47,330	46.0%	349	114	3,762
Mar-14	100,063	923	46,343	46.3%	398	122	4,794
Feb-14	99,038	878	45,818	46.2%	288	128	3,072
Jan-14	97,347	979	45,228	46.5%	273	145	3,095
Dec-13	95,488	1048	44,522	46.6%	489	133	2,858
Nov-13	93,510	1033	43,963	47.0%	444	168	1,940
Oct-13	91,062	1365	43,374	47.6%	1030	173	2,398
Sep-13	90,399	933	43,039	47.6%	843	171	1,565
Aug-13	84,790	902	42,949	50.6%	796	167	1,785
Jul-13	84,832	1023	42,843	50.7%	852	174	1,891
Total		11,973			6,555	1,702	32,752

Health Plan Eligibility Enrollment Call Center

PASC provides quality customer service by operating the Eligibility and Enrollment Call Center, using the newly upgraded phone system. The Health Plan call center handled **50,114** calls during the reporting period 2013-2014. Incoming calls were answered on average in **23 seconds**, and the average call lasted **one minute and 44 seconds**. Health Plan call center representatives may be reached by calling 1-855-727-2756 (1-855-PASC-PLN).

At the end of 2013, PASC organized meetings as part of the Health Plan Joint Oversight Committee. Among the participants were representatives from PASC, SEIU-ULTCW, L.A. Care and Department of Health Services (DHS). As a result of these meetings, PASC has received positive feedback from Plan members in regards to the delivery of services.

INFORMATION TECHNOLOGY

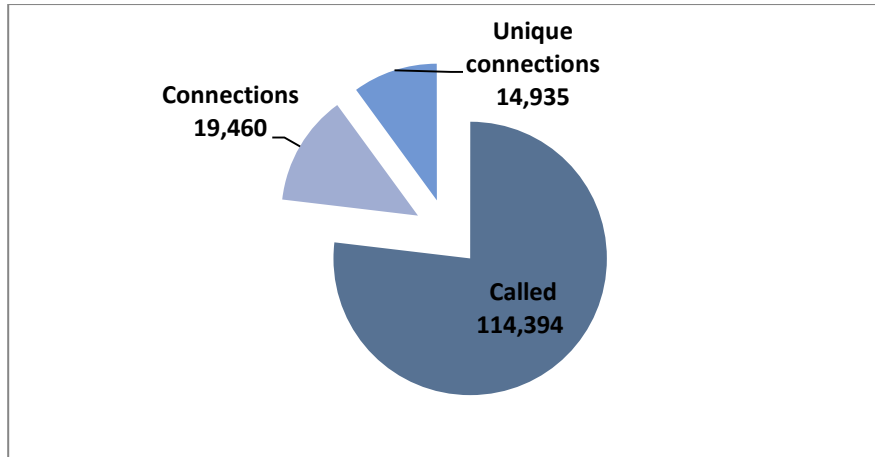
Over the past year, the PASC Information Technology Department has continued to provide critical support and increase communication to IHSS consumers and providers. It was a productive year full of changes and adjustments, to make sure that PASC remains accessible, up-to-date, and relevant to the needs of consumers and providers.

As of April 2013, PASC has been conducting Tele-Town Halls as a means to disseminate information to both consumers and providers, but also as a way for consumers and



providers to communicate directly with PASC management, legislators, and medical professionals. Over the past year, PASC conducted **six Tele-Town Halls** which lasted **one hour** each, and the average time that participants remained on a call was **21 minutes**.

Tele-Town Hall Participation for FY 2013-2014



We converted our Registry database from Sybase to SQL, which allowed our phone system to do a “data dip” into the Registry database, and priority route recognized callers to the right agents. This reduced wait time significantly. We also created phone reports that categorize calls by agent, wait time, call time, hold time, and other vital statistics needed to ensure the call centers are running efficiently.

We replaced outdated and costly copiers, which allowed us to bring our printing in-house, and save more than **\$30,000** annually.

In the finance department, a state-of-the-art version of QuickBooks (QB2014) was implemented, allowing for online record filing and retrieval, saving much-needed file space for financial records. We eventually plan to eliminate **80%** of the hard copies of financial records, which will not only save paper cost but also expedite record retrieval.

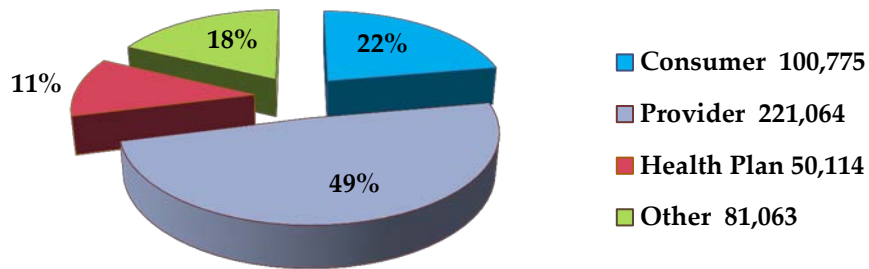
Finally, in order to meet the Microsoft end of life deadline by April 1, 2014, we deployed Windows 7 and Office 2010 to all desktops.



The IT Department will continue our mission to keep staff, consumers and providers informed of any and all changes occurring in IHSS through e-blasts, robocalls, and our quarterly e-newsletters.

The chart below shows the total number of calls for the FY 2013-2014 reporting period.

Total Calls FY#2013-2014



FINANCE

Statement of activities and changes in net assets for the years ended June 30, 2013 and June 30, 2014

	2013 Audited	2014 Audited
Revenues	\$ 4,527,027	\$ 4,212,779
Operating expenses	\$ 4,759,313	\$ 4,088,921
Operating surplus	\$ (232,286)	\$ 123,858
Net assets, end of year	\$ 2,192,990	\$ 2,324,832

Complete audited financial statements for year ended June 30, 2014, are on file at PASC's offices. The auditor's report, completed by an independent certified public accounting firm, Quigley & Miron, gave an unmodified (*) opinion.

(*) The term "unqualified", previously used in the auditor's financial report, has been changed to "unmodified" by the AICPA for opinions beginning in year 2014.