

**ALAMEDA COUNTY DEVELOPMENTAL DISABILITIES
PLANNING AND ADVISORY COUNCIL**

Draft Minutes of December 9, 2009

Board of Directors Meeting

The meeting was held at the Public Health Department, 1000 Broadway, Suite 500, in Oakland.

Directors Present: Herb Anderson, Stephen Beard, Tina Belk, Laura Bucedì, Marcia Campos, Mary Fowler, James Gonsalves, Herb Hastings, Beverly Juan, Rhonda Kronberg, Irene Litherland, Darin Lounds, Thalia McGrath, Phu Nguyen; Deanna Pankow, Bill Pelter, Mark Polit, John Rodriguez, Rosalee Schubert, Darcy Ting, Karen Toto, Angel Wiley and Maria Wong.

Directors Excused: Wandra Boyd, Sarah Burgett, Nancy Eddy, Ellen Murphy and Linda Stevens.

Directors Absent: Pamela Eckert; Nimfa Gamez.

Liaison Member Present: Katie Tague.

Guests: Mary Farfaglia, Camping Unlimited; Jennifer Steneberg, Dale Law Firm; Lori Arnold, Tachiki & Arnold Law Offices; Melanie Kilcorse, RCEB; Barbara Maizie, Contra Costa ARC; Pamela Perls, Area Board 5; Angela Borden, Social Vocational Services; Rocio Smith, Area Board 5 and Francine Davis, RCEB.

Staff Present: Sandi Soliday, Council Coordinator.

Call to Order:

Meeting was called to order by President Herb Anderson at 9:50 AM.
Minutes were taken by Secretary Irene Litherland.

Welcome, Introductions & Announcements:

Council Members and Guests introduced themselves.

President's Report:

The meeting packet includes an article submitted by Vice President Bill Pelter about the United Nations and empowerment of people with disabilities. Stevie Wonder was recently designated as a United Nations Messenger of Peace to advocate for the UN's work to make its development goals "disability-inclusive".

President Herb Anderson invited all to attend the Executive Committee meetings. He reported that the Executive Committee discusses speakers for upcoming meetings. Due to the national health care issue and current legislative work around it, the Executive

Committee decided to invite a speaker on that topic today. Member Darin Lounds will speak at the January meeting about Housing and Creating Inclusive Communities. Following a suggestion from Member Darcy Ting, Don Perata will also speak at the January meeting.

Coordinator's Report:

The Transition Faire will be held on Saturday, March 27, 2010 at the College of Alameda. Volunteers are needed. Provider registration forms will be sent out in January. The Legislative Committee will meet today at 1 pm.

Approval of Minutes:

The minutes were reviewed and approved with one abstention.

Legislative Committee Report:

Member Mark Polit announced the Legislative Town Hall Meeting will be held on January 22, 2010 from 9:30 am – 12 pm at the State Building in Oakland. This will be an opportunity for legislators to hear testimony on the effects of the budget cuts. On January 8th the governor will release his proposed budget for next year; he may also release a set of mid-year budget cuts. Proposed cuts to the developmental disabilities system are not known at this time.

The budget act passed in July included an “individual choice budget”. Certain services were suspended and others were capped, pending implementation of the “individual choice budget” The individual choice budget will give Regional Center families their own service budget. It is being designed by the stakeholder group from the budget process and the Department of Developmental Services. There is also current work to find other ways to reinstate the suspended services before the “individual choice budget” is rolled out. We will probably have the fight of our lives in January over additional budget cuts.

Community Reports:

Area Board 5:

Rocio Smith, Executive Director, Area Board 5, distributed copies of a draft chart showing cuts to services and supports to people with Developmental Disabilities. She requested feedback if there were additional cuts not represented on the draft. The Area Board will not hold an annual dinner this year but will have a recognition event sometime in the spring.

Regional Center of the East Bay:

Francine Davis of the Regional Center of the East Bay reported that Jim Burton was not able to attend today's meeting.

Housing Consortium of the East Bay:

Member Darin Lounds, Executive Director, Housing Consortium of the East Bay, reported that they are preparing to submit two applications for funding in January. A

project in Emeryville will begin construction in March and should be ready for occupancy by January 2011. This project will be housed in a historically preserved home at 40th Street and Adeline, and will include an art exhibit from Creative Growth. The East Bay Autism Regional Taskforce Housing Committee will have their next meeting in January. Darin recently gave a presentation to ARCA on legacy homes: houses which are deeded to a nonprofit organization for at least 55 years for family members to live in and share with others. HCEB is also working on a crisis home which is in escrow and closing in the next ten days. In Walnut Creek, HCEB is working on a multi-unit housing set aside with ten Section 8 apartments of one or two bedrooms each. The project has been delayed for a year due to the budget.

Provider/Vendor Advisory Council:

Member Rosalee Schubert reported that Stepping Stones will host the PVAC meeting/holiday party on Friday, December 11th. This is a good opportunity for those considering joining PVAC to visit.

Presentation on National Health Care Reform:

Ken Jacobs, Chair, UC Berkeley Center for Labor Research and Education, was introduced by Coordinator Sandi Soliday and Member Mark Polit. Ken served on San Francisco Mayor Gavin Newsom's Universal Health Care Council and helped to develop the San Francisco Health Care Security Ordinance. His biography was included in the meeting packet. His PowerPoint presentation was later emailed to the Council by Coordinator Sandi Soliday, along with two related briefs.

The number one issue driving labor relations nationally is health care coverage. None of the current bills being considered by the legislatures alter the coverage that people now have. Currently 62% of the non-elderly population obtains insurance coverage through employers. Options for health care reform include systems that are "public" in some countries, "single payer" plans in some countries, and "shared responsibility" plans in some countries. Shared responsibility plans are used in Massachusetts and in San Francisco. San Francisco's plan includes both a public option and an employer requirement. The US spends twice that of other countries in the developed world on health coverage with poor outcomes.

Major elements of health care reform are shared risk and shared responsibility. Currently health insurance companies can make money by selling to those with no health problems. The goal is to move to a health insurance system in which profits come from the quality of care. A Health Insurance Exchange would be a mechanism for those without coverage on the job to purchase it. Small employers could also buy in.

There have been many versions of the health care reform bill in both the House and Senate. One version of health care reform before the House of Representatives is a public insurance option that competes with private options, similar to Medicare. In the Senate, one option includes a Medicare buy-in for people between the age of 55 and 65, the most expensive portion of the market. Another Senate option would have a group of

nonprofits compete in the Exchange. This has some similarities with the House version. A main issue is how to have enough business to reduce costs. If insurance is sold across state lines, state regulations are avoided. What will the national standards be? Will they undercut state standards currently in place?

The Health Insurance Exchange will include subsidies of costs for families with incomes at or below the poverty line, currently set at an annual income of \$11,000 per person. From the poverty line up to annual income of \$44,000 for one person or \$88,000 for a family of four the insurance will be capped at a certain percentage of income. The balance would be subsidized.

A key concept of “shared risk” is that everyone is insured with no limits on pre-conditions. Tenets of “shared responsibility” are that everyone is required to have coverage, those that can’t afford coverage receive subsidies, and employers must pay for insurance. There are many variations in requirements for employers paying for coverage. In the House version, if an employer has a payroll of more than \$750,000 per year, they must provide coverage or pay 8% of payroll into the Health Insurance Exchange. There is also a sliding scale for employers with payrolls between \$500,000 and \$750,000. In the Senate version, employers with 50 or more employees must provide coverage or pay \$750 per year into the Health Insurance Exchange or pay a subsidy of up to \$750 per year to employees. Small businesses with 100 employees or less can purchase insurance directly through the Health Insurance Exchange. Small nonprofit organizations and businesses with fewer than 50 employees and average salaries under \$40,000 can receive health insurance subsidies.

In general, individuals can purchase insurance directly from the Health Insurance Exchange and employers can provide employer-sponsored insurance or purchase insurance directly from the Health Insurance Exchange. There would be about 2 million Californians who would be eligible for Medicaid and 2 million who would qualify for subsidies in the Health Insurance Exchange. In California, there would be 1.4 million people not eligible because they are undocumented. In the House version, people who are not documented cannot buy insurance through the Exchange even if they pay 100%. Not everyone else would be insured either. About 7% of the population would not be eligible for subsidies and would not be required to have insurance. The House version of the health reform bill would be better for California’s state budget.

In Massachusetts, the plan started with a high level of coverage and is now the highest coverage in the nation. The costs have also been higher than anticipated as more uninsured people signed up than anticipated.

Regarding the quality of care, none of the proposed plans have lifetime limits. All must provide preventive care. All move toward bundled care rather than fee for service. Currently, doctors and hospitals are paid for each procedure. Bundled payments would encourage more effective care. All would also move toward electronic medical records.

The proposed health care plans would not affect IHSS services. Both the House and the Senate bills include some reduction in profits for pharmaceutical companies. There will be some controls on rates, reductions in Medicare rates, the usage of name brand drugs, and a long period before generics and biologics are used.

In summary, both the House and the Senate bills provide reforms in that there will be no limits on pre-existing conditions, no lifetime limits, payments to insurance companies will be bundled, and there will be subsidies. Most important is to look at whether the bills set a good direction. The House bill is much better for low income people if you consider affordability. The major issues are having a public plan, the rules governing the Health Insurance Exchange, whether there will be a meaningful employer requirement, the level of subsidies, what else will be done to control costs, and how the reforms will be paid for. Both bills reduce the federal deficit. There will be surtax on health benefits over \$23,000. The cost is based on risk pool and geographic location. It is set to be implemented in 2013 or 2014 with some provisions going into effect immediately. We will need to watch how it is implemented in California. Concerns raised by Council members included the lack of coverage for dental care and the lack of providers for durable medical equipment.

Ken Jacobs' prognosis for the future is that the pressure to get something done is high, the Obama Administration and the Democratic Party need this to happen, and the House and Senate conference committee will probably come out with a version that looks more like the House bill. He believes reform is necessary now rather than in 2013 or 2014 so that people will see change and support it. Otherwise, political changes may well result in some of the gains being taken away before they are implemented. Member Rosalee Schubert requested that Ken Jacobs return after the final bill is passed to explain to the Council the final outcome and its effect on our community.

Community Concerns:

Member Herb Hastings submitted an application to give a presentation of the abuse prevention curriculum, ESCAPE, at the Peoples First Conference in June. He also presents the 12 week program to day programs.

Member Mary Fowler noted that only two Council members are without email. She is helping one of them gain access and the other has access but does not use it. She suggested that other Members encourage the use of email.

Member Jim Gonsalves announced that the IHSS Public Authority training for workers has been delayed. Members Tina Belk and Rosalee Schubert brought up a number of problems with implementation of the recent new requirements in the IHSS system. Member Rosalee Schubert suggested this as an important future presentation topic. Workers must now be fingerprinted and attend a mandatory training before being paid; the delay in payment can be 3 months or more due to these new requirements. It was reported that agencies are forced to front the money to pay these employees and they're not always fully reimbursed for these costs. Individuals who employ workers directly are

struggling with this issue. Caseloads are very large and one client has been waiting for assessment since April. Member Mark Polit noted that the directions from IHSS to the counties who administer these services were misleading and created chaos. These new requirements, put in place largely to prevent fraud, were to be implemented on November 1st but directions were not issued until October 31st on the implementation process. President Herb Anderson said that the Executive Committee will discuss how and when this issue can be addressed further. Member Jim Gonsalves said that he will attend the next Executive Committee meeting.

Adjournment:

President Anderson adjourned the meeting at 12:10 PM.

Respectfully submitted,
Irene Litherland, Secretary