RESOLUTION NO.

1	[Opposing the Dismantling of the Coordinated Care Initiative and the In-Home Supportive Services Maintenance of Effort (MOE) Cost Sharing Agreement - Supporting Ongoing
2	Negotiations to Fund and Reinstate the 2012 MOE]
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4	Resolution opposing the dismantling of the Coordinated Care Initiative and the In-
5	Home Supportive Services (IHSS) Maintenance of Effort (MOE) Cost Sharing
6	Agreement under the Governor's FY2017-2018 Budget; and supporting the California
7	State Legislature and Governor Brown's ongoing negotiations to fully fund the IHSS
8	and reinstate the 2012 MOE.
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10	WHEREAS, The In-Home Supportive Services (IHSS) Program provides in-home
11	health and daily care to over 530,000 low-income aged, blind, or disabled Californians; and
12	WHEREAS, San Francisco currently employs over 20,000 providers, enabling services
13	to over 22,000 consumers, requiring a total budget of approximately \$470,000,000 in
14	FY2016-2017 towards provider wages, IHSS contracts, and county administration, of which
15	San Francisco is responsible for \$81,000,000 or approximately 17% of the complete IHSS
16	program budget; and
17	WHEREAS, The 1991 State and Local Program Realignment re-classified IHSS as a
18	federal entitlement program, preventing local counties' ability to alter or eliminate
19	programming due to cost pressures; and
20	WHEREAS, The 1991 State and Local Program Realignment redistributed the cost
21	ratio to 65% of the program's nonfederal costs to the state and the remaining 35% to the
22	counties; and
23	WHEREAS, Beginning in 2012-13, the Coordinated Care Initiative (CCI) replaced the
24	prior county contribution rate with a county IHSS-Maintenance of Effort (MOE); and
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1	WHEREAS, The 2012 Maintenance of Effort (MOE) limited county IHSS cost burdens
2	to 2011-2012 baseline costs, plus an annual increase of 3.5%; and
3	WHEREAS, The IHSS and CCI cost increases have now exceeded the savings
4	estimated to the state through the Coordinated Care Initiative, spurring State of California,
5	Finance Director Cohen to trigger the dismantling of CCI and the IHSS Maintenance of Effort
6	(MOE) arrangement under the Governor's FY2017-2018 budget; and
7	WHEREAS, The policy-driven increases to IHSS programming costs exceed the
8	revenue mechanics laid out in the 1991 Realignment Structure, driving an estimated
9	\$500,000,000 cost increase to California Counties; and
10	WHEREAS, IHSS is a critical and cost-effective service for seniors and adults with
11	disabilities which often results in better health outcomes, prevents early institutionalization of
12	individuals and is half the cost of skilled nursing facilities; and
13	WHEREAS, The White House published a policy brief in 2015 that called publicly-
14	financed, consumer-directed long-term care "one of the most promising developments in
15	helping older Americans remain in their homes and community as they age;" and
16	WHEREAS, The cost of providing in-home care nationwide has remained relatively
17	stable, while all other types of care have risen in the past decade; and
18	WHEREAS, The dissolution of the MOE will trigger at least a \$40,000,000 cost
19	increase to San Francisco County in FY2017-2018 alone; and
20	WHEREAS, San Francisco County is facing unprecedented budget uncertainty from
21	both potential Federal budget cuts to social services, as well as potential severe limitations on
22	how funds are used; now, therefore, be it
23	RESOLVED, That the San Francisco Board of Supervisors urges the California State
24	Legislature and the Governor to reach a negotiation that allows IHSS to continue to be fully
25	funded without impacting county budgets in an adverse way; and, be it

1	FURTHER RESOLVED, That the San Francisco Board of Supervisors supports the
2	California State Legislature and the Governor's ongoing negotiations to re-instate the IHSS
3	Maintenance of Effort (MOE) agreement of 2012; and, be it
4	FURTHER RESOLVED, That the San Francisco Board of Supervisors supports the
5	California State Legislature and the Governor's ongoing negotiations to revisit and recalculate
6	the total revenues made available under the 1991 Realignment to reflect policy-driven cost
7	increases before proceeding with any future transfer of fiscal responsibility for IHSS between
8	the State and the Counties.
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