



National Senior Citizens Law Center

PROTECTING THE RIGHTS OF LOW-INCOME OLDER ADULTS

SPECIAL REPORT

Improving Language Access to Keep California's Older Adults at Home: An Examination of the In-Home Supportive Services Program

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TABLE OF CONTENTS

Acknowledgments.....	2
Executive Summary.....	3
About This Report.....	7
Introduction.....	9
I. Background & Applicable Language Access Laws.....	11
A. The IHSS Program.....	11
B. IHSS Beneficiaries – Demographics.....	12
C. Language Access Laws and Practices.....	15
II. Findings: Opportunities for LEP IHSS Consumers.....	19
A. General Benefits.....	19
B. Benefits for Older LEP Adult Consumers: Cultural Competence and Linguistic Access.....	20
III. Findings: Barriers for LEP IHSS Consumers	22
A. Common Barriers for LEP Individuals.....	22
B. Additional Barriers for LEP IHSS Consumers.....	26
C. General Barriers for All IHSS Consumers.....	26
D. Availability of Governmental Agencies and Community Based Organizations.....	27
E. Recent Changes Affecting LEP IHSS Consumers: Budget Cuts and New Provider Requirements.....	27
IV. Recommendations.....	29
Conclusion.....	34
Appendix A: Sample IHSS Notice of Action	35
Appendix B: Selected Agencies & Organizations Interviewed	37



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This report is also available online at <http://www.nsclc.org/areas/long-term-care/At-Home-Care/IHSS>. Additional copies of the printed report are available by calling 510-663-1055, ext. 301.



Executive Summary

California's In-Home Supportive Services (IHSS) program currently serves a diverse population of more than 425,000 low-income individuals with disabilities, providing them with personal care services so that they can safely remain at home and avoid institutionalization. Notably, 49% have indicated to DSS that they speak a language other than English. The IHSS program plays a vital role in providing this population – and indeed all IHSS recipients – with services to maintain health and independence. NSCLC's report explores the opportunities and barriers that the IHSS program provides for limited English proficient (LEP) beneficiaries, with an emphasis on its impact on older adults.

Background

IHSS is an innovative, consumer driven program that provides personal care assistance with activities of daily living such as eating, bathing, dressing, medication administration, and some transportation and housekeeping services. The California Department of Social Services runs the program statewide, and the counties administer eligibility for services on a local level. Individuals who are sixty-five or older, blind or disabled and who are unable to live safely at home without in-home services may be eligible if they meet stringent income and resource limitations.¹ Individual applicants are assessed by county-employed social workers who determine amount of services. IHSS consumers then hire and supervise their own IHSS providers.

¹ SSI recipients and Medi-Cal recipients all qualify financially for IHSS.

IHSS serves over 425,000 individuals.² As California's senior population is expected to double by 2030, these numbers will likely increase significantly. According to state records, 58% of California's IHSS population is age 65 or older, more than 70% are women, and more than 60% are races other than white.³ As of October, 2008 more than 217,000 IHSS consumers have indicated that they speak a primary language other than English. The most frequently spoken languages, from most to least common, are Spanish, Armenian, Cantonese, Russian, Vietnamese, Tagalog, Farsi, Mandarin, Korean, Cambodian, Hmong, Arabic and Lao.

Under Title VI of the Civil Rights Act, guidance from the Department of Health and Human Services, and California law and regulations, both the State of California and its counties have an obligation to provide linguistically accessible services to all IHSS consumers.

Findings

In order to examine the experiences of LEP IHSS consumers, NSCLC conducted over 50 interviews of individuals who work at organizations that serve IHSS LEP consumers.

The investigation suggests that the IHSS

² CDSS data as of September, 2010.

³ Robert Newcomer and Taewoon Kang, "Analysis of the California In-Home Supportive Services (IHSS) Plus Waiver Demonstration Program," U.S. Dept of Health and Human Services Office of Disability, Aging and Long-Term Care Policy (July 2008) (relying on CDSS CMIPS data).



program offers substantial opportunities for older LEP adults, including:

- IHSS enables older LEP adults to live at home with dignity and in safety, to meet basic needs, and to stay as healthy as possible. Without IHSS, consumers would be unable to meet their personal care needs; they would face deterioration in their physical health, decreased access to health care, and a risk of institutionalization and loss of independence.
- IHSS has a significant impact on meeting LEP recipients' psychosocial needs, decreasing feelings of isolation and bringing regular contact with the outside world.
- The ability to hire an IHSS provider from a similar cultural and linguistic background is a major advantage of the program, maximizing familiarity and culturally appropriate care.

However, the interviews also shed light on a number of barriers that LEP consumers face in accessing IHSS services, including (from most to least commonly mentioned):

- Many LEP IHSS consumers receive important notices about their benefits only in English.
- LEP IHSS consumers often are denied legally required interpretation and other language assistance services. Problems include difficulty navigating

automated phone systems; trouble accessing an interpreter when making the initial contact with IHSS; and scarcity of bilingual social workers.

- Even experienced community advocates are often unaware of the state and county's responsibilities to provide language access for IHSS consumers, and their clients are even less likely to know their rights.
- Other barriers included difficulty finding an IHSS provider who speaks the language needed; illiteracy in native language; poor quality of translations; and reliance on family members for interpretation and translation.
- Lack of an interpreter or bilingual worker at the at-home assessment was a less commonly noted but particularly troubling reported barrier, because communication at the in-home assessment is central to an effective determination of need for IHSS.

These hurdles make the IHSS program less accessible to LEP applicants, the benefit more difficult to use when enrolled in the program, and the delivery of quality services more challenging. This is particularly a barrier for LEP recipients because IHSS is a consumer-driven program, where the recipient has to be actively engaged in making important decisions, including finding and hiring her own providers. The sum effect is that LEP applicants and recipients have unequal access to this vital program.



Based on NSCLC interviews, some counties have been more proactive in taking action to reduce LEP barriers than others, although all had areas needing improvement.

Finally, the interviews we conducted suggest that state budget cuts and new requirements for IHSS are having negative effects for all consumers. These include:

- Increased fear, confusion and anxiety among IHSS recipients.
- Increased wait times on the phone and greater backlogs in resolving appeals.
- Difficulty understanding and navigating new IHSS provider requirements.
- Threats to household budgets and support systems due to compounding effects of cuts to IHSS, SSI, CAPI, Medi-Cal and other health and social services programs.

Recommendations

In light of the need for improvements for IHSS LEP consumers, we make the recommendations to each of the involved entities as follows:

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

1. **Provide translations of notices of action and other important documents into all languages spoken by at least 1,000 IHSS beneficiaries statewide (Spanish, Armenian, Chinese, Russian, Vietnamese, Tagalog,**

Farsi, Korean, Cambodian, Hmong, Arabic and Lao), as well as any language spoken by at least 5% of recipients in a particular county.

2. **Proactively enforce language access requirements through the DSS Civil Rights Bureau.**
3. **Improve training for county IHSS social workers about language access requirements and the appropriate use of interpretation.**

COUNTY IHSS PROGRAMS AND IHSS PUBLIC AUTHORITIES

4. **To the extent DSS is not translating documents statewide (see recommendation #1), provide translations of notices of action and other important documents into all languages spoken by at least 1,000 IHSS beneficiaries, as well as any language spoken by at least 5% of recipients in a particular county.**
5. **Hire more bilingual workers and ensure language access at initial points of contact.**
6. **Ensure that social workers and all county workers receive training and guidance in language access and provide oversight to ensure that workers perform their duties with respect to language access.**
7. **Strengthen relationships**



with multi-ethnic community based organizations, media and other community based organizations with significant LEP client bases to improve information and referrals.

STATE AND COUNTY GOVERNMENTS

- 8. Provide telephonic interpretation services which can be shared among all county agencies and organizations.**

CALIFORNIA LEGISLATURE

- 9. Renew commitment to consistent funding of IHSS.**
- 10. Recognize that programs like IHSS do not operate effectively in isolation, and protect other programs such as Medi-Cal, Adult Day Health Care, and the Multipurpose Senior Services Program.**

IHSS LEGAL ADVOCATES AND SOCIAL SERVICES PROVIDERS

- 11. Advocate with county welfare departments for compliance with the law and promotion of best practices.**
- 12. File complaints when clients are denied language access.**
- 13. Increase advocate and community awareness of the laws and requirements regarding language access.**

In-Home Supportive Services is a vital support service that allows individuals with disabilities, and in particular limited English proficient older adults, to live at home and in the community. Yet many barriers exist that make it harder for LEP individuals to access and use services. Ensuring linguistically and culturally competent supportive services for all will help bring California closer to the ideal of a community in which all people can participate fully and with dignity.



About This Report

This report contains the results of the National Senior Citizens Law Center's investigation of the experiences of limited English proficient IHSS consumers. The National Senior Citizens Law Center undertook a series of interviews in order to examine the experiences of limited English proficient IHSS consumers, including both the opportunities and barriers affecting LEP individuals. The bulk of the interviews took place in summer 2010. We focused our investigation on the individuals and community-based organizations that are in closest contact with these LEP seniors and individuals with disabilities.

All told, NSCLC interviewed more than 50 individuals who work for legal and non-legal organizations serving LEP IHSS populations. Interviewees were asked to provide information about their work as well as the experiences of their LEP clients who receive IHSS. Virtually all of our interviewees serve a clientele that is predominantly or exclusively seniors age 60 and older. This is a higher percentage than in the overall IHSS population (see page 13), but reflects the fact that older IHSS recipients are more likely to be limited English proficient than younger individuals.

We asked 35 of our non-legal interviewees to estimate how many IHSS recipients they serve on average: the total number came to approximately 1400 individuals helped per month. The types of services provided included:

- Filling out IHSS applications, paperwork and forms.

- Referrals to appropriate providers, including working with the Public Authority to identify appropriate IHSS providers.
- Acting as a “middleman” in interactions between governmental IHSS bodies and LEP consumers.
- Collecting information about county resources.
- Empowering IHSS consumers to be independent.
- Culturally sensitive care-giver training.
- Assessment, care/case management, and counseling.

Interviewees included representatives from the following legal and social services organizations serving LEP IHSS recipients: Asian American Resource Center; Asian Pacific Health Care Venture; Bay Area Legal Aid; Bernal Heights Neighborhood Center; Bet Tzedek; Cambodian Association of America; Chinatown Service Center; Coalition of California Welfare Rights Organizations; Curry Senior Center; Dayle McIntosh Center; Disability Rights California; East Bay Community Law Center; Elder Law and Advocacy; Family Bridges; Greater Bakersfield Legal Assistance; Guam Communications Network; Housing Authority of the City of Los Angeles; IHSS Coalition; In-Home Supportive Services Consortium; Japanese American Community Center; Jewish Family Services of the East Bay; Kimochi Senior Center; Legal Aid Society



of San Mateo County; Legal Services of Northern California; Living Opportunities Management Company; Community Garden Towers; Korean Health Education and Information Center; Little Tokyo Service Center; Neighborhood Legal Services; Retirement Housing Foundation (Harbor Tower and St. Mary Tower); San Francisco Aging Services; Samoan Community Development Center; Self-Help for the Elderly; Southeast Asian Resource Action Center; Special Service for Groups; Stone Soup Fresno; South Asian Network; Southern California Presbyterian Homes; TELACU; The Unity Council; Vietnamese Elderly Mutual Assistance Association; WISE and Healthy Aging; Yu-Ai Kai Japanese American Community Senior Service Center.

NSCLC offers the report's findings as evidence about the experiences of LEP IHSS recipients based on the observations of advocates and social services professionals. The report has a focus on older adult IHSS

recipients, as most of our interviewees reported that their clientele were all or substantially all aged 60 and older. A statistically robust analysis was beyond the scope of our study, as were extensive direct interviews with LEP IHSS recipients. In particular, our report cannot purport to convey the experiences of more isolated LEP IHSS recipients who lack connections with advocates or community based organizations. Our findings thus understate problems stemming from isolation. Conversely, the report's reliance on advocates and social services providers as rapporteurs means that it may not represent the experiences of more independent LEP IHSS recipients who do not need a relationship with community based organizations in order to access IHSS, or who may have different access barriers. NSCLC strongly supports additional social science research to explore the opportunities and barriers experienced by LEP and immigrant communities with respect to home and community based services.



Improving Language Access to Keep California's Older Adults at Home:

An Examination of the In-Home Supportive Services Program

Introduction

California created the In-Home Supportive Services (IHSS) program as a vehicle for providing personal care and domestic assistance for low-income individuals with disabilities, including the elderly, enabling them to live at home. An enormously successful program from many perspectives, IHSS allows individuals (“consumers”) with demonstrated need to hire assistants (“IHSS providers”⁴), to help with essential activities and tasks of daily life. California was one of the first states in the nation to invest in support services for persons with disabilities to live at home and in the community with a consumer-focused emphasis, and its program has long been a national model.

Although IHSS has evolved over the decades, it remains a program that, at its best, flexibly meets needs and preserves the consumer’s autonomy. Today IHSS provides home and community based assistance to more than

425,000 Californians. As California’s overall population of seniors and younger individuals with disabilities has changed and grown, IHSS beneficiaries are more diverse than ever, and include many older individuals who are limited English proficient (LEP). Though federal and state law mandate that IHSS services be linguistically accessible, the experiences of older LEP adult beneficiaries show there is much room for improvement. Some limited English proficient IHSS beneficiaries face significantly heightened barriers in accessing services, including difficulty communicating with IHSS agencies and notices that are only available in English.

This report concludes that while the IHSS program has many strengths and provides significant assistance to LEP elders, California can and should take action to improve language access in IHSS. We make these recommendations mindful of the difficult state budget environment, which has resulted in temporary across-the-board cuts to needed IHSS hours, increased share of cost for some IHSS consumers, and the threat of yet more

⁴ In this report, the term “consumers” refers to individual IHSS recipients, and “IHSS providers” refers to those hired to provide in-home supportive services. This is the commonly accepted nomenclature for the program.



cuts. Some measures proposed in this report,⁵ like centralizing translation of documents at the state level, may result in cost savings by reducing current duplicative efforts incurred by the extreme decentralization of many IHSS language services. Other measures can be taken to adapt existing processes, such as social

worker and county worker trainings, to better address applicable legal mandates and cultural competency. Greater systemic efficiencies will be achieved, and all Californians will benefit, when California adopts policies that allow our diverse elders to live at home in the community by providing linguistically accessible IHSS.

⁵ See Executive Summary, page 3-6 for a list of recommendations, and Section IV page 29 for additional detail and discussion.



I. Background & Applicable Language Access Laws

A. The IHSS Program

California has long been at the forefront of providing its older adults and persons with disabilities assistance with personal care needs. In the 1950s, the Attendant Care program was established with state and federal funds, providing eligible consumers with funds to hire attendants. In the 1970s, a Homemaker/Chore program allowed counties as well as consumers to employ caregivers. In 1979, the current IHSS program replaced the Homemaker/Chore program.⁶

Today, IHSS is a Medicaid program funded by

a variety of sources including federal Medicaid⁷ and Medicaid waiver funds, and state and local general funds. IHSS is administered at the state level by the Department of Social Services (DSS). DSS decides statewide policies, including program requirements and the wording of notices, and oversees local efforts. The DSS Civil Rights Bureau is responsible for ensuring compliance with all state and federal civil rights laws, including those on language access.

Each county (or, in some cases, groups of counties) has an agency that oversees IHSS and is responsible for day-to-day operation of the program. County social workers approve and assess IHSS eligibility and authorized hours of consumers, disseminate notices, and process timesheets. In addition, most counties have an IHSS Public Authority. Public Authorities are independent agencies responsible for establishing a registry to help consumers find care providers, investigating the background and qualifications of the workers, providing training, and serving as the care provider's employer of record for collective bargaining.

To be eligible for IHSS, a beneficiary must 1) be aged, blind, or have a disability; 2) be financially eligible; and 3) be unable to live safely at home without in-home support services. To meet the financial eligibility requirements, beneficiaries must be low income and have extremely limited resources. SSI recipients and other full-scope Medi-Cal recipients automatically qualify. IHSS is also

⁶ For more information about the history of IHSS, see the County Welfare Directors Association of California, *In-Home Supportive Services: Past, Present and Future* (Jan. 2003, online at <http://www.cwda.org/downloads/publications/adult/IHSS.pdf>, and Nancy Seyden & Bob Robert, "The History of In-Home-Support Services and Public Authorities in California" available on the California In-Home Supportive Services Consumer Alliance website at <http://www.cicaihss.org/ihss-public-authority-history>,

Note that while today's standards for services have changed little since the 1979 adoption of detailed IHSS regulations, the funding for IHSS has changed significantly over that time. The Homemaker/Chore program was originally a Title XX program, and IHSS was initially funded with Title XX money, but this was eroded over the years. Eventually, funding was shifted to Medi-Cal except for the Residual Program. Most recently, a Medicaid waiver has been replaced by the IHSS Plus state option for those who hire spouse or parent providers, for advance pay and for restaurant meal allowance.

⁷ In California, Medicaid is called Medi-Cal.



available to immigrants who are “not qualified” immigrants for purposes of federal law but are “permanently residing in the United States under color of law” (PRUCOL), as well as those who are victims of human trafficking, domestic violence, and other serious crimes who are eligible for state-only Medi-Cal.⁸

Applicants are assessed by a trained county social worker in order to determine coverage for services. These services can range from administration of needed medications to assistance with activities of daily living such as eating, bathing, grooming, moving from room to room or in and out of bed, and getting dressed. IHSS can also cover transportation to medical appointments and, under some circumstances, limited domestic services like laundry and housekeeping. Other services, such as protective services for those with severe cognitive impairments, can also be covered.

The number of hours per month for which an IHSS beneficiary is eligible is determined by an in-home assessment. IHSS social workers use standardized time-for-task rules as guidelines for determining covered hours, and although assessed hours must be based on an individual’s circumstances rather than the time-for-task guidelines, the social worker must document support for any deviations from the guidelines. Through January, 2011, the maximum number of hours per month is 283 for those with severe disabilities and 195 for others. However, a 3.6% across-the-board budget cut will reduce most people’s covered hours starting in February, 2011, and proposed budget cuts further threaten IHSS. IHSS will not pay for

services if there are alternative resources or programs available to provide equivalent help, including friends and family who volunteer. Some IHSS services are also reduced pro rata for consumers in shared living arrangements.

Consumers have the right and responsibility to hire, direct, supervise and fire their own care providers (except for limited circumstances in which an agency assumes this responsibility). IHSS consumers may choose to hire relatives, including spouses, as their IHSS providers.⁹

B. IHSS Beneficiaries – Demographics

While unified in their need for support services, at home IHSS recipients are otherwise a heterogeneous group of people reflecting the richly diverse population of California. As of October 2010, there were 425,086 individuals receiving In-Home Supportive Services.¹⁰ According to recent available demographic

⁸ For more information about immigrant eligibility, see the National Immigration Law Center’s chart, “Major Benefit Programs Available to Immigrants in California: October 2010,” online at <http://www.nilc.org/ce/nonnilc/cal-benefits-table-2010-10.pdf>.

⁹ For detailed information about IHSS rules and regulations, including eligibility and assessment, see Disability Rights California’s “IHSS Nuts and Bolts Guide” (2008), available online in English, Spanish, Chinese and Vietnamese, at <http://www.disabilityrightscalifornia.org/pubs/547001Index.htm>. Note that the “Nuts and Bolts” guide pre-dates changes to the Share of Cost program and other budget cuts enacted in 2009 and 2010. Disability Rights California also publishes a self-assessment tool and other useful information at http://www.disabilityrightscalifornia.org/issues/inhome_pubs.html.

¹⁰ <http://www.cdss.ca.gov/research/res/pdf/daptrends/IHSS.pdf>.



data,¹¹

- 58% are age 65 or older and of those.
 - 70.5 % are women.
 - 29.5% are men.
 - 39.8% are white.
 - 23.1% are Latino.
 - 11.1% are African-American.
 - 26.1% are “Asian & Others.”
- Additionally:
 - 54.6% have a spouse or other relative as an IHSS provider.
 - Average total authorized hours is 60.2 per month.
 - The mean number of activities of daily living (e.g. bathing and grooming; dressing; bowel and bladder care) for which help is needed is 2.7.
 - The mean number of independent activities of daily living (e.g. housework; shopping; laundry; meal preparation and clean-up) for which help is needed is 4.5.

The number of IHSS recipients will likely increase substantially in coming years, based on demographers’ predictions. California’s older

adults over 65 are likely to double in numbers by 2030, and they will continue to increase in racial and ethnic diversity, as part of what scholars have called “the browning of the graying of the population.”¹² Among immigrant populations, seniors are more likely to have limited English proficiency than younger individuals.¹³ The U.S. Census Department uses the term “limited English proficient” (LEP) for those who self report that they speak English less than “very well.”

IHSS beneficiaries reflect California’s legacy of diverse immigration. As of October 2008, more than 217,000 IHSS consumers indicated to DSS that they speak a language other than English—**49% of the entire IHSS consumer population**.¹⁴ Of these, approximately 5,000 Spanish speakers choose to receive notices in

¹² See David E. Hayes-Bautista, Paul Hsu, Aide Perez, & Cristina Gamboa “The ‘Browning’ of the Graying of America: Diversity in the Elderly Population and Policy Implications” 26 *Generations J. of the Am. Soc. on Aging* 3, p. 15-24 (Fall 2002).

¹³ Many LEP adults arrive in the United States at an advanced age, often coming as refugees or sponsored by their children for family reunification. Older LEP adults are not likely to participate in the workforce or have children in school—two of the more common sources of exposure to the English language. Further, it is simply harder to learn a new language later in life. See, e.g., Elissa L. Newport, “Maturational Constraints on Language Learning,” 14 *Cognitive Science* 1, 11-28 (Jan. 1990).

¹⁴ Statistics provided from the Department of Social Services to NSCLC through a Public Records Act request, available online at http://www.nsclc.org/areas/long-term-care/At-Home-Care/IHSS/iHSS-lep-population-statistics-11-08/at_download/attachment. Note that some small proportion of these individuals may speak English very well in addition to their primary language, so this is not a precise count of the number of LEP IHSS consumers. As we explain, DSS numbers almost certainly understate the proportion of LEP individuals among those in need of IHSS.

¹¹ Unless otherwise noted, demographic data are taken from Robert Newcomer and Taewoon Kang’s “Analysis of the California In-Home Supportive Services (IHSS) Plus Waiver Demonstration Program,” U.S. Dept of Health and Human Services Office of Disability, Aging and Long-Term Care Policy (July 2008), which is based on DSS unpublished CMIPS data for 2005.



English. The complete language breakdown is as follows:

Language	Number of Recipients
English	228,290
Spanish	72,956
Armenian	29,918
Chinese (including Cantonese, Mandarin, and Other)	30,670
Russian	17,931
Vietnamese	16,521
Tagalog	10,237
Farsi	10,019
Other	7,625
Korean	5,924
Cambodian	4,227
Hmong	3,003
Arabic	2,774
Lao	2,163
Mien	946
Ilacano	459
Portuguese	430
Thai	359
American Sign Language	340
Samoan	283
Japanese	232
Other Sign Language	175
Hebrew	131
Italian	106
Turkish	96
French	69
Polish	83
Total	445,967

These numbers almost certainly understate the proportion of those in need of IHSS who speak a language other than English, for at least two reasons:

First, these DSS statistics are based on the number of people who self-identified as speaking a primary language other than English and whose self-identification was properly recorded. Yet existing DSS civil rights compliance reviews show that some counties have not been properly documenting need for language services, and have failed to consistently use a required language preference form.¹⁵ A thorough review of county practices is likely to reveal substantial undercounts in many, if not all, counties.

A second troubling fact is that not all Medi-Cal recipients who would qualify based on need necessarily receive IHSS services. There is no automatic clinical screening or referral of Medi-Cal recipients for IHSS; the beneficiary must affirmatively contact IHSS and request an assessment. It appears from the numbers of self-identified speakers of languages other than English that awareness of the IHSS program is higher among some language groups than others. For instance, statewide there are almost twice as many Vietnamese-speaking dual eligibles (those eligible for both Medi-Cal and Medicare, a population whose ethnic make-up could be expected to be relatively similar that of IHSS recipients) as Armenian dual eligibles, and yet in the IHSS program the reverse holds true: there were 29,918 Armenian speakers and only 16,521 Vietnamese speakers aided

¹⁵ See, e.g., Letter from DSS Civil Rights Bureau to San Luis Obispo County Social Services Department re: Civil Rights Compliance Review, p. 25 (Mar. 15, 2010) (finding IHSS case files lacked “Designation of Preferred Language” forms).



through IHSS as of October 2008. These numbers strongly suggest that some groups are not as aware of or able to access IHSS as others, and thus are not being fully served by the program.

C. Language Access Laws and Practices

State and county IHSS administrators have clear obligations under both federal and state law to ensure that LEP individuals receive equal treatment.

1. Federal Law

Title VI of the 1964 Civil Rights Act states, in part:

No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

42 U.S.C. s. 2000d. In *Lau v. Nichols*, 414 U.S. 563, 566 (1974), the United States Supreme Court applied this law to prohibit discrimination based on language, ordering a local school district to take reasonable steps to ensure that LEP students had a meaningful opportunity to participate in federally funded education programs. This holding applies to all federally funded programs. Because federal dollars pay for a portion of most Medi-Cal benefits, IHSS is a federally funded benefit program.

The U.S. Department of Justice (DOJ) and other federal agencies have provided substantive rules and guidance as to what this civil rights obligation means for agencies that receive

federal dollars. DOJ regulations require that communications between federally-funded agencies and the LEP beneficiaries they serve take place in the beneficiary's language:

Where a significant number or proportion of the population eligible to be served [...] needs service or information in a language other than English in order to effectively be informed of or to participate in the program, the recipient [of federal funds] shall take reasonable steps, considering the size and concentration of such population, to provide information in appropriate languages to such persons.

28 C.F.R. s. 42.405(d)(1). Federal guidance suggests a number of reasonable steps for oral interpretation, ranging from hiring bilingual staff, retaining staff interpreters, contracting with outside interpreters (where there is no regular need for a particular language skill), and even using community volunteers, preferably via formal arrangements to ensure competency. 67 Fed. Reg. 2671 (Jan. 18, 2002). While formal certification need not be a requirement, competency does mean that interpreters must be proficient in both English and the beneficiary's language, be bound to confidentiality and impartiality, know specialized terms and concepts, and demonstrate the ability to convey information accurately in both languages. *Id.*

Federal guidance further includes a "safe harbor" provision so that state and local agencies can be certain of meeting their Title VI obligations: **provide written translations of vital documents wherever the population of LEP individuals in a service area equals five percent of the population served or 1,000 individuals—whichever is less.** 67 Fed. Reg. 41455 (June 18, 2002) *emphasis added*. "Vital



written documents” include such substantive communications as notices of action. (Note that while relatively few languages reach the 5% level statewide, additional languages may reach 5% in the county’s service area, and languages that reach the 5% threshold in a county likely are spoken by at least 1,000 IHSS consumers statewide.)

The U.S. Department of Health and Human Services (HHS), the agency responsible for Medicaid oversight, has provided similar guidance on Title VI to federally funded health and social service providers. HHS echoes the DOJ safe harbor provisions for translation of vital documents to language groups that comprise at least 5% of a service area or 1,000 people, whichever is smaller. **For language groups with fewer than 100 people, HHS specifies that, in order to benefit from the safe harbor provisions, agencies need only provide written notice in an individual’s primary language of the right to receive competent oral translation of written materials.**¹⁶

2. State Law and Regulation

California state law also includes specific protections to ensure that LEP individuals have access to government services. California’s Government Code section 11135 prohibits discrimination based on national origin, ethnic group identification or color, and requires that

agencies “**take steps to ensure availability of alternative communication services**” for LEP individuals.”¹⁷ When translated materials are not made available, a state agency “may instead elect to furnish translation aids, translation guides, or provide assistance, through use of a qualified bilingual person, at its local offices or facilities in completing English forms or questionnaires and in understanding English forms, letters, or notices.” Govt Code § 7295.4. See also Dymally-Alatorre Act, Govt Code § 7290.

Agency regulations further elaborate what state law requires, and provide for the following:

- Interpretive services should be prompt and without undue delays.¹⁸
- Agencies should hire bilingual employees in sufficient numbers for public contact positions where 5% or more of the program or location’s caseload is LEP.¹⁹
- The bilingual employees should have the language skill and cultural competency necessary to provide the same level of services to LEP persons that English speakers receive.²⁰
- For languages where less than 5% is served, the county must provide bilingual services using “paid interpreters, bilingual employees, qualified employees of other agencies, or community

¹⁶ In addition to Title VI guidance, the U.S. Department of Health and Human Services has published National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care. 65 Fed. Reg. 80865-79, that provide guidance to all health care providers, including Medicaid recipients, about how to provide culturally and linguistically appropriate care to their patients. See also, <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl+2&ivlid+15>.

¹⁷ Implementing regulations at 22 CCR 98101, Manual of Policy and Procedures (MPP) 21-109.14 and 21-109.17

¹⁸ MPP 21.115.

¹⁹ MPP 21-115.11.

²⁰ MPP 21-115.1.



resources.”²¹ Beneficiaries should not be required to bring their own interpreter.

- Agencies are required to document an individual’s ethnic origin and primary language, offering written material in the individual’s own language, and to document methods used to provide bilingual services.²²

DSS has also issued instructions to counties for implementation of the Dymally-Alatorre Act. In addition to reiterating state regulations regarding translation, interpretation and use of minors as interpreters, DSS requires counties to use translated forms that have been provided by DSS regardless of whether the number of clients speaking those languages is more or less than 5% of the county client population.²³ When using translated notices of action, any added information that is unique to the recipient of the notice, including explanations of the action that are not pre-printed, must be in the language of the notice.

Counties may not compel or encourage applicants or recipients to use their own interpreter.²⁴ Before individuals decide to use their own interpreter, the county must advise them, at initial intake and at redeterminations, of

- (1) The right to free interpretive services;
- (2) potential problems of using the client’s own interpreter ...;
- (3) the availability of county-provided

interpretive services, whether or not a client chooses to provide his own interpreter; and (4) the right to accept county-provided interpretive services at any time, even when a client-provided interpreter is present.²⁵

Some counties and localities may have local ordinances or program rules that go further towards fulfilling their own obligations. Generally, however, a statewide audit revealed that “many local government administrators and department managers are not aware of the [Dymally-Alatorre] Act and do not have formal policies for providing bilingual services.”

3. DSS Translation Practices

In practice, the policy of DSS on translating IHSS notices and other important documents has been inconsistent. Although DSS has acknowledged its responsibility in 2009 to translate documents into three languages besides English (Spanish, Chinese and Armenian), this commitment falls far short of the many languages needed by substantial numbers of beneficiaries statewide.²⁶ Even among these languages, until recently only Spanish notices have been consistently available.²⁷ Although

²¹ MPP 21-115.15.

²² See MPP 21-115-116. These record-keeping requirements are elaborated in further detail in All-County Information Notice (ACIN) I-02-08, “Documentation of Interpretive Services at Every Point of Contact.”

²³ All County Letter No. 03-65 (Oct. 29, 2003).

²⁴ All County Letter No. 06-20 (June 30, 2006).

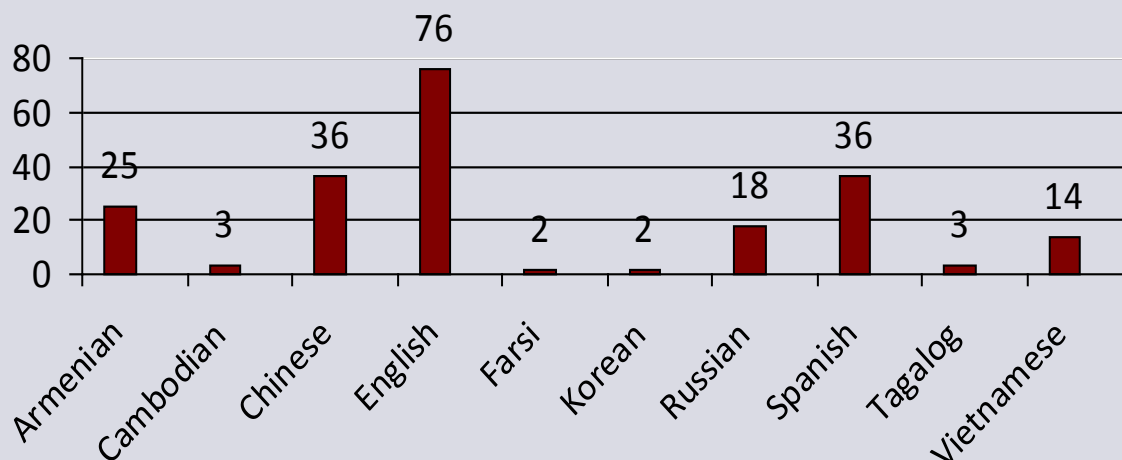
²⁵ Id.

²⁶ As of May 28, 2009, in a letter responding to NSCLC’s Public Records Act request, DSS stated a commitment to translation of notices into Spanish, Chinese and Armenian. See http://www.nsclc.org/areas/long-term-care/At-Home-Care/IHSS/area_folder.2009-10-29.1895065260/ihss-lep-population-statistics-11-08/at_download/attachment. At times, IHSS translated some IHSS documents into additional languages but the practice was not consistent.

²⁷ As of October 2010, DSS had made available on its website certain forms in ten different languages. See <http://www.cdss.ca.gov/agedblinddisabled/PG2086.htm>.



Number of In-Home Supportive Services Forms, By Language



some improvements have been made, the number of important IHSS consumer documents available continues to vary dramatically by language, ranging from 76 English language consumer notices to just two forms in Farsi and Korean.²⁸

Two notices of particular interest are a multi-lingual flier, Notice of Language Services (GEN 1365), which can be used to inform beneficiaries in seventeen different language of their rights to language services.²⁹ In addition, publication No. 412 contains vital information about due process rights and has been translated into Spanish, Russian, Vietnamese, Farsi,

Armenian, Chinese, Korean, Hmong and Lao.³⁰

In sum, the state and counties have a number of legal obligations to provide appropriate and timely language services to IHSS consumers. Notices of eligibility, notices of changes in eligibility or services, and appeals process notices are essential communications that government agencies are legally required to appropriately provide. All of these are “vital documents.” Whether translated at a statewide level, or by an individual county or counties, IHSS consumers are entitled to accurate, accessible notices. In those languages where written translations are not available or required, IHSS consumers are entitled to oral interpretation.

²⁸ English language notices and forms that do not contain important information for a consumer audience are not included in this total.

²⁹ <http://www.cdss.ca.gov/cdssweb/entres/forms/Multi/GEN1365MUL.pdf>.

³⁰ http://www.cdss.ca.gov/cdssweb/entres/forms/English/PUB412_letter.pdf.



II. Findings: Opportunities for LEP IHSS Consumers

A. General Benefits

NSCLC's investigation showed that the IHSS program offers substantial benefits and opportunities to older LEP adults with disabilities to help them live at home and in the community, safely and with dignity. Interviewees were asked how their clients' lives would be different without the IHSS program. The most common responses were:

- Inability to meet basic needs
- Physical health deterioration
- Institutionalization (e.g. nursing home or assisted living)
- Decreased access to health care

Other responses, from most to least common, included:

- Mental health deterioration
- Poor nutrition
- Loss of independence
- Social isolation, decreased access to community services
- Eviction or other loss of housing; homelessness
- Emergency room visits, increased hospitalization, death
- Overburdening of family members

"I cannot live without the help of a worker. I am not able to cook; I would not be able to go buy things. I cannot move by myself to do these things."

—Chinese speaking LEP IHSS consumer

■ Unsanitary living conditions

The positive benefits of the program for all IHSS recipients cannot be overstated. Some of the key ways that IHSS assists older LEP adults are highlighted below.

First, and not surprisingly, the interviews revealed that older LEP consumers of IHSS receive the same basic benefits that the program is intended to deliver to all participants. IHSS enables consumers to meet basic needs, stay as healthy as possible, and to live at home with dignity and in safety. Having IHSS providers can offer an alternative to being institutionalized, and may significantly decrease emergency room visits. For homebound seniors with major health problems, IHSS helps them with their very survival. Many interviewees reported that without IHSS, consumers would

not be able to meet personal care needs, their physical health would deteriorate, and they would experience decreased access to health care. With the help of IHSS providers, consumers can get food

to eat, stay housed, appropriately exercise and keep medical appointments.

In addition to basic survival activities, our interviews suggested that IHSS provides intangible benefits that go well beyond assistance with activities of daily living. For many older adults, IHSS providers bring regular



contact with the outside world, and may serve as an emotional and psychological lifeline. Without such services, their mental health would significantly deteriorate. Interviewees described IHSS as increasing LEP recipients' social support and reducing feelings of isolation, significant factors in psychosocial wellbeing.

B. Benefits for Older LEP Adult Consumers: Cultural Competence and Linguistic Access

While all IHSS consumers benefit greatly from the program regardless of their level of English proficiency, IHSS plays a particularly important role for LEP seniors. For those not fluent in English, the isolation of living at home with disabilities is compounded by barriers to communicate with mainstream society. The IHSS program can assist with these issues in several ways.

Many IHSS recipients are able to hire an IHSS care provider who shares their cultural background, thus facilitating the provision of linguistically and culturally competent care. The benefits of an IHSS provider who can speak the same language are obvious, all the more so as IHSS providers may provide assistance with intimate personal activities such as bathing, toileting and other personal hygiene. LEP IHSS consumers who are able to hire an IHSS provider who shares

a common ethnic/cultural background also benefit; they may find a greater compatibility in daily life activities that can be significant for health and wellness. For example, the provision of culturally familiar food may result in healthier eating habits and more favorable long term wellness outcomes.

Cross-cultural misunderstandings can also be minimized when LEP consumers are able to hire IHSS providers who share a common cultural and linguistic background. An IHSS provider who understands the consumer's personal cultural traditions, including those related to personal care, gender roles, and communication with others, can provide assistance and appropriate care with less opportunity for misunderstanding than a provider who is unfamiliar with the consumer culture, traditions, and expectations.

IHSS also plays a role in supporting a major cultural value of many immigrant and racial/ethnic communities. Some of these groups place a high value on the elderly – revering their wisdom and giving them leadership roles within their communities.³¹ Correspondingly, they place a high value on aging at home –

keeping elders in their midst – rather than in an institution. They also may have good reason to avoid nursing home care: studies have shown that racial and ethnic minority nursing home residents do

“A provider can act as a resource who shares culture and language but also understands the system outside of the home; the provider is a bridge for services needed to live healthily and thrive at home.”

—Interviewee

³¹ See, e.g., Ailee Moon & Siyon Rhee, “Immigrant and Refugee Elders,” *Handbook of Social Work in Health and Aging* (2006, Oxford University Press), p. 205-218.



not experience the same quality of care as do white residents.³² Growing old at home, with family, is a strong cultural value for many immigrants and other families of color that is supported by the IHSS program. California wisely made the choice that the IHSS program can allow family members to be paid as IHSS workers. The ability to employ a relative as one's IHSS provider is significant in reinforcing the cultural values of many

racial/ethnic communities. By replacing foregone wages, IHSS supports the provision of care that goes well beyond the scope of what family members could otherwise afford. It also provides inchoate benefits as a kin-caregiver shares not only language and culture, but also intimate knowledge of the consumer's life story, family traditions and personal preferences.

³² According to one sobering summary of the research,

The relevance of the phenomenon of nursing home segregation is readily seen in the increasing evidence that ethnic/racial minority residents are less likely to receive appropriate care. Past research has found that ethnic/racial minority residents are less likely than non-Hispanic Whites to receive medically appropriate pharmacological treatments in nursing homes and are less likely to receive physical therapy when admitted to nursing homes after hospitalization. Other studies suggest that African American and Hispanic elders are more likely to receive care in facilities with documented problems related to cleanliness and maintenance, and ethnic/racial minority elders nationwide are more likely to be treated in nursing homes that have a higher number of health deficiencies as determined by state regulators. Non-White race is also associated with a greater use of feeding tubes in nursing home residents. Minority elders are more likely to have significantly longer delays in discharge from hospitals.

Joseph Angelelli, David C. Gabrowski & Vincent Mor, "Effect of Educational Level and Minority Status on Nursing Home Choice After Hospital Discharge," 97 American J. of Pub. Health 7 (July 2006).



III. Findings: Barriers for LEP IHSS Consumers

Even as the IHSS program offers LEP individuals and their families very significant opportunities and benefits, NSCLC's findings show that there are many ways in which those who are LEP are denied the same level of access to services that those who are proficient in English enjoy. Further, effective language access to the IHSS program varies tremendously within California, depending on the county in which one lives, language spoken, and the availability of bilingual advocates who can assist with navigating the system. In addition, some of the recently proposed changes to IHSS have an exponentially detrimental effect on LEP individuals: not only are the proposed cutbacks negative, but extra layers of anxiety are added as language barriers create enhanced confusion when interacting with a program that is already fraught with complexity.

A. Common Barriers for LEP Individuals

When asked about the types of barriers they have observed for LEP clients, interviewees reported a wide variety of problems.

- The majority said that LEP individuals receive notices of action and other program materials in English and have initial difficulty in getting multilingual services over the telephone.
- More than a third said individuals

were forced to rely on community-based bilingual advocates to provide translation and interpretation or had no access to a bilingual IHSS social worker.

Altogether, interviewees reported that LEP individuals have trouble in every aspect of communication with the IHSS program in their own language, both in written and oral (particularly telephonic) communication.³³

1. Notices and Written Translations

The most frequent problem, reported by two-thirds of those we interviewed, was that of LEP individuals receiving IHSS notices in English only. This is not surprising, given that DSS has historically supported translation of notices of action into Spanish only—leaving no statewide support for translation for the remaining one-third of IHSS recipients, approximately 150,000 people, identified as speaking a language other than English or Spanish. While some counties do a good job providing additional translations for their LEP residents who are IHSS recipients, others do not. Frequently, interviewees reported that they or others at their organization had to provide translation of IHSS notices as a default service.

³³ Interviewees also noted some positive practices in counties that work to reduce or eliminate barriers for LEP IHSS recipients; Los Angeles and San Francisco county, in particular, were praised for their capacity for translation or multilingual staff (although it should be noted that some problems were observed in those counties as well).



IHSS notices are critical communications because they contain very important information about a person's financial eligibility and assessed need for IHSS. The notice of action contains information about IHSS provider hour eligibility, participant monthly costs and more. The notice contains necessary information about appeal rights if a mistake is made. For instance, the notices inform recipients that those who appeal a reduction of allotted provider hours within a certain timeframe can get continued aid pending appeal, an important benefit for which timely understanding of the notice is crucial. Comprehensive and comprehensible notices are essential to IHSS consumers' ability to navigate the program, and are a part of their due process rights.

In addition to depriving LEP IHSS beneficiaries of important content, notices that are provided only in English, without a meaningful offer of language services, can cause even greater harm. Some LEP individuals become fearful when they receive official-looking mail that they do not understand. The negative impact of such communications can be detrimental to the health of LEP elders, particularly in situations where their physical and mental health status is already fragile.

Moreover, for LEP individuals, an offer of language services must be meaningful. When

information about rights to an interpreter is provided only in English, an LEP individual may never learn about that right, even if it is offered in writing multiple times. Tag lines offering access to translated documents or interpreter services need to be in non-English languages if they are to be effective. They also need to be placed prominently in the text, and accurately describe the importance of the notice in a manner that encourages questions and further communications. To be meaningful, the offer must include an explanation of how to get language services; not a phone number that is often busy or has a full mailbox, or an English-only message. In the absence of a meaningful invitation, the state and counties should not assume that an IHSS recipient will

know how to ask for translation or oral interpretation of documents. As one interviewee explained about her predominantly LEP speaking IHSS clientele, "Well, they would prefer to receive notices [translated]... but I don't think that they officially ask for a translation." As a result, her clients did not receive language services from

IHSS. Of course, where translated notices are available, it is imperative that counties actually send the appropriate translations.

"If a notice is in English, they usually can only pick out one or two words that they understand. So if they get a notice saying 'if you don't do this, you will get cut off,' the client just sees the words 'cut off' and they get scared."

—Interviewee

"I think a lot of the seniors panic, especially if they don't speak English. If they receive an official letter or letter that seems important, they will bring it to me. Sometimes they have no one to take it to; sometimes they are afraid of the letters they receive."

—Interviewee



2. Telephonic Access & Oral Translation

For notices which are not translated, and for questions arising from the notices or other aspects of IHSS, consumers also have the right to oral translation. This is typically provided by a bilingual caseworker or an English-speaking worker using an interpreter through a telephonic interpreter service.

For many IHSS consumers or applicants, the most important way to access additional information is by telephone. Yet interviewees told NSCLC that using the telephone is often hard for LEP consumers, who all too often have had numerous difficult experiences trying to reach someone who speaks their language on the phone.

- Automated phone systems are a problem for LEP seniors, both because they do not understand the English used and because they may not understand how to navigate the phone tree, e.g. the need to wait for prompts prior to pushing buttons or speaking designated words.
- Even when they reach a live person, the act of asking for an interpreter is a significant barrier for some LEP individuals. As one advocate explained, when faced with the initial telephone tree offering only English and Spanish options, Southeast-Asian speaking individuals “do not know how to ask” for an interpreter.
- After asking for interpretation, LEP IHSS beneficiaries also are sometimes unable to find an IHSS

We have to find a specific day and time they are available and we get the consumer in my office so we can call in at that specific time and day. I am the bridge.

—Advocate

social worker who speaks their language or who reliably brings an interpreter.

In-person assessments for LEP consumers were also noted as an occasional problem. In-home visits without prior warning, while potentially distressing for any IHSS applicant, are a particular problem when the individual is LEP and an interpreter needs to be arranged in advance.

Interviewees frequently noted that, stymied by notices that arrive in English and difficulty getting an interpreter over the phone or a bilingual social worker, their clients’ relied on community workers or other bilingual advocates in order to navigate the system.³⁴

Finally, another barrier for IHSS consumers is that some IHSS workers as well as some experienced advocates

may be unaware of the county’s responsibility to provide language access for IHSS consumers. For instance, one professional who works with an average of ten IHSS recipients a month, of whom 20-30% are limited English proficient, was asked if her LEP clients were able to get information orally in a language other than English. She questioned whether IHSS consumers would “have (such) an opportunity.” If experienced advocates are not informed about the availability of interpretation and translation, it is not surprising that clients themselves are even less likely to know their rights.

³⁴ Because our interviews focused on advocates and other service providers (see “About this Report” on page 7), our findings cannot reflect the experiences of LEP IHSS consumers who do not have access or relationships with advocates or community-based organizations.



A Burmese-speaking Consumer's Story

Ms. S. is a Burmese refugee who came to California in 2007. In 2008, a serious medical condition put her in the hospital for a month and left her unable to walk or stand up on her own. Her husband was forced to leave his job at a clothing store in order to care for her and their young children.

A nurse happened to visit their home to check on their daughter's asthma. The nurse saw their difficult living conditions and told them about IHSS. When Ms. S. first inquired with her local IHSS agency, she was (wrongly) informed that she was ineligible because her husband was her care provider. Later she learned that this information was incorrect, and she applied again, with the help of some friends. After she applied, an IHSS worker called speaking only English, and told her she had an appointment at 10 o'clock. Ms. S. did not understand and was not given an interpreter. Later, she received a letter denying her IHSS benefits because she had missed the appointment; the letter was entirely in English and no interpretation was provided.

After the denial, Ms. S. contacted Amy Chen, an attorney at Bay Area Legal Aid. She heard about Ms. Chen through another friend. Ms. Chen quickly appealed the decision and her client started receiving IHSS in March 2009. Until then, the family's only source of income was a small SSI benefit and they could barely survive.

Currently, Ms. S. receives about 13 hours of IHSS assistance per week to help her with services such as cooking, laundry, dressing, taking baths, going to hospital appointments, and taking medications. Although she needs more help, she is grateful that IHSS provides some relief.

Ms. S. encounters with language access barriers in seeking to obtain IHSS are typical of many limited English proficient IHSS consumers. Ms. S. and her husband speak Burmese, Karen and Thai, but their English is extremely limited. Once when she tried calling IHSS and asked for an interpreter, the IHSS worker simply hung up on her. (IHSS did offer to arrange interpreter services during her assessment appointment; however, she had already arranged for a community volunteer to help her.) While Ms. S. was ultimately able to receive some assistance, she first had to endure several systemic failures. It was only with the assistance of an attorney that she was able to access the benefits she desperately needed.

—We are grateful to Ms. S. for allowing us to share her personal story, obtained in an interview with NSCLC's Nancy Arévalo on December 2010.



B. Additional Barriers for LEP IHSS Consumers

While access to translated documents, bilingual social workers and initial telephonic assistance are the most common problems, many other barriers were observed by those we interviewed. These include:

- Difficulty in finding an IHSS provider with needed language skills.
- Illiteracy in native language.
- Reliance on family members to provide interpretation or translation.
- Poor quality of translations.
- Notices causing fear or anxiety; avoidance of mail.
- No interpreter for the LEP individual at an in-home assessment.

Although they arose less frequently in our study than notices or telephone issues, problems getting access to an in-home assessment in one's own language with a qualified interpreter are particularly egregious violations of language access requirements because the in-home assessment provides crucial information used to determine need for IHSS services.

Advocates often advise IHSS recipients to have a close, bilingual family member or friend present at the in-home social worker assessment. This can be both for moral support and to make sure that needs are communicated clearly and accurately. Yet in cases where a consumer is not able comfortably to articulate his or her own intimate needs for personal assistance in front of the helper, or if the helper

is not a sufficiently competent interpreter or reliable reporter of information, then the assistance can undermine accurate assessment of need. Some interviewees reported that IHSS social workers did not sufficiently screen family or friend interpreters for appropriateness.

C. General Barriers for All IHSS Consumers

Interviewees noted a number of problems accessing services that are not unique to limited English proficient populations, but that have a particularly strong impact on LEP clients. Overwhelmingly, the most common problem reported was overall **difficulty understanding IHSS notices**. Notices of action attempt to convey very complicated concepts, such as “share of cost” and proration of services.³⁵ Both LEP individuals and older adults generally are at risk of confusion and difficulty understanding the information they receive.

Other problems that some interviewees volunteered as barriers to IHSS that were not unique to LEP consumers included:

- Extremely long telephone hold times, long worker response time to phone messages.
- Notices of action that use language that is too difficult, use jargon, and are printed in too small print.

³⁵ See Appendix A for an example of a problematic Notice of Action. This example, in addition to being difficult to understand, includes a misleading calculation of share of cost that does not reflect recent budget cuts that increased the cost of IHSS.



D. Availability of Governmental Agencies and Community Based Organizations

Overall, the interviews underscore the importance that governmental and community-based organizations, including senior services organizations, legal services, clinics, IHSS Public Authorities, and ethnic community-based organizations play in helping LEP IHSS consumers access services. It is also clear, unfortunately, that this reliance results in unequal access to IHSS depending on an LEP individual's ability to connect with someone who can help her navigate the system.

Some counties offer a relatively rich array of such services. Elsewhere, options are very sparse. For instance, one overloaded advocate, who works in a populous county that lacks a dense urban core, was asked about where else an LEP IHSS consumer could go for help. She admitted that she had no idea if there were any other resources in her county. The bottom line is clear: the extent of help LEP individuals have accessing IHSS depends on where in California they happen to live.

E. Recent Changes Affecting LEP IHSS Consumers: Budget Cuts and New Provider Requirements

NSCLC's interviews suggest that changes or threatened changes to the overall IHSS program in recent years have had a negative effect on IHSS recipients, and on LEP recipients in particular.

IHSS consumers generally have been the target of recent state budget cuts, including cuts

enacted in 2010 that reduced services for those who pay a "share of cost," and measures that would have cut services for certain consumers based on their IHSS ranks and scores.³⁶ These cuts are very difficult for IHSS consumers as their needed services cannot be replaced, in most cases. The actual cuts themselves are compounded, by decreases in IHSS services at the county level because of recent administrative budget cuts. Interviewees have observed fallout from cuts including increased wait times on the phone and backlogs in resolving appeals.

More recently, the state legislature has enacted across-the board cuts that reduce almost all IHSS recipients' total hours by 3.6%, in February 2011. Still deeper cuts are threatened. As described in Section I(B), approximately 49% of IHSS recipients speak a language other than English, and more than 60% of IHSS recipients age 65 and older are from racial or ethnic minority groups. As a group, immigrants and communities of color will be hardest hit by any cuts to the IHSS program.

Budget cuts to IHSS carry a psychological cost that impacts the health of older IHSS recipients as well. Interviewees told NSCLC that IHSS beneficiaries are fearful and anxious about the prospect of budget cuts.³⁷ One IHSS beneficiary

³⁶ Currently blocked by a court order, those cuts would have eliminated all services for all those with an average "Functional Index score" of less than 2.0, and would have eliminated domestic and related services for those with a Functional Index rank" of less than 4.0 for that services—despite the fact that the IHSS recipient had previously been found to need those services to stay safely at home.

³⁷ Note that at the time these interviews were conducted, the 2010 law authorizing 3.6% across the board cuts to IHSS in February, 2011 had not yet been enacted. These clients were simply fearful based on rumors and reports of cuts, including the 2009 cuts that were enjoined by a federal district court.

who lives in a mountainous area in rural Trinity County told her advocate that she was terrified she might freeze to death if her IHSS provider's hours were cut back because she would be unable to get wood into the house during a cold and snowy winter. Her IHSS provider was already providing as many volunteer hours as were economically feasible, and was herself financially strapped by having to provide needed IHSS services for free.

Repeatedly in our investigation, those we spoke to reported seeing widespread, unjustified cuts in IHSS hours. One individual with knowledge of the state hearing system reported that counties are “under pressure to reduce hours all over.” Another advocate in Sacramento County observed that social workers seem to have a pattern of misinterpreting recipients’ statements or failing to ask probing questions about need, in ways that tend to result in fewer hours being awarded. While advocates who represent IHSS beneficiaries are often able to restore lost hours, those who do not have the benefit of an advocate simply lose the hours. In one other county in Northern California, several advocates reported that county investigators were regularly making unwarranted arbitrary cuts to hours unsupported by clinical evidence. As these were clearly inappropriate and illegal, these cases were regularly overturned at hearings, but those who did not request a hearing would simply be left out with unjustified decreases in services. These reports are particularly notable given the emphasis in the popular media on IHSS’ cost and increasing caseloads.³⁸ The

interviewees’ reports suggest that even though total IHSS caseloads may be rising, significant unmet need exists in great measure, and will continue to be exacerbated by county and state attempts to decrease budgets.

In the same vein, several interviewees identified the new IHSS provider requirements (which, among other provisions, burden providers by making them pay for background checks and attend required orientation without compensation) as barriers that are particularly onerous for limited English proficient providers (and secondarily for the LEP consumers they assist). Several interviewees described the new provider requirements as “confusing” to providers and consumers alike. The new rules also have a deterrent effect on providers. As one interviewee explained, “As the state decreases provider pay and imposes these arbitrary new verification systems, it deters potential IHSS workers who are culturally competent.” Because these enhanced hurdles for providers (including out of pocket costs) are so burdensome, those who can leave IHSS work for other fields may well choose to do so.

The Legislature doesn't realize that [IHSS recipients' survival is] put together with tape, rubberbands and chewing gum.

—Advocate

Finally, many IHSS beneficiaries survive by relying on other governmental programs and services that have also been cut in recent years, including SSI, CAPI, Medi-Cal and

other programs. When cuts to income, health and social services programs come on top of each other, the budget and support systems used to keep people living safely and with dignity at home are at risk of crumbling completely.

³⁸ See, e.g., “In-home Care Gets Scrutiny: Fast-Growing Program Takes Bigger Slice of County Budget,” Sacramento Bee, (May 20, 2009).



IV. Recommendations

In light of the substantial barriers faced by LEP IHSS beneficiaries, we make the following recommendations. We believe these are achievable, cost-effective measures that will significantly improve language access in the IHSS program.

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

- 1. Provide translations of notices of action and other important documents into all languages spoken by at least 1,000 IHSS beneficiaries statewide, as well as any language spoken by at least 5% of recipients in a particular county.**

Currently, in order to comply with federal and state law, counties are responsible for their own translation or interpretation of documents except where DSS has already provided a translation. This results in duplicative effort and erratic quality as multiple counties translate the same document. And when a county does do a high-quality translation, that effort does not have the maximum impact unless shared. DSS should take responsibility for ensuring adequate translation of all vital documents into languages that are spoken in substantial numbers statewide so that all counties can be in compliance and benefit from the translations of languages that may have smaller populations in their counties. This should include all languages spoken by a minimum of 1,000 speakers statewide (Spanish, Armenian, Chinese, Russian, Vietnamese, Tagalog, Farsi, Korean, Cambodian, Hmong, Arabic and Lao) or 5% in a particular county. Such a standard would expand availability of

translated forms to more than 70,000 people who need IHSS.

The direct provision or pooling of such translations at the statewide level will also lessen burdens on county IHSS workers and staff at community based organizations who provide oral translations.

DSS has maintained for many years that it must wait for an updated computer system before it can program its systems to provide new, updated and more comprehensible English and translated Notices of Action. If DSS continues to wait until new English-language Notices of Action have been finalized, then it should as a minimum interim step require that counties include with all notices the existing multilingual flier (DSS Form GEN 1365).

- 2. Improve training for IHSS social workers about language access requirements and the appropriate use of interpretation.**

In more than 1,000 pages of materials developed for the IHSS Social Worker Training Academy, language access issues are addressed only in passing.³⁹ IHSS workers should be required to regularly receive thorough cultural competency training, as well as training on best practices to assist LEP applicants and consumers in the IHSS context. Social workers should also be educated about how to comply with legal requirements, including due process

³⁹ Training Academy materials are online at <http://www.cdss.ca.gov/agedblinddisabled/PG1214.htm>.



and federal civil rights law.⁴⁰ DSS needs to give counties clearer guidelines for social workers relating to reliance on unqualified friends and family members to provide interpretation during in-home assessments.

3. Proactively enforce language access requirements through the DSS Civil Rights Bureau.

Too often, there is a disconnect between the DSS Civil Rights Bureau's reviews of county performance under civil rights laws, including language access, and actual LEP consumer experiences. The Civil Rights Bureau needs to ensure adequate corrective action plans and to monitor compliance with those plans. Corrective action plans should include a provision that the local civil rights coordinator engage in periodic local checks for compliance.

COUNTY IHSS PROGRAMS AND PUBLIC AUTHORITIES

4. Strengthen relationships with multi-ethnic community based organizations, media and other community based organizations with significant LEP client bases for information and referrals.

In most counties in California, there are community-based organizations with close relationships with immigrant and other underserved communities. Some of these receive county funding and some do not; many provide vital links and services and are themselves at risk for funding cut backs. Counties can do a better job of strengthening funding for these

⁴⁰ Some interviewees' comments also suggest a broader need for better or updated training for county workers about the IHSS program so that appropriate levels of services are allotted to consumers.

groups, regularly meeting with their advocates, listening closely to their perspectives, and using that information to target language services most effectively. IHSS Public Authorities likewise can be more proactive in including representatives of diverse cultures and language groups in their leadership and in advisory roles. Better use should be made of ethnic media for outreach and information sharing about the availability of IHSS and changes in eligibility and rules. Drawing upon insights from LEP communities in a collaborative manner can help build trust within that community and provide a sense of investment in IHSS by community members.

5. Hire more bilingual workers (include additional language proficiency as a job requirement when hiring), and ensure language access at initial points of contact.

Counties should meet and strive to exceed the minimum number of bilingual workers required for compliance with the Dymally-Alatorre Act.⁴¹ Bilingual workers can be one of the most effective and economical ways to provide required interpretation. Bilingual employees should also receive training in interpretation skills, and agencies should develop internal protocols to make sure that their time is effectively utilized. Telephone voice menus should be available in all of a county's common languages, and should include information about how to obtain interpreter services.

⁴¹ The Dymally-Alatorre Act requires that agencies hire qualified bilingual persons to serve in public contact positions for languages that "comprise 5 percent or more of the people served by any local office or facility of a state agency." Govt. Code §§ 7292, 7296.2; see also ACL No. 03-56 (setting forth requirements for bilingual staffing).



6. Ensure that social workers and all county workers receive training and guidance and provide oversight of workers' performance of their duties with respect to language access.

Social workers and all county staff, including those involved with assessment, services allocations, and notices, should be appropriately trained in the following: cultural competency, best practices to assist LEP applicants and consumers in the IHSS context, and how to comply with legal requirements, including due process and federal civil rights law.⁴² In addition, counties should ensure that their staff is thoroughly versed in IHSS procedures, to prevent practices such as the unwarranted across-the-board reductions of hours that have been happening in some areas.

7. To the extent DSS is not translating documents statewide (see recommendation #1), provide translations of notices of action and other important documents into all languages spoken by at least 1,000 IHSS beneficiaries, as well as any language spoken by at least 5% of recipients in a particular county.

Counties have the requirement, in accordance with federal and state law, of providing translated documents. In the absence of state action, counties should make sure they are in compliance with applicable civil rights and due process laws.

⁴² See note *ibid* regarding need for additional training.

STATE AND COUNTY GOVERNMENTS

8. Provide telephonic interpretation services to all county agencies and organizations.

In order to better serve IHSS and other LEP populations, government entities should consider arranging broad access to state and county-funded services by funding telephonic interpreter services for all grantees. For instance, Alameda County helps to ensure that LEP individuals can fully access all county services by providing language line services for all entities that receive monies from the Department of Social Services, including community based social services, legal services entities and Older Americans Act-funded entities. These contracting agencies are given access to a county-funded telephonic interpreter service account. This practice not only recognizes and meets the needs of LEP seniors and other residents in accessing county-funded services, but also provides access for various community based organizations who often cannot afford to be fully linguistically accessible without such help. Ideally, such access should be offered at the state level (e.g., California Department of Aging grantees), and at a county level (as with Alameda County) so that all services would be fully accessible.

CALIFORNIA LEGISLATURE

9. Renew commitment to consistent funding of IHSS.

IHSS should be viewed not as a short term budgetary cost, but a long term budget solution. Not only does the program save significant sums of money by keeping people at home, with families and communities, instead of in



expensive nursing homes, it is a responsible investment in the well-being of diverse seniors and younger individuals with disabilities who enrich community life in California.

The current “crisis” mentality in which funding for IHSS is under threat from year to year causes anxiety among all IHSS beneficiaries with a heightened level of fear among limited English proficient beneficiaries. And, as noted in Section III (E) above, some counties seem to be making unwarranted cuts to hours or taking other inappropriate measures owing to general budget pressure. As a result, the purpose of IHSS—to keep people safe and secure in their own homes—is significantly undermined.

10. Recognize that IHSS does not operate effectively in isolation, and protect programs such as Medi-Cal, Adult Day Health Care, the Multipurpose Senior Services Program and the IHSS Public Authorities.

Preserving in-home support services is important, but IHSS is just one part of a larger universe that supports home and community based living as an alternative to costly institutionalization.

As NSCLC’s findings demonstrate, many people are in need of additional help to navigate and survive as they live with a disability on very low incomes. The California Legislature should continue to invest in programs like Adult Day Health Care centers and the Multipurpose Senior Services Program, as well as administrative structures like the IHSS Public Authorities, in order to enhance the effectiveness of IHSS.

We never ask for language assistance ...but now I will ask.

—Interviewee (after completing NSCLC interview)

IHSS LEGAL ADVOCATES AND SOCIAL SERVICES PROVIDERS

11. Increase advocate and community awareness of the laws and requirements regarding language access.

In our interviews, many of the interviewees who were experienced IHSS advocates serving bilingual communities were unaware of state and county legal obligations to provide translation or interpretation. While most legal services providers were familiar with language access requirements, they also tended to serve fewer total IHSS clients, as they are often not the first line of advocacy for LEP IHSS recipients. Before LEP IHSS recipients can ask for better language services, they need to know that they have a right to those services.

Additionally, organizations that receive federal funds should familiarize themselves with their own obligations under Title VI of the Civil Rights Act and evaluate their clients’ language needs, develop plans to assist LEP beneficiaries, and notify clients of their rights to assistance.⁴³

⁴³ A good starting place for information about federal language access requirements is www.lep.gov, a website of the Federal Interagency Working Group on Limited English Proficiency. NSCLC is also producing an “IHSS LEP Advocate Resource Handbook,” available shortly at www.nsclc.org.



12. File complaints when clients are denied language access.

In more than fifty interviews, in which many interviewees reported language access problems that seem to violate federal and state law, only a few legal services advocates reported that they had ever filed an administrative complaint or a similar report to the Department of Social Services about language access deficiencies for IHSS recipients. Advocates and social services providers should, where appropriate, file complaints with either DSS or the federal Health and Human Services Department's Office of Civil Rights.⁴⁴ They should also participate where possible in the DSS Civil Rights Bureau's periodic compliance reviews of county agencies.⁴⁵

13. Advocate with county agencies for compliance with the law and promotion of best practices.

In addition to education and complaints, the best results for LEP clients often can be achieved by cooperation to identify and resolve problems. Advocates can contribute by meeting periodically with county agencies, including the county welfare department and the Public Authority, and promoting best practices.

⁴⁴ For more information about how to file civil rights complaints, please see NSCLC's IHSS Advocate Alert, "How to File a Language Access Complaint," available on our website, www.nsclc.org. See also fn. 43.

⁴⁵ DSS' schedules for civil rights compliance reviews are available online at <http://www.cdss.ca.gov/civilrights/PG591.htm>.



Conclusion

Decades ago, California had the foresight to create IHSS as one element to promote the full inclusion of individuals with disabilities in the community. Today, that approach benefits an increasingly diverse array of Californians, in particular older LEP adults who need IHSS to stay safely at home. IHSS plays a critical role in maintaining their health and welfare through payments for culturally competent and linguistically accessible caregivers.

The current budget crisis has put this effective program under enormous strain. While NSCLC's interviewees collectively help an impressive number of individuals, it is clear that these organizations and others like them cannot take the place of government in providing accessible services. They cannot hope to serve the entire LEP IHSS population (not to mention the many English-speaking IHSS consumers who also need assistance). Many of these organizations are themselves at risk of cutting services.

Budget cuts cannot and should not be an excuse to underserve IHSS beneficiaries who are LEP. Fortunately, some of the

recommendations above—such as expanding the Department of Social Services' responsibility for translation of notices — will bring administrative efficiencies, saving money overall by providing a centralized, single source for translations of IHSS notices and materials. Others involve minimal additional resource commitments, as recommendations for increased education and awareness can be incorporated into the ongoing work of administering the IHSS program.

NSCLC's investigation revealed that IHSS has created significant opportunities for IHSS LEP consumers. However, significant barriers remain insufficiently addressed by the state and counties, and a number of actions can be taken to improve linguistic access for LEP consumers. The state Department of Social Services, the counties, the Legislature and local groups should all take a careful look at ways to improve services for this vulnerable population and to decrease the many barriers that impede full access. Taking significant action to bring IHSS in compliance with federal and state law will allow the program to fulfill its potential for all participants.



Appendix A: Sample Notice of Action

State of California - Health & Welfare Agency - Department of Social Services

IN-HOME SUPPORTIVE SERVICES NOTICE OF ACTION

REASSESSMENT CHANGE

Note: This notice relates ONLY to your Social Services.
It does NOT affect your receipt of SSI/SSP or Social Security.
KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.

YOUR
IHSS
OFFICE

LOS ANGELES D.P.S.S.
IHSS NORTHWEST REGION
21615 PLUMMER ST
CHATS WORTH, CA 91311-4131

IF REQUESTING A STATE HEARING, PLEASE SEND TO:

APPEALS & STATE HEARING
PO BOX 18890

LOS ANGELES, CA 90018-0890

Case Number	[REDACTED]
Date Mailed	09.22.09

YOUR AUTHORIZATION FOR IN-HOME SERVICES HAS BEEN CHANGED EFFECTIVE 10/01/2009.

NOW

Your Countable Income: \$ 1012.00

Minus SSI/SSP Benefit Level: \$ 850.00

Your Share of Cost: \$ 162.00

Minus Assessed IHSS Cost: \$

Income in Excess of Assessed Cost: \$

SERVICES

	HOURS NOW	PREVIOUS HOURS	(+) INCREASE OR (-) DECREASE
DOMESTIC SERVICES per month:	5.44	5.44	

Clean floors, wash kitchen counters, stoves, refrigerators, bathroom;
store food, supplies; take out garbage; dust, pick up; bring in fuel; change;
make bed and miscellaneous..

HEAVY CLEANING (one month only):

RELATED SERVICES per week:

* Prepare Meals:	6.35	6.35	
** Meal Cleanup:	2.27	2.27	
Routine Laundry:	1.81	1.81	
Shopping for Food:	.91	.91	
Other Shopping Errands:	.45	.45	

WAS

Your Countable Income: \$

Minus SSI/SSP Benefit Level: \$

Your Share of Cost: \$

Minus Assessed IHSS Cost: \$

Income in Excess of Assessed Cost: \$

SERVICES

	HOURS NOW	PREVIOUS HOURS	(+) INCREASE OR (-) DECREASE
--	--------------	-------------------	---------------------------------

ACCOMPANIMENT SERVICES per week:

Medical Appointment: .63 .63

To Alternative Resources:

YARD HAZARD ABATEMENT:

Remove Grass, or Weeds,
Rubbish (one month only):

Remove Ice, Snow, per week:

PROTECTIVE SUPERVISION per week:

TEACHING/DEMONSTRATION per
week: (no more than three months duration)

Continued on page 36



NATIONAL SENIOR CITIZENS LAW CENTER

NON-MEDICAL PERSONAL SERVICES per week:

* Respiration Assistance:	_____	_____	_____
* Bowel, Bladder Care:	18.51	18.51	_____
* Feeding:	7.41	7.41	_____
* Routine Bed Baths:	3.63	3.63	_____
* Dressing:	3.17	3.17	_____
* Menstrual Care:	2.09	2.09	_____
* Ambulation:	_____	_____	_____
* Move In/Out of Bed:	6.35	6.35	_____
* Bathe, Oral Hygiene/Grooming:	5.26	5.26	_____
* Rub Skin, Repositioning, Help On/Off Seats, In/Out of Vehicle:	5.29	5.29	_____
* Care/Assistance with Prosthesis:	_____	_____	_____

* PARAMEDICAL SERVICE per week: _____

TOTAL WEEKLY HOURS X 4.33:	277.56	277.56	_____
ADD DOMESTIC SERVICE HOURS:	5.44	5.44	_____
ADD HEAVY CLEANING:	_____	_____	_____
ADD REMOVE GRASS, ETC.:	_____	_____	_____
TOTAL MONTHLY HOURS	283.0	283.0	_____
(rounded to the nearest tenth)			

NOW WAS

Restaurant Meal Allowance: \$ _____ \$ _____

☒ "Since you meet the criteria for 20 hours or more in starred (*) services you can get an advance payment to pay your own provider. If you want to get advance payment, contact your service worker. The double starred (**) service is included in the 20 hours only when assistance with feeding, preparation of meals and meal cleanup are all required."

The above action(s) is supported by Federal Law (Social Security Act), State Law (Welfare and Institutions Code), Federal Regulations (Code of Federal Regulations), State Regulations (California Administrative Code and State Department of Social Services Manual of Policies and Procedures):
 THE STATUTORY MAXIMUM NUMBER OF IN-HOME SERVICE HOURS IS 283.0. THEREFORE, YOU
 HAVE AN UNMET NEED OF 29.17 SERVICE HOURS. W&IC 12303.4
 YOUR APPLICATION REQUEST FOR DIRECT DEPOSIT HAS BEEN PROCESSED. W & IC 12304.3

You must report immediately any changes that might affect your eligibility or need for In-Home Supportive Services such as change in income, property, living arrangement, medical condition or ability to work. If you have any questions or think additional facts should be considered contact:

District Office: 01 Service Worker: JEFFRIES, MONICA SW#: 5205 Telephone: (818) 718-4397

YOU HAVE THE RIGHT TO FILE A WRITTEN OR ORAL REQUEST FOR A STATE HEARING. PLEASE SEND YOUR WRITTEN REQUEST TO THE COUNTY ADDRESS ON THE TOP RIGHT HAND CORNER OF THIS FORM.



Appendix B: Interviewees & Supporters

Afghan Elderly Association of the Bay Area

3300 Capitol Ave., Building B
Fremont, CA 94536
Phone: (510) 574-2059
www.afghanelderlyassociation.com

Asian American Resource Center

1115 South “E” Street
San Bernardino, CA 92408
Phone: (909) 383-0164
www.aarc-ie.org

Asian Law Alliance

184 E. Jackson Street
San Jose, CA 95112
Phone: (408) 287-9710
www.asianlawalliance.org

Asian Law Caucus

55 Columbus Avenue
San Francisco, CA 94111
Phone: (415) 896-1701
www.asianlawcaucus.org

Asian Pacific American Legal Center

Health Justice Network
1145 Wilshire Blvd, 2nd Floor
Los Angeles, CA 90017
Phone: (213) 977-7500
www.apalc.org

Asian Pacific Health Care Venture

1530 Hillhurst Ave.
Los Angeles, CA 90027
Phone: (323) 644-3880
www.aphcv.org

Asian Pacific Policy & Planning Council (A3PCON)

605 W. Olympic Blvd.
Suite 610
Los Angeles, CA 90015
Phone: (213) 239-0300
www.a3pcon.org

Bay Area Legal Aid

1735 Telegraph Avenue
Oakland, CA 94612
Phone: (510) 663-4755
www.baylegal.org

Bernal Heights Neighborhood Center

515 Cortland Avenue
San Francisco, CA 94110
Phone: (415) 206-2140
www.bhnc.org

Bet Tzedek

145 S. Fairfax Ave., Suite 200
Los Angeles, CA 90036
Phone: (323) 939-0506
www.bettzedek.org

California Advocates for Nursing Home Reform (CANHR)

650 Harrison Street, 2nd Floor
San Francisco, CA 94107
Phone: (415) 974-5171
www.canhr.org

California Alliance for Retired Americans

600 Grand Ave., Room 410
Oakland, CA 94610
Phone: (510) 663-4086
www.californiaalliance.org

California Church IMPACT

4044 Pasadena Ave.
Sacramento, CA 95821
Phone: (916) 488-7300
www.calchurches.org

California Foundation for Independent Living Centers (CFILC)

1234 H Street, Suite 100
Sacramento, CA 95814
Phone: (916) 325-1690
www.cfilc.org

California Pan-Ethnic Health Network (CPEHN)

654 13th Street
Oakland, CA 94612
Phone: (510) 832-1160
www.cpehn.org



Cambodian Association of America

2390 Pacific Avenue
Long Beach, CA 90806
Phone: (562) 988-1863
www.cambodian.com/caa

Catholic Charities CYO

180 Howard Street, Suite 100
San Francisco, CA 94105
Phone: (415) 972-1200
<http://community.cccyo.org>

Central California Legal Services

1401 Fulton Street
Suite 700
Fresno, CA 93721
Phone: (559) 570-1200
www.centralcallegal.org

Chinatown Service Center

767 N. Hill Street, Suite 400
Los Angeles, CA 90012
Phone: (213) 808-1700
www.cscla.org

Coalition of California Welfare Rights Organizations

1901 Alhambra Boulevard
Sacramento, CA 95816
Phone: (916) 736-0616
<http://ccwro.org>

Contra Costa Senior Legal Services

4066 Macdonald Ave.
Richmond, CA 94805
Phone: (510) 374-3712
www.ccsls.org

Curry Senior Center

333 Turk Street
San Francisco, CA 94102
Phone: (415) 885-2274
www.curryseniorcenter.org

Dayle McIntosh Center

13272 Garden Grove
Garden Grove, CA 92843
Phone: (714) 621-3300
<http://daylemc.org>

Disability Rights California

100 Howe Ave., Suite 185-N
Sacramento, CA 95825
Phone: (916) 488-9955
www.disabilityrightscalifornia.org

East Bay Community Law Center

2921 Adeline Street
Berkeley, CA 94703
Phone: (510) 548-4040
www.ebclc.org

Elder Law and Advocacy

3675 Ruffin Road, Suite 315
San Diego, CA 92123
Phone: (858) 565-1392
www.seniorlaw-sd.org

Family Bridges

168 11th Street
Oakland, CA 94607
Phone: (510) 839-2022
www.fambridges.org

Fresno County In-Home Supportive Services Public Authority

2025 E. Dakota, 2nd Floor
Fresno, CA 93726
Phone: (559) 453-6450
www.co.fresno.ca.us

Greater Bakersfield Legal Assistance, Inc.

615 California Avenue
Bakersfield, CA 93304
Phone: (661) 325-5943
<http://gbla.org>

Guam Communications Network

4201 Long Beach Blvd.,
Suite 218
Long Beach, CA 90807
Phone: (562) 989-5690
www.guamcomnet.org

Housing Authority of the City of Los Angeles

2600 Wilshire Blvd.
Los Angeles, CA 90057
Phone: (213) 252-2500
www.hacla.org

In-Home Supportive Services Coalition

www.ihsscoalition.org

In-Home Supportive Services Consortium

1453 Mission Street, Suite 520
San Francisco, CA 94103
Phone: (415) 255-2079
www.ihssco.org



Inland Counties**Legal Services**

715 N Arrowhead Avenue
Suite 113
San Bernardino, CA 92401
Phone: (909) 884-8615
www.inlandlegal.org

**Japanese American
Community Center**

415 South Claremont St.
San Mateo, CA 94401
Phone: (650) 343-2793
www.smjacc.org

**Jewish Family & Children's
Services of the East Bay**

2484 Shattuck Avenue, Ste. 210
Berkeley, CA 94704
Phone: (510) 704-7475
www.jfcs-eastbay.org

KHEIR Center

3727 West 6th Street, Suite 210
Los Angeles, CA 90020
Phone: (213) 427-4000
www.lakheir.org

Kimochi, Inc.

1715 Buchanan Street
San Francisco, CA 94115
Phone: (415) 931-2294
www.kimochi-inc.org

**Kings/Tulare Area Agency
on Aging**

5957 S. Mooney Blvd.
Visalia, CA 93277
Phone: (559) 624-8000
www.ktaaa.org

**Law Foundation of
Silicon Valley**

152 North Third Street, 3rd Fl.
San Jose, CA 95112
Phone: (408) 293-4790
www.lawfoundation.org

**Legal Aid Foundation of
Los Angeles**

1102 Crenshaw Blvd.
Los Angeles, CA 90019
Phone: (323) 801-7991
www.lafla.org

**Legal Aid Society of
San Mateo County**

521 E. 5th Avenue
San Mateo, CA 94402
Phone: (650) 558-0915
www.legalaidsmc.org

**Legal Services of
Northern California**

517 12th Street
Sacramento, CA 95814
Phone: (916) 551-2150
www.lsncl.org

**Little Tokyo Service
Center (LTSC)**

231 E. Third St., Suite G-106
Los Angeles, CA 90013
Phone: (213) 473-3030
www.ltsc.org

**Living Opportunities
Management Company**

Community Garden Towers
3919 & 4001
W. Garden Grove Blvd.
Orange, CA 92868

Phone: (714) 971-2522
www.lomco.com

National Health Law Program

2639 South La Cienega Blvd
Los Angeles, CA 90034
Phone: (310) 204-6010
www.healthlaw.org

Neighborhood Legal Services

1102 E. Chevy Chase Drive
Glendale, CA 91205
Phone: (818) 291-1760
www.nls-la.org

**Retirement Housing
Foundation**

911 N. Studebaker Road
Long Beach, CA 90815
Phone: (562) 257-5100
www.rhf.org/RHFCMS

**Samoan Community
Development Center**

2055 Sunnydale Avenue
San Francisco, CA 94134-2611
Phone: (415) 841-1086
www.samoancenter.org

San Francisco Aging Services

1650 Mission Street
San Francisco, CA 94103
Phone: (415) 355-3555
www.sfgov.org/daas

Self-Help for the Elderly

407 Sansome Street
San Francisco, CA 94111
Phone: (415) 677-7600
www.selfhelpelderly.org



NATIONAL SENIOR CITIZENS LAW CENTER

Senior Law Project

200-B North Main Street
Lakeport, CA 95453
Phone: (707) 263-4703
<http://seniorlawproject.org>

Southeast Asia Resource Action Center

1225 8th Street, Suite 590
Sacramento, CA 95814
Phone: (916) 428-7444
www.searac.org

Southern California Presbyterian Homes

516 Burchett St.
Glendale, CA 91203
Phone: (818) 247-0420
www.scphs.com

Special Service for Groups

605 W. Olympic Blvd.
Suite 600
Los Angeles, CA 90015
Phone: (213) 553-1800
www.ssgmain.org

St. Barnabas Senior Services

675 S. Carondelet Street
Los Angeles, CA 90057
Phone: (213) 388-4444
www.sbssla.org

Stone Soup Fresno

1345 East Bulldog Lane
Suite 4
Fresno, CA 93710
Phone: (559) 224-7613
www.stonesoupfresno.org

Solano County IHSS Public Authority

275 Beck Avenue
Fairfield, CA 94533
Phone: (707) 784-8259
www.co.solano.ca.us

South Asian Network

18173 S. Pioneer Blvd.
Suite I
Artesia, CA 90701
Phone: (562) 403-0488
www.southasiannetwork.org

TELACU

5400 E Olympic Blvd.
3rd Floor
Los Angeles, CA 90022
Phone: (323) 721-1655
www.telacu.com

Thai Health and Informational Services, Inc.

1654 N. Harvard Blvd.
Los Angeles, CA 90027
Phone: (323) 661-2008
www.thaihealth.org

The Unity Council

1900 Fruitvale Ave.
Suite 2A
Oakland, CA 94601
Phone: (510) 535-6900
www.unitycouncil.org

Vietnamese Elderly Mutual Assistance Association

910 Larkin Street
San Francisco, CA 94109
Phone: (415) 923-0778

WISE and Healthy Aging

1527 4th St., 2nd Floor
Santa Monica, CA 90401
Phone: (310) 394-9871
www.wiseandhealthyaging.org

Yu-Ai Kai Japanese American Community Senior Service Center

588 N. Fourth Street
San Jose, CA 95112
Phone: (408) 294-2505
www.yuaikai.org



The National Senior Citizens Law Center is a non-profit organization whose principal mission is to protect the rights of low income older adults. Through advocacy, litigation, and the education and counseling of local advocates, we seek to ensure the health and economic security of those with limited income and resources, and access to the courts for all.

