

**IHSS Public Authority Advisory Board Meeting**  
**November 19, 2013**  
**MINUTES**

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**Members Present:** Janie Whiteford, JoAnn Disbrow, Deane Denney, Dennis Schneider, Robert Stroughter, Senon Hernandez, Jim Ramoni (ex-officio)

**Members Absent:** Ellen Rollins, Theresa Wright

**COA Staff Present:** Mary Tinker, Leticia Sabadin

**Guests Present:** Jim Dale, Board Aide, Supervisor Yeager's Office; Merina Yeung, SEIU Local 521 Internal Organizer; Sylvia Sanchez, SEIU Local 521 Internal Organizer; Mandy Lu, SEIU Local 521 Internal Organizer; Rebeca Armendariz, SEIU Local 521 Internal Organizer; Richard Rangel, Potential AB Member; Vera Sokolova, IHSS IP and SEIU Assistant Chief Steward, Ashley Parcht, IHSS IP; Tita Das, SVILC CA Community Transition Coordinator; Yeung Seoung, SEIU Assistant Chief Steward; "Sui", Yeung's niece  
IHSS Staff: Zephyr Williams, Admin Support Officer; Terri Possley, Fraud & QA Manager; Rick Arnaiz, Social Worker; Dana Koga, QA Social Worker; Hector San Ramon, QA Social Worker; David Tran, Sr. Analyst-Contracts

**SVILC Transitioning Persons to Home Presentation:** Tita Das, Community Transition Coordinator was invited to present information on the Transitions to Home program of SVILC. Tita expressed concerns regarding collaboration between IHSS and SVILC and indicated improvement is essential. Tita brought up the following issues requesting assistance in finding a way to improve the process:

1. Hospice needs and the medical challenges as they intersect with IHSS.
2. Transitioning consumers from institutionalization to home SVILC is the voice for consumers, specifically assisting them in leaving the facility to transition to the community setting. How to start the process for IHSS, what is the protocol? How to get started, get the process going are there any guidelines?
2. Who will start the paperwork, what paperwork? The issue about an address....(need address for assessment, cannot do assessment for consumer , but yet the SW will go out to a medical facility or nursing home to do assessment, does not make sense, no home address, no assessment, yet they go out to facilities.
3. Accessibility to normal people, social worker does not return phone calls.

Will put this topic on the agenda for the next meeting to give IHSS opportunity to research the issues and provide feedback.

**Announcements & Public Comment:** Mary Tinker announced the IHSS Care Provider Appreciation Event scheduled for Wednesday, November 20<sup>th</sup> from 2-4pm at the SEIU Local 521 Union Office. She encouraged all advisory board members to attend if they are available. Event to be held at the SEIU Local 521 Union Office at 2302 Zanker Road.

**Approve Minutes:** October 15, 2013 minutes approved as written.

**CAPA Report:** Mary Tinker reported CAPA met October 23 and 24 in Sacramento. The 23<sup>rd</sup> was a half day meeting, newly implemented quarterly half day meetings in conjunction with the monthly full day meeting to provide opportunity for PA directors to discuss and exchange operations information. CAPA monthly meeting agenda are too full to permit time for discussions regarding local policies and operations processes.

CAPA held their bi-annual election of officers, Mary Tinker, Director of Public Authority Services by Sourcewise was re-elected as President for a two year term that begins January 2014.

**California Community of Constituents Conference:** Mary Tinker reported she attended this conference Tuesday, November 12, 2013 representing CAPA. This was an excellent day filled with informational sessions on topics such as: Navigating Choice in the CCI & Cal MediConnect, Helping Beneficiaries & Family Members to Avoid Fraud, Care Coordination: What Is It, Best Practices, and an opportunity to hear from the health plans.

**SCAN Foundation's LTSS Summit: The State of System Transformation"** Mary Tinker reported the summit was held the following day. Again a well attended conference and topics such as: Perspectives on LTSS in CA, Transforming Community-Based Organizations in a Changing Health Care Environment, Using Data for Action, Perspectives on LTSS in the Media, and several others. It was an excellent day filled with good panel discussions and a great speech from Kathy Greenlee, Administrator, Administration for Community Living and Assistant Secretary for Aging.

Information from these two days can be obtained at: [www.TheSCANFoundation.org](http://www.TheSCANFoundation.org)

**CCI Update:** Mary Tinker reported DHCS held a CCI stakeholder's webinar as a venue for important updates, including Cal MediConnect, and allowed for stakeholder questions.

There is one more stakeholder webinar scheduled for this year on December 10th from 1:00 – 2:00 pm. To register for a webinar or to obtain information regarding CCI or Cal MediConnect go to [www.calduals.org](http://www.calduals.org). Copies of information and documents can be downloaded from this website. Regular updates are added to the site as the process continues.

The three-way contracts were released to the MCOs and they are reviewing them now. They must have the contracts signed by November 30<sup>th</sup> in order to make legal notification and posting requirements otherwise the date will be required to be pushed back. It is believed by Jane Ogle and others, including the MCOs that the April 1, 2014 start date will remain.

MCOs are addressing items noted in the readiness reviews to ensure they are in compliance; items such as sufficient staffing for the case management component, trained staff to deal with the complexities of the population, stakeholder meetings, ability to meet Medicaid billing requirements.

California received the first **Ombudsman Grant** this will be an important part of the LTSS/CCI services. The Ombudsman will be a separate agency; it is required to be autonomous so it can maintain its unbiased perspective and advocacy role for consumers. The state is working on creating this entity and there will be a time for stakeholder input in the near future. The Ombudsman will be modeled after DMHC's consumer Assistance Program (CAP).

**Federal OT Regulations:** Mary Tinker reported the Department of Labor held a webinar for our region on the rule changes November 4. Nothing new was discussed and fact sheets on this information are available on their website covering the information discussed in the webinar. A copy of the power point presentation and other relevant information can be downloaded at <http://www.dol.gov/whd/homecare>.

The state has become silent on the OT regulations as the administration develops a strategy to manage these new regulations. It is anticipated the governor's January budget proposal will provide insight to what restrictions of overtime for IHSS will be proposed by the administration.

## **PROGRAMS REPORT**

**Benefits Administration:** There were 8,620 IPs enrolled in the Valley Health Plan and 9,191 IPs enrolled in the Dental/Vision plans during the month of October. There were 84 Eco Passes issued. Mary reported that as we wrap up the end of the year the number of eco passes issued declines. Staff are preparing to issue new passes for 2014; however VTA is switching to the Clipper Pass. This transition is underway and the new passes will be mailed as quickly as we are able to receive them.

### **Enrollment Sessions:**

Number of IPs in October: 402

**Registry Services:** There were 429 active IPs on the registry during October however due to the October orientation there are now 464 IPs on the registry.

The registry:

- Completed 58 new consumer intakes
- Attained 51 matches that were reported by consumers/IPs
- Provided 228 interventions

The **Urgent Care Registry** authorized 21 hours of service for the month of October.

Registry Orientation Training provided in October with 66 participants. Staff added 26 new IPs to the registry so far from this group and continues to work on others.

**Provider Training:** Public Authority provided ten training sessions with 232 individuals participating.

**California IHSS Consumer Alliance Report (CICA):** Janie Whiteford reported most of her updates are similar to what Mary Tinker reported under CAPA. Please review her update. These are the main issues and concerns that CICA is involved with as well. Janie also gave a quick overview of CICA which is a state wide organization. There are now 24 counties that have CICA membership. CICA is working very hard to re-establish themselves. Since their membership dues dropped significantly from \$2000 to \$500 they have been looking at grant opportunities and donations and such to improve their financial status. Janie reminded everyone about the monthly conference call scheduled for November 20<sup>th</sup>. She strongly encouraged, everyone to participate if possible. Janie also mentioned the Universal Assessment Tool and how they plan to use this across the board, potentially with IHSS.

**Report from Social Services Agency:** Jim Ramoni was in attendance along with quite a few of his senior staff people. Jim made introductions and allowed Zephyr to report on the latest updates within IHSS. Zephyr Williams stated that the CMIPS II conversion has been completely rolled out throughout the State. There are some issues; they are being addressed on a case by case scenario. They are receiving reports with data to help in solving and addressing these issues.

Zephyr spoke to issues regarding timesheets and problems with IPs filling them out incorrectly. The system is very sensitive and will reject timesheets immediately such as the number two with a loop, seven with a line through it, zero with a line through it, all of these will be rejected by the system. Absolutely no slashes within the numbers or the system will think it is a 'cross-out'.

There are quite a few exception timesheets that come through regularly, and even though IHSS does not have the staff to review all of them on a daily basis, they do get done and they happen to be caught up in this area at this time.

Dennis Schneider asked why IHSS conducts annual assessments when the consumer's situation has not changed. Jim Ramoni replied that the State requires annual assessments and that the consumer has to be seen, no matter what.

Janie Whiteford asked about the exception timesheets and the turnaround from Chico to the IHSS Senter Road facility. Zephyr replied that they usually receive these timesheets within 24-48 hours.

Zephyr mentioned the collaboration between IHSS and Ross Graham and the DOJ background checks and REVA updates that are done all the time. System is in place and working pretty well. Very happy with the way they communicate and how usually problem cases are resolved in a timely manner.

Deane Denney asked about advance pay and why there seems to be a lot of issues with this. Zephyr stated that the new CMIPS II system does not work well with advance pay. Zephyr strongly recommends that people do not use advance pay unless it is absolutely necessary.

Standard return envelope is not big enough for advance pay which causes issues.

Merina Yeung asked about the exception timesheets and what is the percentage of exceptions. Jim stated that the State will keep track of this type of data and will report back to IHSS and could possibly report those numbers to us in the future.

At this point the meeting was turned over to Terri Possley from the Quality Assurance & Fraud Department. Terri distributed a handout with fraud data and cases. There were also introductions made since there were 3 out of 4 people from her staff in attendance.

Terri reported that back in July 2013 the State Department QA Office conducted an audit at IHSS. They hand picked 56 random cases and took an entire week to conduct their audit. And even though there has been no final report distributed Terri touched upon a few good and bad points revealed.

#### GOOD

- calculations from the Social Worker were assessed and documented well
- required forms were in their correct files 92% of the time
- 88.1% of cases, exception language above or below hours
- area of alternative resources was documented
- home visits documented properly
- cases denied within IHSS, documented appropriately and well understood

#### BAD (needs improvement)

- recipient annual visits/assessments within one year need improvement and to meet visits within the allotted timeframe
- there are documented notes on the household and living arrangements for cases but there is no information about this in the computer/recipient profiles

There was quite a bit of discussion as to the audit findings within the IHSS department. Terri and her staff made sure they spoke to the Social Workers in order to decide what better way or actions can be taken in order to improve on some of these findings. Hector San Ramon mentioned that with the findings the State audit compiled, they are diligently working on correcting the errors and they are about 99.1% complete with these corrections. The main focus is to be sure all the errors found are corrected in a timely manner and as soon as possible. Hector San Ramon and Dana Koga are in QA, Rick Arnaiz and Terri Possley are in Fraud.

Zephyr mentioned that they are still doing a lot of clean up and catching up with the inter-county transfer cases that come up. There are some issues and they have found some errors that need to be resolved.

Terri mentioned that there is a lot of “behind the scenes” work and internal audits of desks in order to alleviate some future problems and/or issues.

Hector stated that they are involved with fair hearing cases and they follow them to conclusion, they make final decisions and follow-up. QA also is involved with temporary leaves, where they research the case file and make contact with the Recipient and/or Care Provider.

Terri distributed the latest quarterly report. Terri mentioned that they no longer receive any funding for fraud from the State. There is no DA interaction. Rick reviews Fraud cases under \$2000.00. Anything over \$2k is then assigned to the Department of Justice and the Department of Health Care Services. It is a requirement to report these types of cases to these authorities. Their department is very busy with all types of fraud cases. Rick is very busy. There are issues with hospital stays and committing fraud. There has to be program integrity and the Recipient and Care Provider should be well aware of the IHSS program guidelines. Rick also works with the DOJ when there is any type of restitution on any fraud cases.

Zephyr stated that the normal wait/hold time is still up to an hour or longer. Unfortunately this has not changed and not really any better, but that’s just the way the calls come in.

**Next Meeting:** As usual for December, the Advisory Board will go “dark” this month. The next meeting of the Advisory Board is scheduled for **Tuesday, January 21, 2014** from **11:30-1:30PM**, at the Sourcewise (previously Council on Aging Silicon Valley) main office located at 2115 The Alameda, San Jose, CA. 95126.