In-Home Supportive Services (IHSS)  
FY 2016 Annual Report
Introduction

The Children, Seniors, and Families Committee last reviewed the IHSS Annual Report in September 2015. This report will update the Committee as to the status of current administrative and service issues specific to the IHSS program and the IHSS Public Authority.

IHSS Program Overview

The IHSS program provides in-home care for persons who cannot safely remain in their own homes without such assistance. Created in 1973, the core goal of the IHSS program remains the prevention of premature or unnecessary placement of recipients in institutions (skilled nursing facilities, community care facilities, or hospitals). IHSS is an entitlement program and all clients found to be eligible and at risk of out-of-home placement are accepted. To be eligible, recipients must be assessed and found to be aged (65 years of age or older), blind or disabled (as determined by the Social Security Administration) and are unable to remain safely in their own home without assistance. Recipients must also meet specific income requirements consistent with eligibility for Medi-Cal. Services offered include: domestic and related tasks such as laundry, shopping, meal preparation, and light housecleaning; personal care services such as assistance with feeding, bathing, and ambulating; transportation to and from medical appointments; and certain paramedical services ordered by a physician. County social workers perform an assessment to determine the number of hours and type of services to authorize an IHSS recipient. The recipient is responsible for hiring, training, supervising, and firing a provider. Based on the submittal of timesheets, the IHSS providers are paid with a combination of state, federal and county funds.

IHSS is a state mandated and regulated program that is operated at the County level in accordance with the California Welfare and Institutions Code. Both federal and state laws serve, effectively, to make IHSS an entitlement program. Interested individuals have a right to apply for IHSS services and are guaranteed services if they meet the financial and functional eligibility criteria. Consistent with all public entitlement...
programs, IHSS provides applicants certain rights—timely decision of eligibility, timely notice of change in eligibility or service, and an appeals process to dispute eligibility decisions.

The California State Department of Social Services (CDSS) and the counties share administrative responsibilities for the IHSS program. CDSS oversees the IHSS data and payroll system known as the Case Management and Information and Payroll System II (CMIPS II), serves as the payroll agent for the IHSS providers, and writes the IHSS regulations. Counties are responsible for the day-to-day administration of the IHSS program. County staff also determines recipients’ program eligibility and the number of hours and type of services each recipient needs.

Components of IHSS

**IHSS Program Funding**
IHSS services are provided under four programs: Personal Care Services Program (PCSP), Federal Plus Waiver Program (converted to State Plus Option in 2009), Residual Program, and Community First Choice Options (CFCO).

**Eligibility**
To be eligible for IHSS, a person must be aged, blind or disabled and usually have monthly income at or below $990.00 per month for individuals. Those individuals with income in excess of this grant level may still be eligible for IHSS with a share of cost (SOC). An IHSS recipient with a SOC must make an out-of-pocket monthly payment towards the receipt of IHSS services before the IHSS program pays the remainder of the cost of their services. Eligibility for Medi-Cal is generally limited to individuals with no more than $2,000 in assets and couples with no more than $3,000 in assets (with certain exclusions for such assets as homes and vehicles).

**Application and Social Worker Assessment**
When a prospective IHSS recipient applies for the program, the determination of their eligibility is a two-step process that takes into account both their income and need for services. Once verified that an individual is financially eligible for IHSS, a social worker visits the home of the recipient to determine whether there is a need for services. To perform this assessment, the social worker uses a uniform assessment tool to determine the number of hours for each type of IHSS service for which a recipient qualifies in order to remain safely in his/her own home. The uniform assessment tool, known as the Hourly Task Guidelines (HTGs) assists the social worker in ranking the recipient's impairment level on a five-point scale known as the Functional Index (FI)
ranking. Figure 1 shows each of the potential FI rankings that may be assessed by a social worker, and what they mean for the impairment level of the recipient.

Figure 1:

<table>
<thead>
<tr>
<th>Functional Index</th>
<th>Impairment Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Able to perform function without human assistance-independent.</td>
</tr>
<tr>
<td>2</td>
<td>Able to perform a function, but needs verbal assistance (reminding, encouraging).</td>
</tr>
<tr>
<td>3</td>
<td>Able to perform a function with some human, physical assistance.</td>
</tr>
<tr>
<td>4</td>
<td>Able to perform a function with substantial human assistance.</td>
</tr>
<tr>
<td>5</td>
<td>Cannot perform the function with or without human assistance.</td>
</tr>
</tbody>
</table>

Each FI ranking corresponds to an established range of service hours for a particular task. For example a recipient who receives an FI ranking of 2 on the “feeding” task may be authorized to receive between 0.7 hours and 2.3 hours of feeding per week. The corresponding range of hours varies depending on the particular task being assessed. For example, meal preparation services range from three to seven hours. Also if an individual is assessed as having an FI ranking of 1 for any given task, he/she will not receive any authorized hours for that task. The weighted average of the FI rankings for each task is used to create a total FI score. Although the HTGs provide a standard tool, the assessment process is individualized. Social workers may, with written justification, authorize hours above or below the range established by the HTGs.

Assignment of Hours

Once a social worker has determined the number of hours to authorize for a recipient, the recipient is notified of the number of hours they have been authorized for each task. Using the HTGs, social workers may authorize between 1 and 283 total hours per month of IHSS services. Recipients who receive over 195 hours of service each month are considered to be severely impaired. Once it has been determined that a recipient meets the eligibility criteria for IHSS, that individual is granted those IHSS services. As a result, there is no waiting list or cap on program enrollment.
Federal and State Legislation Affecting IHSS

Provider Overtime
On October 1, 2013, the United States Department of Labor (DOL) published the Final Rule on the Application of the Fair Labor Standards Act (FLSA) to Domestic Service (RIN 1235-AA05). This Final Rule extended the protections of the FLSA to domestic service workers by effectively removing the ability of “third party” agencies to claim an exemption for personal care workers from minimum wage and overtime pay as providers of “companionship services” or as live-in providers. In addition, the federal rules relating to pay for travel time under FLSA were made applicable to IHSS providers, including compensation for traveling between multiple recipients. In response to the new federal regulations, two bills, Senate Bill (SB) 855 (Chapter 29, Statutes of 2014 and SB 873 (Chapter 684, Statutes of 2014), were adopted into law and provided the requirements for workweek limitations, overtime compensation, and travel time compensation and limitations. On November 6, 2015, the State announced that the payment of overtime, travel time, and wait time compensation to providers of IHSS would be implemented as of February 1, 2016. Statewide, implementation of the regulations is estimated to cost $700.4 million in FY 15-16 and $942 million annually thereafter.

The adoption of FLSA regulations into the IHSS program is a significant and permanent change. Under FLSA, IHSS individual providers will be eligible for overtime, travel time and wait time for medical appointments. The parameters of FLSA on IHSS are: 1) 66 hours is the maximum hours per workweek that can be worked by an individual provider unless it is a single provider for a single recipient wherein the provider can work up to 70:45 hours per workweek, 2) Providers can only claim up to 7 hours maximum per workweek, and 3) wait time at medical appointments can be authorized if the waiting period is unpredictable and of an unknown duration.

Flexible hours can be granted on a limited basis if one of the following criteria is met: 1) additional hours are needed to meet an unanticipated need, 2) additional hours are related to an immediate need that cannot be postponed until the arrival of a backup provider or 3) has a direct and significant impact to ensure the health and/or safety of the recipient.
Additionally, to maintain continuity of care and to ensure that IHSS recipients are able to remain safely in their homes, the California Department of Social Services (CDSS) established two exemptions from the workweek limitations for IHSS providers:

1. The Live-In Family Care Provider Exemption applies to IHSS providers who, on or before January 31, 2016:
   a. provide services for two or more IHSS recipients;
   b. live in the same home as all of the recipients for whom they provide services for; and
   c. are related to all of the recipients for whom they provide services for as the recipients’ parent, step-parent, adoptive parent, grandparent, legal guardian or conservator.

2. The Extraordinary Circumstances Exemption applies to IHSS providers who provide services for two or more recipients whose circumstances leave them vulnerable and place them at serious risk of placement in out-of-home care if their IHSS authorized hours could not be provided by the existing provider. The specific requirements for this exemption are discussed in detail below.

An IHSS provider granted either of these exemptions will be permitted to work up to a total of 12 hours a day, up to 360 hours per month combined for the IHSS recipients they provide services for, not to exceed each IHSS recipient’s monthly authorized hours.

For providers, a violation will be incurred if the provider’s action constitutes one of the following:

1. When a provider works more than 40 hours in a workweek for a recipient without receiving county approval when the recipient’s maximum weekly hours are 40 or less;

2. When a provider works more hours in a workweek for a recipient than the recipient’s maximum weekly hours causing the provider to work more overtime hours in a month than he/she normally works without receiving county approval;

3. When a provider works more than the maximum weekly limit of 66 hours when working for multiple recipients;

4. When a provider claims more than seven (7) hours of travel time in a workweek.
Violations were initially to go into effect May 1, 2016 but enforcement was delayed by the State until July 1, 2016. CDSS created a gradual and progressive educational process that allowed providers the opportunity to correct any behaviors causing excessive overtime or travel time claims before such behaviors escalated to the level of provider ineligibility. The process also grants providers the ability to receive support through counseling and voluntary instructional review materials in an effort to ensure that providers understand the program requirements, as described below. This process involves four levels of violation which range from a written warning to one-year of ineligibility as a provider in the IHSS program.

As of February 1, 2016, Santa Clara County’s IHSS program has been charged with the responsibility to:

1. Implement and enforce the workweek, overtime, and travel time requirements;

2. Ensure and provide recipients and providers with the necessary information so that they understand their responsibility to not schedule or perform authorized IHSS work for more than the weekly maximum hours and to not exceed the limits on travel time between recipients on the same day;

3. Review circumstances in which recipients and providers exceed the overtime and travel time limits and counsel recipients and providers as necessary so they can make adjustments to their workweek schedules to prevent any further occurrences;

4. Develop a process to assist recipients and providers in preparing, completing and submitting all new required documentations related to FLSA; and

5. Have the capability to enter information from those forms into the CMIPS II system.

To meet the new responsibilities without impacting the existing programmatic workload, Santa Clara County created new business processes to comply with the new regulations along with a new unit dedicated to only managing/overseeing all matters related to FLSA. In FY 15-16, IHSS requested and was authorized to hire 4 Extra Help Social Workers I/IIIs and 4 Extra Help Office Specialists II. In FY 16-17, the FLSA Unit will transition to 4 coded Social Workers I/IIIs and 1 coded Office Specialist II.
The FLSA Social Workers will be responsible for the following:

- Responding to inquiries from recipients and individual providers thru the IHSS FLSA Hotline
- Assisting and following up with all parties on required documentations related to FLSA
- Tracking forms and violations
- Consulting with recipients and individual providers on overtime rules, regulations, exemptions and exceptions
- Working with individual providers on exceptions, violations and grievances
- Monitoring travel time

The FLSA Office Specialists will be responsible for the following:

- Opening, sorting and time stamping all FLSA mail
- Reviewing forms for completeness
- Performing data entries into CMIPS II
- Making copies of submitted forms and making copies for recipients and individual providers

In mid-December 2015, CDSS sent informational mailers to all IHSS recipients and providers informing them of the February 1, 2016, implementation of the new overtime and travel time requirements. Locally, IHSS and the Public Authority partnered and conducted outreach to recipients and providers through mail, telephone calls, instructor lead trainings and via FLSA information posted on the County’s public portal and Public Authority websites respectively. To date, Santa Clara County mailed 10,476 pieces of individual mail and contacted 296 providers on the State issued violation tracking file. The FLSA Unit has conducted training for the general IHSS staff and continues to provide monthly training/updates on the latest developments.

On May 2, 2016, IHSS went live with the FLSA Hotline to singularly address issues and concerns related to overtime and travel time. Since its inception, the hotline has averaged over 100 calls per week. Topics can include but not limited to: violations, timecard errors, weekly hour calculations, flexible hour requests, travel times, forms, and non FLSA related questions.

For the time period of July 1, 2016 to August, 31, 2016, IHSS has reviewed and counselled providers on 328 violations. Of that total, IHSS has upheld 174 violations of FLSA regulations and 144 violations were overridden; another 6 violations were overturned via the provider dispute process. The cited total does not include 166
violation overrides that are automatically completed due to the providers meeting the previously cited exemption criteria.

The FLSA Unit has received and entered 31,129 separate forms into CMIPS II and about 70% of the forms have been copied and returned to the original senders. To date, CDSS has continued to refine the roll out of FLSA. Thus, the upcoming fiscal year will be one of change and adaptation. With the FLSA unit in place, Santa Clara County’s IHSS program will be in a prime position to provide timely responses to the new developments while simultaneously continue its directive to serve and guide recipients and providers.

Coordinated Care Initiative (CCI) Update

Created through a public process involving stakeholders and health care consumers, the passage of the Coordinated Care Initiative (CCI) in July 2012 marked an important step toward transforming California's Medi-Cal (Medicaid) care delivery system to better serve the state's low-income seniors and persons with disabilities. Building upon many years of stakeholder discussions, the CCI begins the process of integrating delivery of medical, behavioral, and long-term care services and also provides a road map to integrate Medicare and Medi-Cal for people in both programs, called "dual eligible" beneficiaries. The CCI has been implemented in seven counties beginning in 2013. The seven counties are Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.

The main components of the CCI include:

1. Cal MediConnect: demonstration for dual eligible beneficiaries to receive coordinated medical, behavioral health, long-term institutional, and home-and community-based services through a single organized delivery system. No more than 456,000 beneficiaries will be eligible for the duals demonstration in the seven demonstration counties;

2. Mandatory enrollment of all Medi-Cal beneficiaries, including dual eligible beneficiaries, into a Medi-Cal managed care health plan; and

3. Integration of Medi-Cal funded Long-Term Services and Supports (MLTSS), consisting of In-Home Supportive Services [IHSS], Community Based Adult Services [CBAS], Multipurpose Senior Services Program [MSSP], and nursing facilities services into managed care.
Santa Clara County’s two identified managed care health plans are Anthem Blue Cross and Santa Clara Family Health Plan. Santa Clara County implemented the LTSS portion of the CCI effective July 1, 2014 and the Cal MediConnect Program was launched on January 1, 2015. As of August 1, 2016, there are 10,962 beneficiaries enrolled into the Cal MediConnect Program in Santa Clara County.

As a component of the LTSS, the IHSS program created a dedicated CCI Unit consisting of 1 Social Services Program Manager, 1 Social Work Coordinator II, 4 Social Workers, and 1 Client Service Technician in response to the CCI.

The primary function of the unit is to collaborate with IHSS staff and the health plans to address the provision of services for dual eligible recipients. Specifically, the CCI Unit provides assistance with the processing and screening of new referrals and reassessment requests from the health plans, participating in Interdisciplinary Care Team (ICT) meetings and conducting assessments on expedited applications and reassessments on high touch cases.

In the past fiscal year, the unit has worked in tandem with Anthem Blue Cross and Santa Clara Family Health Plan to advance and refine the partnership and business process between the three entities. To accomplish the aforementioned, the efforts included regular face-to-face meetings or teleconferences with the health plans to troubleshoot issues that may arise, participating in the quarterly CCI Stakeholder Advisory Committee meetings and Department of Health Care Services (DHCS) CCI Stakeholder Call Ins, and continued discussion about Santa Clara County’s CCI Coordination Guide.

To further enhance these associations and to build upon the nature synergy related to essential functions of the following units, the CCI Unit has been integrated with the Application Readiness and the FLSA Units. The incorporation of the three units has resulted in IHSS’ ability to provide seamless services and support to recipients and their providers. For instance, an urgent referral, wherein an applicant may need immediate IHSS in order to maintain his/her health and safety, can be forwarded from the Application Readiness Unit to the CCI Unit for a timely needs assessment. The FLSA Unit provides support to the mutual recipients and individuals providers served by guiding them through the new rules and regulations related to IHSS and FLSA.
In FY 15/16, the CCI Unit received 1017 inquiries from Anthem Blue Cross and Santa Clara Family Health Plan (e.g., new IHSS referrals, ICTs, general information, etc.). Of that number, 124 were for reassessments and 78 resulted in a change of authorized hours. Expedited referrals initiated by the health plans were assessed by the CCI unit within 15 calendar days and hospice referrals were seen, on an average of, 13 calendar days. The CCI Unit completed 162 requests for additional assistance on behalf of clients enrolled in either Anthem Blue Cross or Santa Clara Family Health Plan.

In a recent study conducted by researchers at UC San Francisco and UC Berkeley, the findings indicated that the CCI was successful in developing and expanding innovative care coordination and that over 80% of all Cal MediConnect enrollees have expressed an increased satisfaction with their health care services over time. With the advent of Medi-Cal 2020 and the Whole Person Care (WPC) pilot program, Santa Clara County, in partnership with the various internal and external stakeholders and through its IHSS program, has contributed significantly to the delivery of services and support to our most vulnerable community members at the right time and in the right place.

**Santa Clara County’s IHSS Program**

Housed within the Social Services Agency, IHSS is one of five programs along with Adult Protective Services, Senior Nutrition, Office of the Public
Administrator/Guardian/Conservator and Seniors’ Agenda that together comprise the Department of Aging and Adult Services.

Currently, the IHSS program employs 155.5 full time equivalent positions and is staffed as follows: Managers: 6; Quality Assurance: 6; Social Work Supervisors: 9; Case Management Social Workers: 77; Fair Labor Standards Act/Coordinated Care Initiative: 11; Application Readiness: 10; Payroll/Data Specialists: 17; and Clerical support: 19.5.

Also as part of the MOE, IHSS augmented its staff by 10 full time equivalent positions through the FY 16/17 budget. IHSS received approval to hire 1 Social Services Program Manager I/II, 6 Social Worker I/II’s, 2 Office Specialists II’s, and 1 Administrative Assistant. We are in the final stages of hiring process for all of these positions. We anticipate the new staff will arrive between the months of September and October. For the social worker recruitment, efforts were made to best reflect the IHSS recipient population regarding language and ethnicity. The table below highlights the social work staff hired to date including the results of our recruitment efforts to best serve the needs of our clientele.

Figure 3:

**Staffing Summary**

<table>
<thead>
<tr>
<th>Language/Position</th>
<th>Program Requested</th>
<th>Program Hired</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monolingual Social Services Program Manager I/II</td>
<td>1</td>
<td>1</td>
<td>Hired</td>
</tr>
<tr>
<td>Monolingual FLSA Social Worker I/II</td>
<td>4</td>
<td>4</td>
<td>Hired</td>
</tr>
<tr>
<td>Vietnamese Social Worker I/II</td>
<td>2</td>
<td>2</td>
<td>Hired</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td>1</td>
<td>Hired</td>
</tr>
<tr>
<td>Office Specialist II</td>
<td>2</td>
<td>0</td>
<td>Recruiting</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>8</strong></td>
<td></td>
</tr>
</tbody>
</table>

As of this writing, the number of IHSS recipients in Santa Clara County is approximately 22,354. The county’s IHSS population reflects the community’s cultural and ethnic diversity. Attachment 1 provides an overview of the county’s IHSS recipient population by city. Since the last report to CSFC the county’s IHSS caseload has increased by 8.3%. Attachment 2 provides an overview of the county’s IHSS recipient population by the spoken language/ethnicity breakdown of the recipient population.
Effective May 1, 2013 Santa Clara County launched the CMIPS II database application that significantly changed the daily administration of the program. CMIPS II, a much anticipated update of the legacy CMIPS system that had been utilized throughout the State for the past 25 years, rolled out successfully after several years of intense work at the State, vendor and local level. Due to significant changes (both legislative and regulatory) as well as caseload and management needs, CMIPS II provides an enhanced, efficient and user-friendly system to support the IHSS program. Several features of the new system include: real-time data updates, on demand printing reports, pre-populated State mandated IHSS forms, and less reliance on codes and commands in plain language. Additionally, CMIPS II supports staff by automatically applying hourly task guidelines, automatic calculation of IHSS authorized hours, on-line case notes, and on-line review and approval by supervisory staff. Most significantly, the IHSS provider payroll (which had historically been processed by county staff) is now processed by CMIPS II via a central processing facility in Chico. County staff still handle exception timesheets and provide error resolution as needed, however, payroll processing is handled much more efficiently due to this changeover resulting in a significant decrease in complaints regarding payroll processing.

Also of note is the negotiated change in the case carrying model of IHSS cases. As CMIPS II requires that every IHSS case be assigned to a “case owner” the previous model which incorporated a “banked” caseload was eliminated prior to the CMIPS II launch. All 77 social work staff now shares an equitable distribution of the IHSS caseload as well as receive an equitable distribution of the monthly intake applications received to conduct an initial assessment. Caseload size is approximately 315 cases per social worker. Ongoing meetings are scheduled between management and labor to address efficiencies wherever possible.

IHSS Quality Assurance/Quality Improvement

Training
As part of the continued commitment to Quality Assurance/Quality Improvement, CDSS in conjunction with the University of San Diego, statewide training is offered in order to increase consistency in the assessment process used by IHSS Social Workers from all counties. New staff is required to participate in all three modules of the training program including: IHSS 101, Comprehensive Assessment Concepts (CAC), and Medical Implications/Program Integrity/State Hearings. The module series are now offered in the Central Region quarterly.

Santa Clara County continues to offer a CMIPS II Web-Based Training on SCC Learn where staff can take advantage of on-line courses. New staff is asked to complete
Module 1 which gives a basic orientation and then they are asked to take relevant Modules that pertained to their classification and job function.

Santa Clara County continues to offer in house trainings series to orient staff to local level policy and procedures. These trainings are coordinated by Staff Development. The trainings topics are facilitated by managers, supervisors, lead social worker staff, and Quality Assurance (QA) coordinators. Topics include: IHSS Overview, State Hearings, QA Roles and Responsibilities, Case Management Tools/Tips, CMIPSII, Medi-Cal Eligibility and IHSS, Inter-County Transfers, Provider Enrollment and the Public Authority, Payroll Functions and Timesheets, APS Overview and Mandated Reporting, Protective Supervision, Proration, Assessing Minor Children, Able and Available Spouse, Paramedical, and Medical Supplies.

State Monitoring Review
In February 2016, staff from the Quality Assurance Bureau of CDSS, Adult Programs branch, reviewed 70 of Santa Clara County’s IHSS cases. Santa Clara County participated in an entrance interview, hosted the review team, cooperated and supported the review process, and participated in an exit Interview on the last day with the IHSS Leadership and Quality Assurance team.

The final monitoring review report dated 3/18/16, confirmed that Santa Clara County was doing well in the following areas:

1. Social workers’ observations were included in most cases reviewed;

2. Request for Order and Consent-Paramedical Services forms (SOC 321s) were in the case file when required and were current in 12 of the 13 cases reviewed;

3. When a need for Protective Supervision was identified there was sufficient documentation and justification, the need was addressed at each reassessment, and the Assessment of Need for Protective Supervision forms (SOC 821s) were in the case files or documented sent for all cases reviewed;

4. Social workers documented that Alternative Resources were explored in most case reviewed;

5. When available, the source and services of the Alternate Resources were documented in all cases reviewed;
6. Recipient/Employer Responsibility Checklist forms (SOC 332s) were in all but one case file and were appropriately completed; and

7. Healthcare Certification forms (SOC 873s) were in all but one case file and appropriately completed.

**Identified Best Practices**

The CDSS QA team determined the following best practices during their monitoring review:

1. County supervisors were scheduled to conduct IHSS Protective Supervision criteria training at the local Regional Centers;

2. Social workers are expected to input the home visit information within seven business days after the home visit has occurred;

3. For Paramedical Services, a cover letter is attached to the form SOC 321, providing the Licensed Health Care Professional with an example of the variety of Paramedical services and what services are being requested by the recipient to assist the doctor in the completion of the SOC 321;

4. The County QA Staff has created a workgroup to address IHSS Service task area and documentation, which include Narrative Guide Template, Hourly Task Guidelines, Functional Index Ranks, and Proration; and

5. Santa Clara QA has received approval from Executive Management for a project to design a Web based Application to house all of the Quality Assurance activities and efforts including a knowledge base that will be made available to staff regarding CDSS expectation and regulations for consultation and research. With the current system, this is only available to QA staff.

**Santa Clara QA Reviewed Cases**

Twenty-four cases that our Santa Clara County Quality Assurance team reviewed were also re-reviewed by the CDSS Monitoring team. CDSS revealed that when County QA Staff identified areas to be addressed, regulations were applied correctly in all 24 cases. Twenty out of 24 cases CDSS QA identified additional inaccuracies and omissions that were present at the time of the desk review by County QA.
The most significant areas overlooked were:

1. **Insufficient documentation on how assessed hours were calculated**
   Historically, Santa Clara IHSS has been incorrectly authorizing and calculating domestic service time. The program was giving the maximum hours for most recipients, not taking into consideration the regulation requirement to consider the number of rooms in the household, and whether or not the rooms were solely used by the recipient, shared with others in the household, or not used at all by the recipient. An All Staff training in May 2016 addressed this area and IHSS Quality Assurance trained our staff in the appropriate calculation, documentation, and authorization for Domestic Services.

2. **Authorized hours were not consistent with the SOC 321 Request for Order and Consent-Paramedical Services form**
   The second area, inconsistent authorized hours when compared to the Paramedical Form, SOC 321, continues to be an area to improve on and continues to be addressed in All Staff meetings multiple times per year. The SOC 321 cover letter was developed for social workers to use to help eliminate some of the barriers.

3. **The remediation process was not clear in 5 of the 24 cases**
   The third area of concern was that the remediation process is unclear in the case file. A policy and procedure for desk review remediation process was established in early 2015 in the QA/QI Policy and Procedure Manual. QA staff continues to work on ensuring that all involved (QA staff, Social Worker Supervisors, and Social Workers) are documenting the remediation process so the timelines can be clearly identified upon review.

CDSS also observed County QA staff in completion of 3 QA home visits. County QA staff was commended for having performed thorough assessments and having addressed all of the required areas as outlined in the All County Letter (ACL) No 13-110. The home visit tool that Santa Clara QA staff has developed was acknowledged as a comprehensive tool and staff were encouraged to share their tool with other Central Region county partners.
Areas of Concern/Santa Clara Response

The following areas were identified as areas of concern by the monitoring review team:

1. Reassessment Compliance Rate
   CDSS Manual of Policies and Procedures (MPP), Section 30-761.2.212, states the requirements of conducting needs assessments. This regulation requires a social worker to complete a reassessment prior to the end of the twelfth calendar month from the last face-to-face assessment in order to be in compliance.

   CDSS issues an email to IHSS Program Managers monthly to inform counties of their current compliance record. Santa Clara County has worked very diligently to address the concern throughout this past year regarding overdue reassessment compliance. The most recent compliance report indicates that Santa Clara County IHSS is now in compliance, and as of July 2016, Santa Clara is 84.79% compliant. This is a significant achievement for IHSS. Each county's Reassessment Compliance Rate is determined by taking the county's overdue cases divided by the county's current caseload, then subtracting that number from 1. When evaluating the compliance rate, only Eligible and Presumptive Eligible status cases are counted; cases on leave are not included in the count. The State minimum is 80% to be in compliance.

2. Assessment and Calculation of Authorized Hours
   Documentation of the calculations for the authorized service task was unclear or missing for several assessed services in 45 of the cases reviewed. As previously mentioned, this has been addressed in training the staff to correctly calculate domestic services in May 2016. Also, in September 2016, staff were trained how to accurately document service evidence and the assessment narrative in CMIPS II.

3. Paramedical Services
   This concern was also identified in the review of QA desk reviews in that authorized hours are inconsistent with the completed Paramedical Form, SOC 321. We continue to be addressing this in All Staff meetings multiple times per year, most recently in the September All Staff. Social workers report that it is often difficult to reach the Licensed Health Care Professional when part of the form is incomplete, or there is concern that the doctor has indicated a different task, frequency, or duration to complete the identified paramedical tasks, than the recipient or provider report at the home visit
assessment. As previously mentioned, the SOC 321 cover letter was developed for social workers to use to help eliminate some of the barriers in this area.

4. **Cases with Unmet Need**

In three of the five cases reviewed with unmet needs, there was no documentation to verify that either the social worker had assessed the availability of other resources or made referrals to address those unmet needs when there are resources available. The assessment narrative template has been updated to train/prompt the requirement to address these situations and document the efforts. An updated Assessment Narrative template was implemented at the September 2016 All Staff meeting.

5. **Alternative Resources**

Although alternative resources were appropriately identified and documented where applicable, in 3 of the 9 cases reviewed, the hours authorized for purchase were not reduced to reflect the availability of these resources.

The Voluntary Services Certification form (SOC 450) was not present in 3 of 5 cases in which it was required. Staff are required to obtain a signed statement from the provider(s) or any other person who agrees to provide any IHSS compensable service voluntarily.

These two areas have been added to the updated Assessment Narrative template to prompt workers to include these requirements in their documentation.

State QA findings including the identified areas of concerns were shared with all levels of the program. Areas of concerns identified have been discussed at monthly IHSS Leadership team meetings. This information has also been incorporated into monthly All Staff training sessions with the social worker staff. In September 2016, the IHSS All Staff meeting/training was primarily focused on strengthening case documentation and assessment narratives when social workers are assessing recipients. This training covered several identified areas of improvement including paramedical services, cases with unmet need, and alternate resources.

Santa Clara County’s next CDSS review is scheduled to occur December 6-10, 2016. We will have 70 cases reviewed and 3 home visits conducted with the CDSS QA reviewers.
Quality Assurance Activities and Efforts

New Database Web-Based Application
New this year, IHSS received approval for an Information System project to move the QA Database from a FileMaker Pro Application to a Web-based Application. This new robust application will enhance many features, including being internet web-based, allowing for multiple users at one time, and minimizing the frequency of crashes experienced by it currently being housed on the server. The IHSS QA team, in coordination with the Information Systems Department, has been working diligently to systematically develop this application. This application will house all of the QA efforts and activities. This application will also increase the required reporting each fiscal year for local County and State level reporting needs.

Internal Reviews
QA social worker coordinators were required to complete 587 desk reviews and 117 home visits as required by standards set forth by CDSS. The results of these reviews were given to the social work supervisors who then review the findings with their social work staff. Corrective actions are completed within 30 days of receipt. When QA staff note trends, training and/or reminder memorandums are created. At monthly All Staff meetings, we continue to train or retrain on a variety of identified QA training topics.

Currently, IHSS has three IHSS QA social work coordinators. The number of yearly reviews are assigned by CDSS based on county caseload size. Santa Clara County is considered a large county and assignments are given based on 3.0 FTE staff.

Targeted Reviews
30+Days Leave
This review identifies cases that have been on leave from the program for over 30 days. Manual tasks are assigned to social workers regarding these cases to contact the recipient and restore the case if they have returned home, or terminate the case if they continue to be out of the home. There were 414 cases identified through this targeted review in FY16.

60 Day No Timesheet/No Provider Effort
This effort focused on identifying cases in which no timesheets had been submitted or there were no active individual providers attached for over 60 days. When timesheets are not submitted or an active provider is not attached to a case for an extended period of time, there is concern regarding the needs
being met to keep a recipient safely in their own home. This effort addressed the identified concerns.

In all, 1,106 cases were reviewed to determine if the recipients’ needs were being addressed. Of the 1,106 cases reviewed, 459 cases were identified to require further action by QA staff. Of these cases, 232 cases were resolved confirming recipients’ care. Resolved determinations included: registry referrals were provided, providers were identified, or timesheets were issued. There were 222 cases that required further action and were, therefore, terminated. Termination occurred when there was no response to communication efforts made by QA from the recipient, QA received confirmation of the recipient passing away, QA received confirmation of a recipient in long term out of home care, the recipient no longer had Medi-Cal, or due to a large Share of Cost (SOC) determination the recipient requested the case to be closed.

Figure 4:

Number of Cases Reviewed

1106

- No Action Required: 647
- Required Further Action: 459
- Care Confirmed: 232
- Terminated: 222
- Pending: 5
Paid Claims
When the Medi-Cal system determines there was a potential out of home expense paid for during an IHSS eligibility period, a paid claim task is initiated in the CMIPSII application. The QA coordinators respond to and investigate potential overpayments. Confirmation is made directly with the identified facility or through provider confirmation. During FY 16, there were 118 confirmed overpayments as a result of this effort, initiating overpayment recovery for $126,271.

Fair Hearing Compliance
In the appeals process, social workers are responsible for completing their own responses to administrative law judge decisions. The Quality Assurance manager continues to manage the program’s compliance with response times for ordered actions. Sixteen Fair Hearing Decision Orders were completed during FY16.

Regional Meetings/Leadership Roles
During the FY16, two of Santa Clara’s QA coordinators assumed the role of co-chairs for the Central Regional IHSS QA Meetings, held bi-monthly throughout the Central Region of CA. This meeting provides an opportunity to collaborate with other Central Regional county partners in the implementation of QA activities. They will continue to fulfill this role for the remainder of FY17.

In 2017, Santa Clara’s Quality Assurance manager will be Co-Chairing the CWDA Central Regional meeting, along with Contra Costa County. This meeting provides an opportunity to build relationships with County partners, various CDSS contacts, and generate ideas to best improve our local program. Central Regional QA manager/supervisors gather to discuss new regulations, policy and procedures, and various QA efforts. Meetings are held in surrounding Central Regional Counties throughout California.

Quality Improvement Efforts

Fraud Brochure and Letter
County QA created a Fraud Brochure and Fraud letter to be used within our program. This brochure is now provided to recipients and providers at home visits (both intake and reassessments) in an effort to educate recipients and providers regarding common program integrity issues. Santa Clara County continues to process a high amount of overpayment recovery regarding providers claiming time while their recipient(s) are out of home. Recipients and providers often state that they were unaware that this is not allowed. In a proactive effort to educate them ongoing, we have designed a brochure for staff to utilize at their annual
assessments. Quality Assurance (QA) Coordinators will also provide this brochure at all QA home visits to recipients and providers. The Program Integrity (PI) Coordinator will also provide these brochures at all review visits. Documentation will be made in CMIPSII, or the QA home visit tool, or Fraud review narrative notes to document the brochure was provided. The brochure is also available at community events that IHSS participants in such as Community Fairs. They are also available in the IHSS lobby area.

The letter is also used as an enclosure with all Letter of Repayment Demand letters (overpayment recovery). The letter and brochure cover the same information in different formats.

**Program Integrity**

Potential fraud is detected several ways using resources provided by CDSS/CMIPS. Reviews of all fraud complaints submitted by social workers, county staff, collaterals, and the community are required by CDSS. In addition to the review of fraud complaints, our other program integrity efforts include: error rate study reviews, directed mailings, unannounced home visits to verify services are being received or provided, reviewing all identified overpayments and underpayments, reviewing the County Vital Statistics Report for recipients that are deceased, and completing the Death Match Report.

**Directed Mailings**

The purpose of directed mailings is to reach out to providers associated with cases which appear to suggest some program integrity concern (whether or not the concern is founded) and proactively educate those providers concerning common program integrity mistakes. The goal is to increase the participants’ knowledge and create a better informed provider of IHSS services in an effort to reduce errors, fraud, and abuse in the IHSS program. This year our identified category was recipient of advanced age (over 85) and living alone. Fifteen cases were identified. Mailings were sent to recipients and their individual providers in this effort.

**Unannounced Home Visits**

Unannounced home visits (UHVs) were conducted by our Program Integrity coordinator to ensure that the services authorized are consistent with the recipient’s needs at a level which allows him/her to remain safely in his/her home, and to validate the information in the case file. A UHV monitoring tool is used in efforts to safeguard a recipient’s well-being by verifying that they are receiving appropriate levels of services and to ensure program integrity by reminding recipients of program rules and requirements and the consequences for failure to
adhere to them, including the potential loss of services. This year our indicator was the most elderly in Santa Clara County. There were fifteen assigned unannounced home visits. UHF efforts confirmed that 5 recipients had no identified program integrity concerns, 6 recipient cases were terminated due to the client’s death or change of residence to a skilled nursing facility, and 1 recipient was determined to have substantiated program integrity concerns. The assessment authorized was below determined need. The case owner and supervisor were notified to conduct an early reassessment to ensure the recipient received an appropriate assessment.

Fraud Review and Investigation
For FY 16, a total of 189 fraud complaints were received. Thirty-one cases were sent to the Department of Health Care Services Investigations for further investigation and consideration for prosecution. Of the referred cases, several of these cases are still pending prosecution. When cases are prosecuted, this results in arrests, convictions, and restitutions to IHSS ordered by the Court. In addition, 173 fraud complaints were reviewed internally by the Quality Assurance manager, IHSS Program Integrity Social Work Coordinator I, and the Quality Assurance/Program Integrity Associate Management Analyst during the fraud triage process. Presently, the Program Integrity unit triages the reports of suspected fraud complaints and assigns them to an investigative agency based on amount threshold and investigator availability. From these review efforts, cases were forwarded for criminal investigation/prosecution, recipients and providers were educated about how to avoid common fraud issues, or the cases were sent for identified overpayment processing.

Overpayment Recovery
The IHSS program has a dedicated Senior Account Clerk on staff responsible for reviewing all terminated IHSS cases and auditing the case for either outstanding overpayments or underpayments. Additionally, cases involving suspected fraud, timesheet inactivity, Vital County Statistics, death reviews, paid claims, unannounced home visits, or death matches are also submitted to the Quality Assurance/Program Integrity Associate Management Analyst for a review audit. For FY16, $707,390 was identified and processed for overpayment recovery to the IHSS program.
IHSS Public Authority

The Santa Clara County IHSS Public Authority is managed via contract by Sourcewise, with a final amended FY 2015-16 budget of $1,817,903.

The primary role of the Public Authority is to offer services that assist recipients with greater access to providers. This has been accomplished by:

1. creating a provider registry;

2. establishing the Public Authority as the employer of record for collective bargaining;

3. maintaining benefits administration for qualified independent providers; and

4. providing access to training for consumers and providers of IHSS.

The provider registry is a computerized database listing of screened and qualified IHSS providers. The Public Authority implemented mandatory criminal background checks for independent providers prior to becoming eligible to be listed on the registry. As of June 2016, the registry had 513 active providers available to work. These services provide recipients with a greater level of confidence when hiring providers referred by the registry. Additionally, the Public Authority administers benefits which include: health, dental, vision and VTA Eco-Pass Clipper Cards for eligible providers. The ability of the Public Authority to maintain an adequate number of qualified screened providers on the registry correlates to the wages and benefits offered in Santa Clara County. The Public Authority also gives recipients a voice in how IHSS services are provided via the IHSS Public Authority Advisory Board. The Advisory Board is also a state mandated function of the Public Authority. It is composed of eleven members of whom at least 50 percent are individuals who are current or past users of personal care assistance services. The Advisory Board studies, reviews, evaluates and makes recommendations to the IHSS Public Authority Governing Board and Sourcewise staff relative to any matters affecting persons receiving IHSS.

Public Authority provides access to training for recipients and providers as part of its mandate. The Public Authority implemented training for providers in partnership with Adult Education programs in Santa Clara County and now offers classes in five different locations. Classes are designed to enhance the skill set of providers in providing quality care for their IHSS recipients maintaining a consumer directed model. Initially a series of nine classes were developed to meet the training needs of this workforce and has
been available since 2007. A certificate of completion is issued to providers following successful completion of the series of nine classes.

As part of the negotiated agreement with SEIU Local 521 in 2014 the Public Authority conducted a statistically valid survey of providers to identify ten new training classes the providers wanted added. Those classes are:

- Alzheimer’s Disease/Dementia
- Caregiver Basics
- Body Mechanics
- Caregiver Support
- Diabetes: Working with someone with diabetes
- Emergency Preparedness
- How to Work With Difficult People
- Mental Health: understanding mental health disorders
- Nutrition: food safety, food allergies, shopping, simple food preparation cooking cultural foods, cooking new recipes
- Working with consumers with neurological disabilities

A couple of the classes are similar to the series of nine classes but with a different focus, for example mental health one deals with the aging process, depression and suicide and the other will deal with understanding mental health disorders.

Funding for the classes was set aside from the job development fund as per the labor agreement with SEIU Local 2015. Training is offered in English, Spanish, Vietnamese and Mandarin for most classes. Several new class curriculums were developed and offered over the last fiscal year.

Public Authority provided 144 training classes with 2,188 providers being trained in fiscal year 2015. The list of classes include:

- Diabetes
- Nutrition
- First Aid
- CPR
- Tips For Transfers and Range of Motion
- Mental Health (aging process, depression, suicide)
- Personal Care Services Level 1
- Pre Paramedical Level 2
• Last Phase of Life (Death & Dying)
• Alzheimer’s/Dementia
• Caregiver Support
• Caregiver Basics
• The Basics: Memory Loss, Dementia and Alzheimer’s Compassionate Communication
• Cancer Care Basics
• Disaster Emergency Preparation
• Falls Prevention

The Public Authority is also mandated to provide access to training for IHSS recipients. A newly developed training called “Call and Connect” was launched in February 2016 on a monthly basis. Recipients are pre-registered for the sessions, emailed or mailed class materials ahead of time and given a call-in number to join the session. Feedback from recipients who have participated indicates they find them informative and quite valuable. Session topics provided were:

• New Overtime Rules: Overview of Changes, Overtime, and Frequently Asked Questions
• Creating a Back-up Plan for Your Care
• Managing Hours & Avoiding Provider Violations
• Independent Living and Consumer Rights
• Finding and Using Community Resources

Additional training resources are available on the Public Authority website including videos and training modules in multiple languages on the following topics:

• IHSS System Introduction
• Obtaining Your Independent Provider
• Managing Your Independent Provider
• Assessment, Reassessment and the Appeal Process

The Consumer Connection newsletter was mailed to all IHSS recipients in the fall, spring and summer for a total of 63,200 mailed. The purpose of the newsletter is to inform recipients of important information regarding the IHSS program and to provide informative articles as additional training tools to better equip them in their role as employers of IHSS homecare workers. Newsletters and training materials are also posted on the Public Authority website at www.pascc.org.
The Public Authority implemented Care Coaching July 1, 2015 as part of the Registry services. Care Coaching provides help for IHSS recipients who require assistance with the responsibilities of being an employer. Three Care Coordinators are assigned cases as referrals come in. They help IHSS recipients with scheduling provider interviews, coach recipients on how to conduct interviews, establish work schedules, set expectations and problem solve. Establishing relationships with the recipients and providers to help them when they need it but also to teach them how to do this on their own if they are able. This program is an essential component of the registry for those who are unable to handle these responsibilities on their own and do not have a friend or family member to assist them. Care Coaching received 213 referrals during fiscal year 2015. Referrals primarily come from APS, IHSS and the two health plans, Anthem Blue Cross and Santa Clara Family Health Plan. Of the total referrals to the program 14 came from the health plans.

**FLSA Overtime**

The IHSS program began paying overtime and travel time to providers under the FLSA regulations beginning with the February pay periods. Providers working more than 40 hours per week are paid time and a half for all hours over 40. There are a number of regulations that limit the amount of overtime that a provider may claim and providers may be issued “violations” if they exceed the allowed limits. Multiple violations can lead to termination of the provider from the program for up to one year. The Public Authority undertook a training and warning project related to these overtime changes. In an effort to educate providers one-on-one about these new regulations the Public Authority, during the months of February, March, and April sent 1648 individual warning letters to providers that exceeded the overtime or travel time limits. The Public Authority also provided telephone consultation to review these letters with providers and offered multiple in-person training classes to teach providers about the new overtime rules and how to complete their timesheets under the new rules. During the period from February through June 2016, providers were individually warned about potential violations based on their timesheet entries and encouraged to learn the new rules either through telephone consultation or in-person classes. Violations started to be tracked against providers in the July 2016 pay period.

**IHSS Provider Enrollment Process**

Sourcewise, and IHSS collaborated on developing a local methodology to implement the four new mandated functions. The Provider Enrollment mandates for counties are:

1. all providers must submit fingerprints and undergo a criminal background check by the California Department of Justice;
2. providers must attend a provider orientation/watch a video providing rules, regulations and requirements for being an IHSS provider;

3. providers must sign a provider agreement stating they understand and agree to the rules of the program and responsibilities of being a provider; and

4. providers must provide a current, original government issued ID and their original Social Security card to the county or Public Authority to be electronically scanned.

An additional change to IHSS provider enrollment was enacted pursuant to SB 878 adds WIC section 12301.24(e) which requires that, no later than April 1, 2015: The provider orientation shall be an onsite orientation that all prospective providers shall attend in person. Representatives of the recognized employee organization in the county shall be permitted to make a presentation of up to thirty minutes at the provider orientation. The Public Authority developed a one hour IHSS provider orientation session with an additional thirty minutes at the end for SEIU representatives to present the union to attendees. The group orientation was added to requirements for individuals to complete the IHSS enrollment process to become eligible to be paid as an IHSS provider. Sessions are offered two times per week typically with a Friday morning and afternoon option.

IHSS contracts with Sourcewise to provide the mandated functions which require providers be processed prior to them becoming eligible to be paid through IHSS. The enrollment process in Santa Clara County has been successful in meeting the mandate and all providers who took action to complete the process have been provided the opportunity. As of June 30, 2016, 44,129 providers have successfully completed provider enrollment via Public Authority Services since inception of the process. There were 5,192 new providers processed through enrollment during the 2016 fiscal year.

Public Authority continues to use REVA (Registration, Enrollment, Verification, Appointment) exclusively for provider enrollment with an alternative plan in place for anyone unable to access the web-based process.

**MOA with SEIU Local 2015**
The current MOA with the union is a three year contract with a term from March 11, 2014 to February 1, 2017. Wages increased to $13.00/hour from $12.81/hour effective February 1, 2016 in accordance with the MOA. Collective bargaining for wages and benefits moved to the Statewide Authority effective January 1, 2016 as part of Santa
Clara County being part of the CCI pilot. The next MOA for wages and benefits will be negotiated by the Statewide Authority.

Community Outreach is conducted in the community to increase awareness about IHSS. A volunteer IHSS staff member and a representative from SEIU participate in local health fairs, and community group sessions to share basic information regarding IHSS and eligibility for the program. The Public Authority purchases materials necessary for these outreach activities. Six outreach events were attended throughout the year providing informational flyers, magnets with the IHSS phone number and answering questions about the program.

The MOA agreement includes language regarding a new or modified VHP plan being adopted. A change to the VHP benefit was incorporated effective September 1, 2014 creating two plans, the Classic (original wide network) and the Preferred Plan (new narrow network). As of June 2016 there were 6,828 providers enrolled in the Classic Plan and 3,250 providers enrolled in the Preferred Plan. This translates into a 15% reduction of enrollment in the Classic Plan and a 118% increase in the Preferred Plan over the previous year.

All new enrollees are only eligible to enroll in the Preferred Plan. Any provider who was enrolled in VHP prior to the creation of two plans remains in the Classic Plan as long as continue as IHSS providers. If they terminate benefits for any reason and later decide to return and re-enroll in VHP they are only able to enroll in the Preferred Plan. This is why the shift in plans is at the level they are. We anticipate this shift in enrollment to continue into the future.

Health, dental and vision benefits continue to be offered to providers who work at least 35 hours a month for the most recent two consecutive months. There is a $25 portion of the premium cost to providers enrolled in Valley Health Plan (VHP). Growth of the number of providers enrolled in benefits increased over the previous fiscal year.

<table>
<thead>
<tr>
<th></th>
<th>Valley Health Plan</th>
<th>Liberty (dental)/VSP (vision)</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2014</td>
<td>9,486</td>
<td>10,055</td>
</tr>
<tr>
<td>June 2015</td>
<td>10,078</td>
<td>10,692</td>
</tr>
<tr>
<td>Percent Growth</td>
<td>6.2%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

Figure 5:
The Public Authority is also responsible for administering and issuing the VTA Eco Pass benefit for IHSS providers. The Eco Pass was transitioned to a Clipper Pass by VTA as of January 1, 2015. The Public Authority has issued 17,261 Eco Pass/Clipper Cards this calendar year.

**IHSS Future Planning**

The In-Home Supportive Services program continues to be one of the County’s few mandated programs which is seen as a critical component of long term care planning. IHSS provides a much needed and desired service to our community’s aging and disabled population permitting them the opportunity to make crucial decisions regarding their desire for independent living and the ability to make real choices that honor their desire to remain at home.

Provider Overtime has brought many challenges to IHSS staff as well as the Public Authority. Counties are expected to oversee the providers who commit violations or are about to commit violations. This is an immense responsibility for counties as it directly impacts the quality and continuity of recipients whose provider(s) are at risk of termination should multiple violations occur.

With the implementation of the Telework Policy, Social Workers are able to work from home by entering necessary data into CMIPS II, thus reducing office distractions and increasing work output and compliance with CDSS. Remote Access is also another project that IHSS is implementing. IHSS identified 15 social workers to participate in a Remote Access Pilot who received County issued laptops and hot spots. We are awaiting the arrival of laptops and hot spots for the remaining eligible staff so that they may input data during home assessments.

In addition to Telework and Remote Access, IHSS has begun a project with the agency’s Information Systems (IS) Division to implement a scanned document system called Integrated Document Management (IDM), eliminating the need for paper case files. IHSS implemented IDM in July 2016 and the work plan includes scanning all of the active cases by December 2016 and the closed cases by December 2017. Having IDM in place will improve the service delivery by providing case document access to staff who are assisting recipients and providers.
Attachments

Attachment 1: IHSS Recipients by City
Attachment 2: IHSS Recipient Spoken Language/Ethnicity Demographics
Attachment 3: Quality Assurance Monitoring Review