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Housed within the Social Services Agency, IHSS is the largest 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 (DAAS).

**IHSS at a Glance**

- **Number of IHSS Recipients**: 26,592
- **Number of IHSS Providers**: 30,751

**Recipients by Gender**

- **Male**:
- **Female**:

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**SANTA CLARA COUNTY’S IHSS PROGRAM**
Recipients by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total IHSS Cases</th>
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<tbody>
<tr>
<td>0-6</td>
<td>58</td>
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<tr>
<td>7-13</td>
<td>295</td>
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<tr>
<td>14-17</td>
<td>482</td>
</tr>
<tr>
<td>18-20</td>
<td>652</td>
</tr>
<tr>
<td>21-44</td>
<td>848</td>
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<tr>
<td>45-64</td>
<td>958</td>
</tr>
<tr>
<td>65-79</td>
<td>1,009</td>
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<tr>
<td>80+</td>
<td>1,097</td>
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Language Spoken by Recipient

<table>
<thead>
<tr>
<th>Language</th>
<th>Total IHSS Cases</th>
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</thead>
<tbody>
<tr>
<td>English</td>
<td>9,966</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>7462</td>
</tr>
<tr>
<td>Spanish</td>
<td>2,555</td>
</tr>
<tr>
<td>Mandarin</td>
<td>2170</td>
</tr>
<tr>
<td>Other Non-English</td>
<td>1,174</td>
</tr>
<tr>
<td>Farsi</td>
<td>1,009</td>
</tr>
<tr>
<td>Russian</td>
<td>958</td>
</tr>
<tr>
<td>Cantonese</td>
<td>848</td>
</tr>
<tr>
<td>Tagalog</td>
<td>652</td>
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<tr>
<td>Korean</td>
<td>482</td>
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<tr>
<td>Cambodian</td>
<td>295</td>
</tr>
<tr>
<td>Portuguese</td>
<td>58</td>
</tr>
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</table>
Since the last report to Children, Seniors and Families Committee (CSFC), the County’s IHSS caseload has increased from 25,524 to 26,592 (4.1%). According to statistics, IHSS will grow with each passing year due to our aging community.
**Expedited Application Processing**

Created through a public process involving stakeholders and health care consumers, the passage of the Coordinated Care Initiative (CCI) marked an important transition towards transforming California’s Medi-Cal delivery system to better serve the state's low-income seniors and persons with disabilities. The Coordinated Care Initiative (CCI) allowed persons eligible for both Medicare and Medi-Cal (termed Dual Eligibles) to receive medical, behavioral health, long term services and supports, and home and community based services coordinated through a single health plan. CCI also included mandatory enrollment for most other Dual Eligibles into Medi-Cal managed care and integrated Medi-Cal long term services and supports (MLTSS), including In-Home Supportive Services (IHSS), into managed care. As part of CCI, the state assumed bargaining responsibilities for IHSS. CCI also established a new Maintenance Of Effort (MOE) requirement in place of the traditional county share of cost for IHSS programs in all counties. This pilot was implemented through a federal demonstration project and currently operates in seven counties—Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara. As one of the pilot counties, Santa Clara County’s IHSS program created a dedicated CCI Unit to execute the mandates of the pilot project.

The CCI pilot project was been determined to be not cost effective and funding for CCI ceased on January 1, 2018. The termination of the CCI had the following impact on the Santa Clara County’s IHSS program:

- **Removal of IHSS from Cal MediConnect (CMC) and Medi-Cal funded Long-Term Services and Supports (MLTSS)**
- **Removal of IHSS benefits from Medi-Cal managed care plan capitation rates**
- **Elimination of Statewide Authority responsible for negotiating IHSS providers’ wages and benefits in the seven CCI counties**

Of note, the most significant impact is the elimination of the MOE under the CCI pilot project. The repeal of the CCI MOE meant that an additional $592.2 million in funding cost was shifted from the State to Counties. To mitigate the financial hardship and cash-flow problems, Senate Bill 90 was passed and the bill instituted a new MOE funding model that modifies the cost sharing arrangements between the State and Counties.

During the tenure of the pilot project, Santa Clara County’s IHSS program’s CCI Unit worked in tandem with our County’s designated managed health care plans (Anthem Blue Cross and Santa Clara Family Health Plan) to achieve the stated goals of CCI. As conveyed by both health plans, this affiliation enabled significant reductions in turn-around time for the most at risk IHSS applicants and diverted calls that would have otherwise gone through the
main IHSS telephone line. This was achieved through the timely processing and screening of new referrals and reassessment requests from the health plans, participating in Interdisciplinary Care Team (ICT) meetings, telephone screenings, conducting assessments on expedited applications and reassessments on high touch cases, engaging in follow up care as needed, and frequent communication between all entities.

When the CCI pilot ceased, all four of the CCI social workers were “absorbed” into the nine existing case management units. Ultimately, this meant the CCI Unit no longer existed at IHSS. IHSS continues to work with the health plans and any requests for expedited applications or courtesy home visits still go through one contact person at IHSS. The contact person then assigns the expedited applications or courtesy home visits to any of the 85 case management social workers.

It is important to note that IHSS is not an emergency program. At best, IHSS is capable of conducting a home visit with an applicant who meets the criteria for an expedited application within weeks. Because IHSS is not an emergency program and there is no longer a CCI unit in place, the new business process is such that a qualifying expedited applicant will be seen as a priority over the other 350 referrals who are also waiting for an intake assessment.
IHSS Staffing

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
<th>Type of Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerical Support</td>
<td>19</td>
<td>Reception/Call Agents/Scanning/Mail</td>
</tr>
<tr>
<td>Administrative Assistants</td>
<td>2</td>
<td>Administrative Coordination</td>
</tr>
<tr>
<td>Payroll/Data Specialists</td>
<td>17</td>
<td>Provider Payroll</td>
</tr>
<tr>
<td>Application Readiness</td>
<td>9</td>
<td>Prepare for Intake</td>
</tr>
<tr>
<td>Fair Labor Standards Act (FLSA)</td>
<td>3</td>
<td>Provider Overtime Pay</td>
</tr>
<tr>
<td>Case Management Social Workers</td>
<td>86</td>
<td>In-Home Assessments</td>
</tr>
<tr>
<td>Management Analyst</td>
<td>1</td>
<td>Records Production</td>
</tr>
<tr>
<td>Social Work Supervisors</td>
<td>10</td>
<td>Supervise Social Workers</td>
</tr>
<tr>
<td>Social Services Analysts</td>
<td>6</td>
<td>Case Reviews/Program Integrity</td>
</tr>
<tr>
<td>Eligibility Work Supervisor</td>
<td>1</td>
<td>Supervise Application Readiness</td>
</tr>
<tr>
<td>Office Management Coordinator</td>
<td>1</td>
<td>Clerical Manager</td>
</tr>
<tr>
<td>Administrative Support Officer I/II/III</td>
<td>1</td>
<td>Payroll Manager</td>
</tr>
<tr>
<td>Social Services Program Manager I</td>
<td>1</td>
<td>Application Readiness / FLSA Manager</td>
</tr>
<tr>
<td>Program Manager I/II</td>
<td>1</td>
<td>Quality Assurance Manager</td>
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<tr>
<td>Social Services Program Manager I/II</td>
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<td>Case Management Manager</td>
</tr>
<tr>
<td>Social Services Program Manager III</td>
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<td>IHSS Program Manager</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>161</strong></td>
<td></td>
</tr>
</tbody>
</table>

IHSS received approval from the Board of Supervisors to hire 26 new positions as part of the FY 21 budget: 2 Social Work Supervisors, 19 Social Workers, 1 Administrative Assistant, 1 Data Office Specialist, 1 Account Clerk, 1 Client Services Technician, and 1 alternately staffed Office Specialist III / Client Services Technician. IHSS has submitted requests for hiring exemptions to Executive Leadership and Human Resources in order to receive the final approval to hire all 26 positions. If and when these positions are approved for recruiting purposes, these new hires will start as early as late 2020, but likely early 2021. This will bring the IHSS total up to 187 FTE’s.

All 86 case management social workers share an equitable distribution of the IHSS caseload. Equitable distribution of the monthly intake applications also takes place among the ten case management units. Caseload size is approximately 320 cases per social worker. Ongoing monthly meetings are scheduled between Management and Labor to address efficiencies wherever possible.
COVID-19 Response
Santa Clara County responded to the pandemic swiftly in mid-March 2020 by having all social workers work remotely from home. IHSS worked collaboratively with Technology Services and Solutions (TSS) to ensure all IHSS staff members were issued a county laptop to be used for working remotely. Staff who require telephones for completing their work duties were also issued cell phones. By April 2020, all staff members were working remotely with the exception of the seven to eight clerical staff who must come in to work to process incoming paperwork for opening mail, date stamping, sorting, and scanning. During this process, IHSS discovered that there is remote capability to answer the incoming phone calls. As a result, all call agents were able to work from home answering IHSS phone calls on the main line, responding to voice mails, and logging into the Case Management and Payrolling System (CMIPS II) database. All business meetings including one-on-one meetings, unit meetings, Leadership Team Meetings, All-Staff Meetings, and trainings have been conducted virtually via Zoom, Skype, Teams, Face Time, and phone calls.

IHSS closed its lobby to the public effective March 16, 2020. Signs were immediately posted outside the lobby in English, Spanish, Vietnamese, and Chinese, instructing IHSS providers and recipients to call the main line (408-792-1600) or to enroll in Electronic Timesheets for faster customer service. A drop box was also eventually installed near the IHSS entrance with clear signage in English, Spanish, Vietnamese, and Chinese so recipients and providers could drop any forms they feel are necessary to hand deliver to the IHSS office.

The California Department of Social Services (CDSS) issued several All County Letters about IHSS’ COVID-19 response. Eventually, CDSS authorized social workers to conduct annual reassessments by telephone through December 21, 2020. Effective August 4, 2020, CDSS clarified that all intake assessments must be conducted face-to-face unless the applicant or someone in the home has tested positive for COVID-19, been exposed to it, or is under quarantine. Only those intakes who have been impacted by COVID-19 may be conducted via teleconference. Otherwise, Santa Clara County IHSS is conducting most of the intake assessment over the phone in advance and the face-to-face contact is limited to the front porch of the applicant. If the applicant is not able to come to the front porch for
the brief face-to-face contact due to mobility issues, the social worker must enter the home for the brief face-to-face contact. Statewide, IHSS programs are awaiting a response from CDSS after requesting that assessments be conducted via telephone or videoconference until the end of the medical emergency, beyond the December 31, 2020 extension granted by CDSS.

Overall, IHSS has become more efficient working remotely and conducting meetings virtually. The lobby receptionists are now answering phone calls full-time on the main line which has helped keep wait times to as low as 2 minutes. The voice mail box has been empty at times, indicating that all voice mails have been attended to. Reassigning lobby receptionists to call agent duties has proven to be highly beneficial.

The backlog in the Application Readiness Unit has also been eliminated. This unit prepares intake applications for social worker face-to-face intake home visits. More efficiency in this unit means that applicants are seen timelier for a social worker intake home visit following an initial phone call requesting IHSS services.

Additionally, our overdue annual reassessment compliance has increased with CDSS which will be discussed later in this report.

**Electronic Visit Verification**

Electronic visit verification (EVV) is an electronic-based system that collects information through a secure website, a mobile application (app) or a telephone. Federal law, Subsection I of Section 1903 of the Social Security Act (42 U.S.C. 1396b), requires all states to implement EVV for Medicaid-funded personal care services by January 2020 and home health care services by January 2023. States can select and implement their own EVV design. However, the EVV system must verify type of service performed, individual receiving the service, date of the service, and location of service delivery. The individual providing the services must indicate and time the service begins and ends.

California is implementing EVV in two phases:

1. Phase I is focused on the IHSS and Waiver Personal Care Services (WPCS) programs that currently use CMIPS II, electronic timesheets, and the telephonic timesheet systems.
a. California plans to implement Phase I EVV over the course of the next two years or so and will seek a good faith exemption request to delay full implementation until January 1, 2021.

2. Phase II is focused on identifying either an existing system or a new system to implement EVV for non-CMIPS II and agency personal care services, and self-directed and agency home health services.

California is committed to the full involvement of recipients, providers and other stakeholders in the planning and implementation of EVV. Over the past couple of years, California has carefully considered feedback from the stakeholder community, best practices and the State’s capacity to implement EVV over one million IHSS and WPCS recipients and providers.

The State has convened statewide stakeholder meetings focused on Phase I with between 200-250 participants including recipients, providers, advocacy groups, labor unions, counties, the Legislature and the Administration.

In California, EVV leveraged and enhanced the existing Electronic Timesheet System (ETS), now referred to as the Electronic Services Portal (ESP), and the Telephonic Timesheet System (TTS). This approach was accomplished with current vendors which minimized development and implementation costs. Providers and recipients are able to access the EVV system through an online ESP web portal that can be used on any device with internet access of via telephone (landline or mobile). In the future, a mobile phone application will also be considered.

Many providers and recipients are already familiar with these easy-to-use systems, so the impact of EVV requirements has been minimal. This approach also allows providers to access other system features such as enrolling into direct deposit, claiming sick leave and travel time and online tracking of timesheet processing.

EVV does not change the number of services hours, nor how or where IHSS is provided. However, EVV will fully replace the current paper timesheet for Santa Clara County providers.

EVV is being rolled out in six phases in California. Santa Clara County is part of Wave 3 which implemented on May 1, 2020. Providers and recipients were expected to be enrolled
in either electronic or telephonic timesheets by May 1, 2020 in Santa Clara County. See ESP enrollment rates for Santa Clara County below (Aug 2020 data).

91.47%
• Providers enrolled in electronic or telephonic timesheets

85.37%
• Recipients enrolled in electronic or telephonic timesheets

Electronic and Telephonic Timesheet Outreach
Although electronic timesheets have been available for over 3 years, Santa Clara County IHSS and Public Authority have been making active efforts to encourage recipients and providers to enroll in electronic timesheets. With every inquiry about a payment discrepancy, IHSS and Public Authority staff have explained that electronic timesheets helps avoid errors. The ESP catches errors by notifying the user that an error has been
made with respect to missing signature, number of hours claimed, and even catches errors entered for overtime claims. This has already helped reduce overtime violations.

In September 2019, IHSS also mailed postcards to all Santa Clara County providers and recipients explaining briefly that paper timesheets were going away effective May 1, 2020. On the postcard were easy short steps how to log into the ESP website, enroll, and start entering and tracking time worked on their electronic devices.

IHSS and Public Authority have posted this information on their websites directing users to the CDSS website to get started. Also on the site are instructional videos which are described in more detail later in this report.

The Public Authority has incorporated electronic timesheets and direct deposit into their new provider orientation. In this way, providers never learn the old habit of starting with paper timesheets. This has helped in increasing the enrollment rates.

IHSS also utilized the help of a San Jose State University Student Intern whose project was to assist individuals in enrolling in electronic timesheets. Her efforts were very successful. IHSS purchased a large sign for the lobby announcing that she scheduled appointments in advance. When appointments started to decrease, she reached out by calling and emailing individuals as well to set up appointments. Her time was wisely spent, and we owe part of our success to her efforts up until the time her internship ended in May 2020.

Currently, we utilize an Extra Help staff member and a clerical staff member to continue these outreach efforts. Every week, these two staff members receive a list of individuals who have not yet enrolled in either telephonic or electronic timesheets. These staff members email materials translated into different languages explaining the simple steps to enroll. This effort was initially very successful by targeting the specific recipients and providers who were having trouble enrolling.

The last few who have yet to enroll are the ones we believe are the most resistant to enrolling because they prefer their paper timesheets. We are in discussion with CDSS about a hard cutoff date in which all remaining recipients and providers will be automatically enrolled in telephonic timesheets by default.
Direct Deposit

We have also been informing providers and recipients that enrolling in direct deposit removes the U.S. Postal Service from the timesheet process entirely. Timesheets would not be mailed to the home address or P.O. Box. Instead, timesheets would be deposited directly into the provider’s bank account.

Currently, 69.41% of Santa Clara County’s providers are enrolled in direct deposit. We would like to see direct deposit enrollment increase to 100% because it benefits not only the provider who would be paid about 3 days earlier but would also reduce the number of phone calls and lobby visits IHSS receives inquiring about paycheck status.

We have been doing outreach on direct deposit in the same way we have been doing outreach on electronic timesheets. When electronic timesheets are paired with direct deposit, recipients and providers receive a higher quality of customer service from IHSS because their pay occurs timelier and with reduced errors.

IHSS Outreach

IHSS historically has reached out to recipients in emergency situations to ensure that recipients are safe, practicing precautions, and are receiving the care they need. IHSS has done several outreach efforts this calendar year.

On March 31, 2020, IHSS conducted outreach to recipients aged 80 and older who were living alone to do well being checks and also to educate about COVID-19 symptoms, risks, precautions, and resources.

In late August 2020, IHSS contacted 80 recipients in wildfire evacuation warning sites and evacuation sites. During this time, IHSS identified three (3) staff to work as Disaster Services Workers to assist in the evacuation referral sites. Also, two (2) IHSS staff were
evacuated from their homes and later returned to their homes safely when evacuation orders were lifted.

Santa Clara County experienced two heat waves during the summer. IHSS engaged in two separate heat wave outreach efforts on or around August 14, 2020 and September 5, 2020. Recipients aged 80 and older who were living alone were targeted in these outreach efforts. Essentially, IHSS reached out to the same 811 individuals on August 14, 2020 and September 5, 2020, resulting in over 1600 phone calls. The purpose of these outreach efforts was to ensure the recipients are safe in their homes, are remaining sheltered from the sun and the heat, and were given information such as cooling center locations and resources if needed.

In addition, Santa Clara County IHSS chose to notify all providers that effective September 1, 2020, CDSS would no longer be overriding overtime violations. CDSS had extended this as a courtesy during COVID, but only through August 31, 2020. We wanted to inform our providers of the change so that they did not incur any overtime violations with no courtesy and flexibility we believed they became accustomed to. To do outreach to more than 26,000 providers, we tried something new. With the help of Technology System and Solutions (TSS), we sent a mass communication via email, text message, and phone call. This required a large, coordinated effort with TSS, IHSS Management, and internal staff to translate each phone, email, and text script into Vietnamese, Spanish, and Chinese. The outreach was successful although it created a spike in phone calls to IHSS and the Public Authority office.

The most encouraging part of this mass communication is we learned about what worked and about what we could improve for the next time. In the future, any time IHSS needs to send a mass communication due to any emergency such as COVID, wildfires, heat advisories, air quality, floods, earthquake, or possibly even the hard cut off for electronic timesheet enrollment, we can communicate through technology. This would free up staff who spent manual hours and labor cold calling people on a spreadsheet and then entering their efforts into CMIPS II. This is a very large development for IHSS, one that is a step in the right direction for ensuring our clientele are safe, healthy, and accounted for.
HARVEY ROSE AUDIT

A final report was prepared and issued on August 14, 2020 and is attached to this Annual Report. The purpose of this audit was to examine the operations, management practices and finances of the Capital Programs Division to identify opportunities to increase the Division’s efficiency, effectiveness and economy. The report includes five findings and 16 recommendations.

Findings

1. IHSS clerical staff levels needed to improve and maintain the quality and accessibility of phone support;
2. IHSS social worker staff levels need to meet and maintain state and federal requirements;
3. Additional and more relevant social worker training and support to help them fulfill their responsibilities in an informed and unbiased fashion;
4. Social Services Agency’s recognition and management of one-time funds for IHSS and other programs to offset the burden of a program wide implementation;
5. Improvements to the physical facilities to ensure they accessible to IHSS visitors and staff.

Recommendations

1. Submit a budget request for three additional Client Service Technician positions dedicated to answering the approximately 74 percent of calls that are not being answered. The submission should identify the extent to which these positions are expected to be funded by County, State, or federal funds.
2. If the positions are approved through the budget process, provide an update to the Board of Supervisors six months after the County has transitioned to electronic visit verification on the changes to call volume and call wait time.
3. Implement the call center enhancements including the Call Tree Enhancements and Push Notification System. These enhancements may reduce call routing times and better inform program participants, which may reduce call volume.
4. Over the next three fiscal years, request to add one Social Work Supervisor, 11 Social Worker Leads, and 37 Social Worker II positions to the IHSS budget. This will provide the necessary staffing to bring the County into compliance with State requirements.
5. Restructure IHSS Case Management units to consist of one Social Work Supervisor, two Social Worker II Leads, and nine Social Workers (I or II) in conjunction with the addition of new staff. This will contribute to improving the County’s compliance with the State’s reassessment requirement.
6. Implement the automated case assignment process as soon as it is completed by Technology Services and Solutions to assign cases based on needed language and zip code, and to keep companion cases together with a single Social Worker in order to maximize efficiency in the assignment of cases to Social Workers. This will
contribute to improving staff’s efficiency and meeting the State’s reassessment requirement.

7. Assign new potential recipient cases to Social Workers on a bi-weekly basis to decrease lag time and help to ensure that potential recipients are assessed by Social Workers in a timely manner.

8. The Board of Supervisors should consider seeking changes to State IHSS requirements to provide flexibility to manage increasing numbers of service recipients, such as the option to conduct some assessments virtually.

9. Provide access to, and require IHSS Social Workers to complete every two years, trainings on:

   a. ways to identify signs of child abuse or neglect and on elder abuse or neglect to ensure that all Social Workers are sufficiently prepared as mandatory reporters.
   b. blindness and visual impairment and on hearing loss and deafness to ensure equal access to IHSS and improve accuracy of assessments.
   c. protective supervision, Alzheimer’s disease, autism, dementias, intellectual disability, and psychiatric disabilities to support Social Workers’ tasks of assessing whether need levels meet the criteria for protective supervision.
   d. communication strategies for non-English speakers and English language learners, as well as inter-ethnic communication skills, to provide useful tools to Social Workers, support equal access, and harbor constructive, cooperative, and respectful communication between Social Workers and recipients.
   e. cultural sensitivity, diversity, and implicit bias to provide useful tools to Social Workers, support equal access, and harbor constructive, cooperative, and respectful communication between Social Workers and recipients.

10. Enforce compliance with Government Code Section 12950.1 sexual harassment training requirements by quarterly monitoring staff’s completion of the training on SCCLearn.

11. Establish a policy where one-time funds available for reimbursement from external sources are treated as additive to avoid replacing existing ongoing funding sources when making reimbursement claims.

12. The Central Services Department should place courtesy signs at street-level disabled parking spaces requesting that the parking be reserved for visitors when possible.

13. The Central Services Department should work with the Julian Campus landlord to determine the possibility of identifying a location and installing an accessible passenger loading zone by the 353 West Julian building.

14. The Central Services Department should work with the Facility and Fleet Department to conduct a walkthrough of the 353 West Julian Street building and campus pathways to identify potential lingering issues or impracticalities.

15. The Central Services Department should arrange the installation of acoustical panels to increase the sound dampening for clerical staff during calls.

16. Six months after the Electronic Visit Verification system have been implemented, conduct a survey of lobby visitors to understand parking needs.
If implemented, the 16 recommendations would:

- Add clerical staff and phone system upgrades that would improve the County’s ability to provide support and assistance to IHSS program participants with no added cost to the County;
- Add social worker staff and assignment changes that would bring IHSS into compliance with the State requirements, save staff time, and decrease wait time for IHSS applicants;
- Provide access to specified training that will help Social Workers fulfill their legal responsibility as mandatory reporters and harbor constructive, cooperative, and respectful communication between Social Workers and recipients, and improve the accuracy of assessments overall;
- Change the Social Service Agency's financial practices to prevent future funding opportunities from being missed or wasted; and,
- Make physical modification to IHSS facilities that would improve accessibility for visitors and staff.

IHSS would like to thank the Harvey Rose Auditing Team for their professionalism, patience, wisdom, and countless hours towards a thorough analysis of the IHSS Program. We recognize this was no easy assignment to begin with. The IHSS move from Senter Road to Julian Street, along with the global pandemic, added more layers of complication to the audit completion. IHSS looks forward to implementing the recommendations given the fiscal climate we are currently experiencing.

**IHSS QUALITY ASSURANCE / QUALITY IMPROVEMENT**

The CDSS Quality Assurance (QA) Monitoring Review team conducted a review of Santa Clara County’s administration of the IHSS program in December 2019. The Monitoring Review focused on the IHSS needs assessment process, which provides for the QA monitoring at the state and county levels to improve the delivery of services to recipients and to ensure uniformity in the authorization of those services. State QA staff reviewed a total of 70 cases and conducted two home visits along with IHSS QA staff. CDSS provided a summary of their findings, including the Reassessment Compliance Rate, cases previously reviewed by IHSS QA staff, areas where the county excelled (100% compliant) and areas of concern (below 80% compliant).

**Reassessment Compliance Rate**

Santa Clara County’s IHSS Program was informed that in 59 out of 60 (98.3%) cases that required reassessments, home visits were conducted in a timely manner.
CMIPS II data for the previous year indicated that 80.1% of recipients received timely reassessments. More recent CMIPS II data showed the reassessment compliance had been steadily declining at the beginning of FY 20. By September 2019, the reassessment compliance rate was at 77.8%. During the QA Monitoring Review’s entrance and exit conferences, CDSS reminded us of the requirement to submit a Quality Improvement Action Plan (QIAP) if the average reassessment compliance rate fell below the 80 percent minimum by the end of FY 20.

Conducting timely reassessments continues to be a high priority in Santa Clara County and efforts continue to be made to address all overdue reassessments. Current data has shown that Santa Clara County’s reassessment compliance rate has been increasing since January 2020. The most recent monthly reassessment compliance rate for July 2020 is 80.87% and the expectation is for that number to continue to rise monthly. Santa Clara County IHSS could not be more pleased to be in compliance with CDSS.

Areas in which Santa Clara County Excelled
Santa Clara County was found to be 100% compliant in the following areas by the CDSS Monitoring Review Team:
1. Request for Order and Consent-Paramedical Services forms (SOC 321s) were in the case files where required and signed by the recipient.
2. Alternative Resources were explored.
3. Healthcare Certification forms (SOC873s) were in the case files.

IHSS QA Team-Reviewed Cases (is this the right font)
Twenty-four cases that the IHSS QA team previously reviewed (audited) were also secondarily reviewed by the CDSS Monitoring team. CDSS revealed:

1. In 6 of 24 cases reviewed, State QA identified additional inaccuracies and omissions that were incomplete at the time of the Desk Review. Most significant areas overlooked included:
   o Functional Index rank inconsistent and/or not supported by narrative documentation.
   o Services and/or hours assessed/documented were incorrect. Documentation was insufficient/missing in CMIPS II to support the authorization services.
2. When IHSS QA staff identified areas to be addressed, regulations were applied correctly in 21 of 24 cases.
3. The remediation process outlined in the IHSS Quality Assurance / Quality Improvement (QA/QI) plan was clear, and the Desk Review Tool included a completion timeline and appropriate signatures. The process was followed in 20 out of the 24 cases reviewed.
4. In all 7 county IHSS QA home visit cases reviewed, 5 had no identified issues. One of the 2 home visit cases reviewed had identified issues. All issues identified during the home visit were subsequently addressed appropriately.

**Home Visits with IHSS QA Staff**
The CDSS Monitoring team accompanied IHSS QA staff on two required home visits. A third home visit was scheduled, but due to unforeseen circumstances, it was cancelled and attempts to schedule another visit were unsuccessful.

IHSS QA staff performed a thorough assessment and addressed all the required areas outlined in All County Letter (ACL) 13-110.

**Areas of Concern / Santa Clara County’s Response**
The following were identified as areas of concern, with a score below 80%, by the CDSS Monitoring Review Team:

1. **Services/Hours Assessed and/or Documented Correctly**
   CDSS Concern (Score of 71.7%): In 17 of the 60 cases reviewed, the assessment and documentation for the authorized service task was unclear or incomplete. The main issues included authorization contained IHSS non-compensable tasks, tasks authorized in the wrong service category, narrative lacked documentation to support the assessed service and the comment section contained documentation other than exception language.

   **IHSS Response:** The Assessment Clarification Training conducted in February 2018 reviewed how to appropriately determine service hours and the abolishment of Time Per Task (TPT). This information was reviewed and reiterated during the May 2019 All-Staff Meeting. Additionally, this information was reviewed again in the on-line Monitoring Review Report Back Training in May 2020.
2. Functional Index (FI) Rankings

CDSS Concern (Score of 60%): In 24 of 60 cases reviewed, the assigned FI rank was inconsistent with CMIPS II documentation. The main concerns were that the FI ranks did not match the documented need. The wording used was identical for all service tasks despite the client having different identified needs. Lastly, the documentation did not clearly demonstrate how the FI ranks were determined.

**IHSS Response:** In February 2018, the IHSS QA unit completed an Assessment Clarification Training, which thoroughly reviewed how to appropriately determine FI ranks and the expectation of appropriately ranking the recipient as the first step. Social workers and supervisors were reminded to carefully review the documentation in these areas for consistency before a case is approved. This information was reviewed and reiterated during the May 2019 All-Staff Meeting. Additionally, this topic was reviewed again in the on-line CDSS Monitoring Review Report Back Training in May 2020.

3. Medical Accompaniment/Wait Time

CDSS Concern (Score of 68.3%): In 19 of 60 cases reviewed, Accompaniment to Medical Appointment/or Wait Time was assessed and authorized incorrectly. The areas that needed improvement included lack of documentation to show how Accompaniment to Medical Appointment and Wait Time was assessed and how the hours were determined.

**IHSS Response:** In June 2018, the IHSS QA Unit provided an in-depth training on the specifics of this topic including how Accompaniment to Medical Appointment Time and Wait Time should be determined and documented. In addition, Santa Clara County QA unit requested the CDSS Monitoring Review team to conduct a workshop on this topic. The workshop was conducted during the Monitoring Review Exit Conference in December 2018. Furthermore, the same topic was again reviewed in the May 2019 All-Staff Meeting and additional clarification with case samples were provided via the on-line CDSS Monitoring Review Report Back Training in May 2020.

4. Paramedical Services

CDSS Concern (Score of 68.8%): Of the 14 cases reviewed with Paramedical services authorized, 5 cases had authorized hours that did not match the hours the licensed health care professional (LHCP) indicated in the Request for Order and Consent Paramedical Services Form (SOC 321). A new form should be obtained.
when the IHSS social worker determines that there is a discrepancy indicated on the SOC 321, otherwise, the time indicated on the SOC 321 should be authorized.

**IHSS Response:** The 2019 May All-Staff Meeting highlighted the expectation that the hours indicated on the SOC 321 must match the hours authorized in CMIPS II. It was also clarified that when an IHSS social worker identifies a discrepancy, they are to obtain a new SOC 321 and document their efforts. This topic was reviewed again in the on-line CDSS Monitoring Review Report Back Training in May 2020. Additionally, the IHSS QA staff conducted a Case Review training for social work supervisors in June 2020. This training covered the importance of reviewing the SOC 321 form to ensure the time indicated on the form matched the hours authorized in CMIPS II.

5. **Protective Supervision**

   CDSS Concern (Score of 71.4%): Of the 14 cases reviewed with current Protective Supervision (PS) assessed, 4 cases did not have a current Protective Supervision 24-Hour-A-Day Coverage Plan form (SOC 825) or alternative documentation to show how the 24-hour need for this service was being met.

   **IHSS Response:** In an effort to have social workers appropriately document Protective Supervision cases, Santa Clara County QA unit requested the CDSS Monitoring Review team to conduct a workshop on this topic. The workshop was conducted during the week of the CDSS Monitoring Review in December 2018. This topic was reviewed during the May 2019 IHSS All-Staff Meeting and the on-line CDSS Monitoring Review Report Back Training in May 2020. Additionally, the IHSS QA staff conducted a Case Review training for social work supervisors in June 2020. The training went over the need to have this information in the case before approval.

6. **Cases with Unmet Need**

   CDSS Concern (Score of 0%): In all 4 cases reviewed with unmet need, there was no documentation to verify that the social worker had assessed the availability of other resources or made referrals to address those unmet needs when there were resources available, as required in ACL No. 13-66.

   **IHSS Response:** This topic was reviewed during the on-line CDSS Monitoring Report Back Training in May 2020 and the Case Review Training for social work supervisors in June 2020. Additionally, in June 2020 IHSS QA staff completed an
effort which identified a total of 315 cases to have Unmet Needs in the program. Each of those cases were reviewed to ensure they were correctly assessed and documented.

7. Alternative Resources
   CDSS Concern (Score of 56.3%): In 7 of the 16 cases reviewed that had alternative resources, the alternative resources were not documented and/or the hours were not appropriately adjusted to reflect the availability of the alternative resources.

**IHSS Response:** The Assessment Narrative template was updated in February 2018 to require the social worker to check the indicated box confirming that alternative resources have been discussed with the recipient. If any alternative resources were identified, social workers were instructed to appropriately ensure this information is also reflected in CMIPS II. This topic was again reviewed during the May 2019 IHSS All-Staff Meeting and the on-line CDSS Monitoring Review Report Back Training in May 2020.

8. Sexual Orientation and Gender Identity (SOGI) Requirements
   CDSS Concern (Score of 41.7%): In 7 of 12 initial cases reviewed SOGI requirements were not met. Even though applicants are not required to respond to the SOGI section of the Application for IHSS (SOC 295), the SOGI fields must be completed in CMIPS II. In most cases those fields were left blank or the information entered in the CMIPS II field was inconsistent with that provided on the application.

**IHSS Response:** The July 2018 and the January 2019 All-Staff Meetings reviewed ACL 18-77 regarding the impact on IHSS. Staff was informed about the updated version of the SOC 295, changes to the way we collect voluntary gender identity and sexual orientation information for new applicants, how to accurately complete the SOGI section of the SOC 295 and the expectation to enter the corresponding information in the SOGI fields in CMIPS II. The CDSS Monitoring Review Report Back Training in May 2020 also covered this topic in detail. Additionally, in February 2020 social work staff was required to participate in the CDSS Training Academy Discussing Sexual Orientation and Gender Identity (SOGI) with IHSS Applicants online course. This course provided guidance to IHSS social workers in the collection of information related to the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act (Assembly Bill 959) in the IHSS program. This course further included an overview of the revised SOC 295 (9/18), systems (CMIPS) updates, and best
practices on how to present and discuss the collection of this SOGI data information with applicants.

9. IHSS Forms
   CDSS Concern (Score of 0%): In all 14 cases reviewed that had an authorized representative, the Designation of Authorized Representative form (SOC 839) was missing or was inadequately completed.

   **IHSS Response:** The IHSS QA unit developed an on-line Designation of Authorized Representative Training, which was made available to case management staff in April 2020. This mandated training provided an overview of ACL 18-59 regarding the implementation of the new Authorized Representative form. The training defined an Authorized Representative and other important CMIPSII contacts, thoroughly reviewed how to complete each portion of the SOC 839 form and document in CMIPS II and provided resources for social work staff. Additionally, the CDSS Monitoring Review Report Back Training conducted in May 2020 reviewed this topic again.

The CDSS Monitoring team findings, including the identified areas of concerns, were shared at a leadership meeting in April 2020 and a specific CDSS Monitoring Review Report Back Training was made available to all social work staff in May 2020. In addition, subject specific trainings were offered to cover the more challenging topics including Authorized Representatives and SOGI. Areas of concerns identified continue to be monitored and discussed at monthly IHSS Leadership Team Meetings and incorporated into monthly All-Staff training sessions with social work staff.

For the current fiscal year, Santa Clara County’s next CDSS Monitoring review is scheduled to occur December 1-4, 2020. We will have 70 cases reviewed including 10 denied cases and three home visits conducted with the CDSS Monitoring QA reviewers. In this past year, updates and changes have been made to advance our program functioning, which has translated to an improvement in the quality of service and support to our recipients. We are excited to share our progress with the CDSS Monitoring team and look forward to their upcoming visit.
IHSS PUBLIC AUTHORITY

The Santa Clara County IHSS Public Authority is managed via contract by Sourcewise, with a final amended FY20 budget of $2,439,130. 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
4. Providing access to training for recipients and providers of IHSS
5. Providing enrollment processes for all new providers.

COVID-19 Pandemic Response

In February 2020, the global outbreak of the novel coronavirus changed the lives of everyone dramatically. In March 2020, the Public Authority began making changes to many of its procedures and took precautionary actions to help slow the spread of the virus in the community.

Outlined below is a summary of emergency response actions made by Public Authority and procedure updates enforced to ensure Public Authority continued to meet the evolving needs of the community caused by the COVID-19 pandemic, including social distancing and implementing the shelter-in-place guidelines enacted in Santa Clara County and state-wide.

When California announced the shelter-in-place directive on March 17, 2020, the Public Authority staff held remote team meetings and developed procedures to best serve IHSS consumers and providers. As the shelter in place directive developed so did the procedures to reinforce access to Public Authority services.
The process for providers enrolling into the IHSS program transitioned from in-person enrollment appointments and group orientation meetings to a completely virtual procedure.

The Public Authority website—pascc.org—was updated to include a page dedicated to COVID-19 information. The webpage includes video demonstrations for individuals to learn how to properly put on and remove PPE and offers website links to helpful resources.

Public Authority cancelled in-person care provider training classes to encourage compliance with social distancing and the shelter-in-place directive.

Public Authority Care Coordinators suspended home visits and transitioned to provide remote assistance via telephone, email, and mail.

In early April, a postcard was mailed to all 26,855 IHSS providers working in Santa Clara County at the time, and an article was written in the spring issue of The Consumer Connection newsletter—highlighting health and safety tips to avoid spreading viruses.

In mid-April, the recruitment process for care providers to the Public Authority Registry shifted from including in-person interviews and Registry Introduction Training (RIT) sessions to virtual interviews conducted via telephone and online “eRITs.”

Public Authority Benefits staff monitored providers’ qualifying hours and ensured providers who fell below the established thresholds did not lose their medical, dental, and vision coverage if reduction in hours was caused due to COVID-19.

In early April, Public Authority launched the Emergency Backup Registry to ensure consumers who lost their regular provider due to COVID-19 related reasons did not go without care.

Toward the end of April, Public Authority received and began distributing PPE provided by the California Department of Social Services (CDSS) and the Santa Clara County Emergency Operations Center. Between April and June 30, 6,080 masks and 8,500 pairs of gloves were distributed to IHSS providers. Towards the end of May, CDSS eased PPE distribution guidelines to include all IHSS providers and not limit PPE only for those working with a COVID-19 positive/symptomatic recipient. In addition, IHSS recipients could also
request PPE for themselves. Before the end of June, Public Authority distributed 180 masks to IHSS recipients.

**Registry**

Public Authority Registry (the Registry) is a mandated element of the Public Authority Services; established for the purpose of assisting IHSS recipients to find and hire qualified, prescreened Independent Care Providers (providers). Recipients who typically access the Registry may not have family members or friends available to assist the recipient with their activities of daily living. Recipients may also have a need to hire additional providers to receive the care they need.

The Registry helps recipients by providing a tailored referral list of providers who match the needs and preferences of the recipient, as closely as possible, such as schedule required services needed and geographic location.

The Registry provides the service by maintaining an electronic database of experienced providers who have met the following requirements:

- Complete an in-person interview with a member of the Public Authority staff
- Provide two positive references, who have been contacted and verified
- Attend a 3 1/2-hour Registry Introduction Training
- Complete the State-mandated enrollment process, including passing a Department of Justice criminal background check.

Information about a provider's skills, preferences, schedule availability, and geographic preferences are maintained and updated monthly to provide recipients with an accurate list of available providers who meet the recipient’s specific needs. Public Authority implemented automated email and text messaging check-in reminders which has helped the registry staff with this monthly process. Over 90% of providers opt-in to receive email and/or text message check-in reminders.

The COVID-19 pandemic created unique challenges and the Registry team adapted quickly to comply with the shelter-in-place directive while continuing to serve the IHSS population. There was a time of resistance from recipients, providers, and partnered agencies wanting to use the Registry. Fear of contracting COVID-19 caused some recipients to refuse IHSS services from their regular providers and some providers refused to accept the risk of
providing services. Once PPE became available to distribute to the providers, the Registry immediately began doing outreach to provide PPE to registry providers.

In FY19-20, the Registry created 4241 individual referral lists and made 666 matches. 598 new recipient referrals/intakes were made. At the end of the fiscal year, there were approximately 395 vetted providers on the Registry. Registry recruitment continues to be a challenge especially in certain geographic regions of the County (Mountain View, Palo Alto, Los Altos, Morgan Hill and Gilroy – north and south county primarily).

Care Coaching is an enhanced service of the Registry, which focuses on assisting recipients who experience significant challenges with their employer responsibilities, including interviewing, hiring, training, and even supervising their providers. These recipients require guidance and assistance to successfully manage the complexities of being an employer due to physical limitations, mental disabilities, or other specific issues, making one-on-one assistance necessary.

Recipients are paired with one of the four Care Coordinators (CC) who conduct in-home visits, explain the IHSS process, and introduce the recipients to what Care Coaching can do. The recipient is not obligated to agree nor accept assistance from a CC.

By working closely with the recipient, the CC also has the ability to identify additional gaps in services and refer the recipient to community resources, such as case management programs, Meals on Wheels, and the Health Insurance Counseling & Advocacy Program.

In FY 19-20 Care Coaching received 216 new referrals, an increase from the previous fiscal year. They completed 296 home visits, even with the challenges of conducting home visits and provider interviews over the phone via conference calls. The program’s growth came not only from new referrals but from returning recipients. Recipients in the Care Coaching program who need to replace their provider or need to hire additional providers often request assistance from their CC.

Recipients who are capable of completing the hiring process on their own are transitioned to the Registry for future provider list requests.

The Urgent Care Registry (UCR) ensures that In-Home Supportive Services recipients have access to a safety net should they find themselves unexpectedly without care. Personal emergency or illness by the provider can create a stressful and alarming situation
for a recipient, especially when the individual does not have a back-up plan in place for their care.

To be eligible for UCR, recipients must be authorized for at least 50 hours of IHSS services, be approved for and have an urgent need for personal care tasks, such as bathing, bowel and bladder care, and transfers. A replacement provider is provided on a short-term basis to assist the recipient with their urgent needs to ensure their safety and well-being and to prevent trips to the emergency room. 207 UCRs hour were utilized in FY19-20.

In April 2020, the Public Authority launched the Emergency Backup Registry (EBR), a new mandated state function, to assist IHSS recipients directly or indirectly impacted by the COVID-19.

The EBR focuses on assisting recipients who have been exposed, infected and/or impacted (i.e. losing their caregiver due to COVID-19 related reasons) by the pandemic. The service has a dedicated phone line for requests for an emergency backup provider and Registry staff are available to answer the phone from 8 a.m.–8 p.m., Monday–Sunday.

If an IHSS recipient needs an Emergency Backup Registry Provider because their existing provider cannot assist them for one of the COVID-19 qualifying reasons, an IHSS Social Worker, recipient, or authorized representative of a consumer can complete and submit an EBR request form via email. EBR requests can also be made via telephone after business hours.

When an EBR request is received, a Registry Specialist completes an intake form to learn about the recipient’s needs and services, as well as determine how many authorized hours are available for an EBR provider to work during the current month.

Once an intake is processed, an EBR provider is assigned to work with the recipient. The EBR provider brings the forms necessary for officially designating them as a provider on the recipient’s case with them on their first day of work. These forms trigger the IHSS payroll system to generate timesheets for the provider.

EBR providers are recruited from the current pool of Registry providers and at the end of FY19-20 there were over 50 providers on the EBR. When a provider works hours for an EBR recipient they are paid at a higher differential wage than providers working for non-EBR recipients.
Registry staff conduct weekly check-ins with both the recipient and the provider to ensure needs and expectations are being met. This includes ensuring the EBR provider has the PPE needed to perform IHSS tasks in a safe and effective manner.

When an EBR assignment comes to an end, the EBR provider is unassigned from the recipient’s case and the differential pay is ended. Registry staff conduct a final follow-up with both recipient and provider to gather any feedback. From April to end of June 2020, 125 EBR hours were utilized.

**Training Recipients and Providers**

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 nine different locations in four cities. Classes are designed to enhance the skill set of providers in providing quality care for their IHSS recipients maintaining a recipient directed model.

Public Authority Services provides training classes for providers through a curriculum developed specifically to follow and reinforce the IHSS based recipients directed model of care. In FY19, Public Authority Services offered 149 classes, trained 1,620 providers and issued 33 certificates of completion to providers who finished all nine Series 1 Certificate classes and 16 certificates of completion to providers who completed all six Series 2 Certificate classes. Vietnamese training for CPR, First Aid, Nutrition and Understanding Diabetes were added to the class schedule in FY19-20.

Due to COVID-19, Public Authority cancelled 52 scheduled classes. Approximately 536 providers were registered for one or more of these cancelled classes.

Had classes not been cancelled and the 536 providers withdrawn from their registered classes, Public Authority would have seen the highest number of providers registered and trained in the past four years. This increase in registrations was due largely to the new In-Home Supportive Services Provider Training Incentive Payment Program that rolled out at the beginning of FY 19/20. The new incentive program aims to motivate providers to attend training classes and receive $25 compensation for each IHSS care provider training class they complete, until the incentive payment budget is exhausted for the calendar year. The incentive payment goal is to supplement income lost for time taken off work to attend class.
The curriculum offers 15 classes:

Series 1 Certificate classes:
- CPR
- First Aid
- Understanding Diabetes
- Last Phase of Life
- Mental Health
- Nutrition
- Personal Care
- Safety and Infection Prevention
- Safe Lifting and Transferring

Series 2 Certificate classes:
- Alzheimer's Basics
- Cancer Care Basics
- The Skilled Care Provider
- Caregiver Stress Management
- Emergency and Disaster Preparedness
- Falls Prevention

In addition to the Training Incentive Payment program, starting in July 2019, providers could apply for the Life Enhancement Fund which provides reimbursement up to $500 per calendar year for tuition and textbooks for taking classes beyond those offered by Public Authority Services. To be reimbursed for classes offered outside of the Public Authority Services curriculum, the provider must apply for the Life Enhancement Fund at least one month prior to the beginning of the class. Classes must meet certain criteria and must enhance the wellness or effectiveness of the provider while caring for the recipient.

The Public Authority is also mandated to provide access to training for recipients. Training resources are available on the Public Authority website www.pascc.org 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
In FY19-20, information about the switch to electronic or telephonic timesheets, Electronic Visit Verification for IHSS providers, COVID-19 Emergency Backup Care Provider Program, and information about COVID-19, including videos on how to correctly put on and take off personal protective equipment was posted to the site.

The Consumer Connection quarterly newsletter was mailed to all IHSS recipients. A total of 102,392 newsletters were mailed to IHSS recipients in FY19-20. 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 providers.

Overtime and Timesheet Training

Public Authority Services continued to offer trainings to providers via telephone on the topics of paper timesheets and overtime in FY19-20. Assistance was provided to 49 individuals who required in-depth personalized training for overtime and/or timesheet issues in FY 19-20.

To assist providers and recipients to better understand how to correctly complete and submit paper timesheets and avoid common mistakes that may delay pay or result in an overtime violation, Public Authority created and released a paper timesheet training video in 2017.

The video has been viewed 105,584 times since its release and 49,351 of those views took place during FY 2019/2020. On March 2, 2020, the video was removed from YouTube and pascc.org to reduce confusion while the transition to electronic timesheets takes place.
IHSS Provider Enrollment Process

Public Authority Services is responsible for administering the enrollment process of providers into the IHSS program for Santa Clara County. An individual providing care services must complete several steps as required by law to become eligible for payment as an IHSS provider. To be eligible for payment by the IHSS program, providers must:

1. Complete an application form and agree to the terms and conditions of the IHSS program
2. Provide their Social Security Card and government-issued photo ID (to be scanned and maintained in their electronic file)
3. Attend an in-person orientation on the IHSS program
4. Sign a document confirming understanding and compliance with program rules
5. Be fingerprinted and pass a Department of Justice (DOJ) criminal background check

Currently, over 26,797 providers make up the IHSS workforce in Santa Clara County and 74% of the recipients are cared for by a family member. A large number of providers join or leave the program every month. Typically, around 400-500 new providers were enrolled every month. We are pleased to report that even with significant changes due to COVID-
19, provider enrollment per month is similar to last year; 5,386 in FY18-19 and 5,346 in FY19-20.

Public Authority Services continues to use Registration, Enrollment, Verification, Appointment database system (REVA) exclusively for online provider enrollment. Since the shelter-in-place, group orientation meetings that include the Union are suspended until further notice. Fortunately, providers are able to fully complete the enrollment process as LiveScan locations across the county have remained open for fingerprinting, unlike other counties who have had to use an alternate name check process.

MOA with SEIU Local 2015
The current (MOA) with the union expires January 2021.

Wages effective February 1, 2020 were raised to $14.62. A wage supplement of one dollar per hour will be added to the base wage which results in the wage always remaining at least $1 above the State minimum wage once it reaches $15/hour.

The MOA also includes payment for union activities on a limited basis for a maximum of 8 member representatives up to 8 hours per month at the current hourly rate.

Since the shelter-in-place order, the union receives weekly reports on all enrolled providers and the amount of state supplied PPE that was distributed to care providers.

Provider Benefits

<table>
<thead>
<tr>
<th></th>
<th>Valley Health Plan</th>
<th>Liberty (dental) / VSP (vision)</th>
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<tr>
<td>June 2019</td>
<td>11,797</td>
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<tr>
<td>June 2020</td>
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<tr>
<td>Percent Growth</td>
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Special exceptions were implemented for providers who may be at risk of losing their medical benefits if COVID-19 is the reason for a loss of pay that normally would terminate their benefits. Special notices are mailed with all benefits warning and termination letters explaining the special protections offered during the COVID-19 pandemic. This additional process to protect IHSS provider medical benefits was quickly implemented by Public Authority staff at the request of the Santa Clara County Board of Supervisors in mid-May.
Providers are also eligible for a Valley Transit Authority (VTA) SmartPass for use on buses and light rail throughout Santa Clara County. The Public Authority issued 21,892 Smart Pass Cards this year.

**Continuous Process Improvement**

To accommodate the significant ongoing growth in the IHSS recipient and provider population, Public Authority Services continuously reviews and updates processes to improve efficiency and apply technology for better customer service. This applies to all aspects of effectively serving the needs of IHSS recipients in Santa Clara County.

The COVID-19 pandemic has required Public Authority staff to quickly invent new processes to allow ongoing services, including: shifting provider enrollment to a virtual environment; reactivating terminated benefits for providers who lost them due to hours being reduced for COVID-19 reasons; transitioning aspects of Registry provider recruitment from in-person to virtual means; suspending home visits for Care Coordinators and shifting to assistance via telephone; building an Emergency Backup Registry from conception; creating a system to distribute Personal Protective Equipment to providers and consumers; and various changes to our daily workflow while Public Authority staff work remotely from home.
Effective May 1, 2020, as part of wave five, Santa Clara County implemented Electronic Visit Verification. Although CDSS has not made a formal announcement, there is an expectation that by the end of 2020, paper timesheets will go away for the entire state of California. For all those who have still not enrolled by the end of the calendar year, they will be enrolled in Telephonic Timesheets by default. As of this writing, there are approximately 6,000 recipients and providers who will be impacted and could possibly be calling our main line for additional clarification and complaints. Santa Clara County IHSS is preparing for this implementation date by conducting outreach and aiding all those who may need help in enrolling. We are actively engaging in outreach practices that have been successful in other counties and learning from what has and has not worked to enroll their recipients and providers in electronic timesheets including translation of materials.

We are asking for the assistance of the Board of Supervisors in helping communicate to providers and recipients that paper timesheets will be replaced by electronic timesheets and the sooner they enroll, the more seamless the transition of EVV. We believe that by working together, we can bring electronic timesheet enrollment rates up to 100% by December 31, 2020.

IHSS will be working hard to implement many of the recommendations from the Harvey Rose audit. Steps have already been initiated to develop a training curriculum for staff. These trainings will continue annually and sometimes every other year to ensure our staff are receiving the most up to date information and given the tools they need to successfully work with their recipients and providers.

IHSS recognizes that staff augmentation as recommended by the Harvey Rose audit will prove to be difficult, at best, because of the budget deficit we are experiencing. IHSS is committed to maintaining the highest level of performance and compliance while also understanding that there will be many fiscal limitations.

The global pandemic has been an opportunity for IHSS to become more innovative in a very short period. As discussed previously, IHSS has become more efficient because of implementing telework for almost all staff, conducting annual reassessments by phone through December 31, 2020, and keeping the lobby closed until possibly 2021. IHSS management is committed to keeping safety and health as the highest priority for its
recipients, providers, and staff. IHSS is looking for support to continue to telework in the long term with flexibility in work schedules to retain staff, maintain compliance and efficiencies. The entire IHSS program is motivated during these challenging times to improve in customer service, increase in compliance, and be a leading county through innovation and technology.

Attachments

Attachment 1: Harvey Rose Report
Attachment 2: Quality Assurance Monitoring Review
APPENDIX

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 Recipients 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 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.

Eligibility

To be eligible for IHSS, a person must be aged, blind or disabled and usually have monthly income at or below $1064.00 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 Provider 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 considers 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 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>
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<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>

**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.