



# **In-Home Supportive Services**

## **IHSS**

### **Annual Report**

### **2019**

Santa Clara County Social Services Agency

Department of Aging and Adult Services

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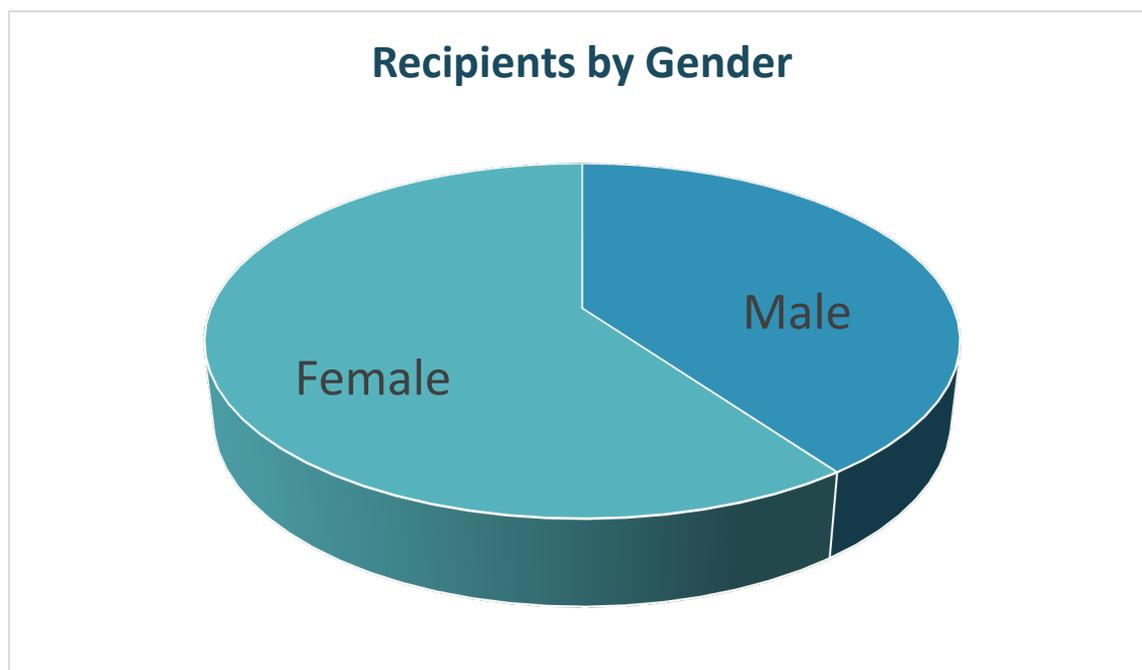
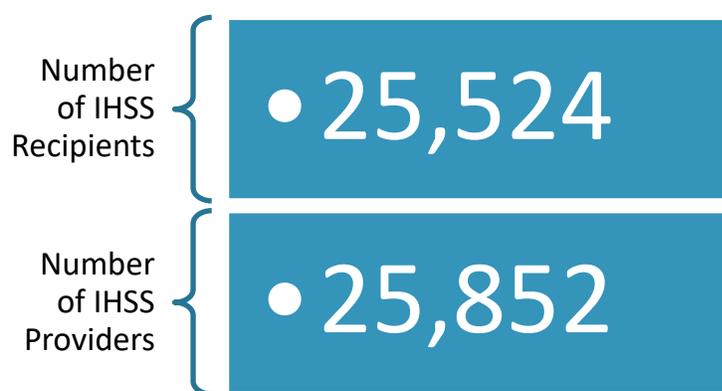
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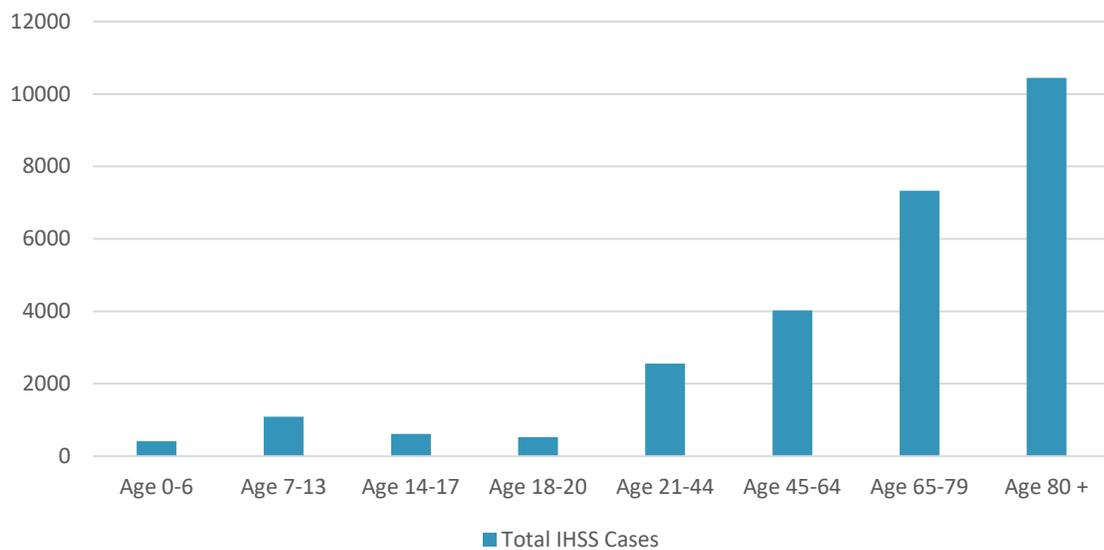
## SANTA CLARA COUNTY'S IHSS PROGRAM

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).

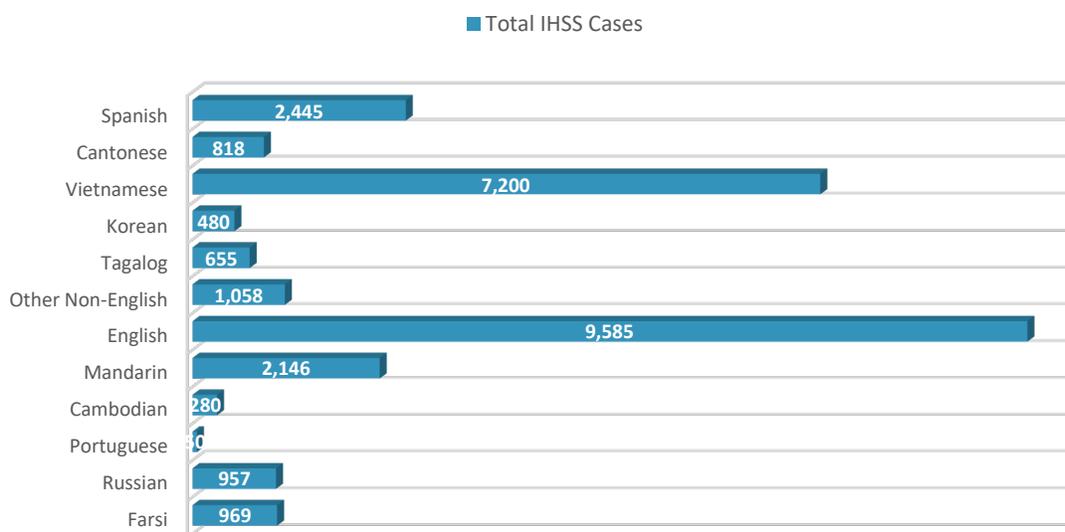
### IHSS at a Glance

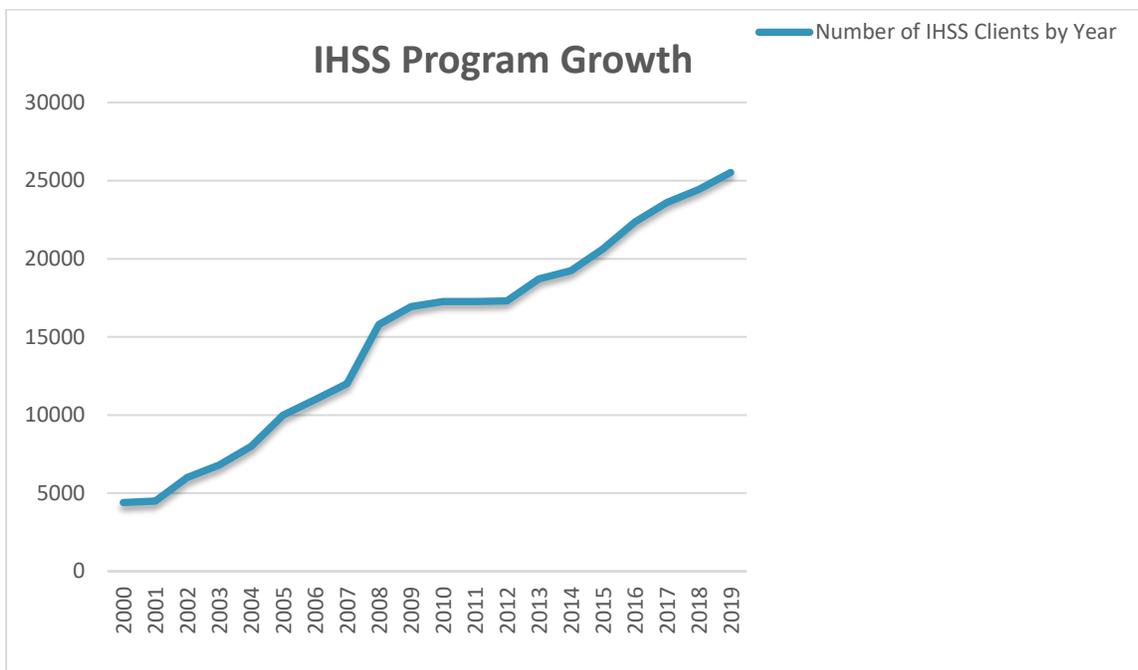


## Recipients by Age



## Language Spoken by Recipient





Since the last report to CSFC, the county's IHSS caseload has increased from 24,431 to 24,524 (4.5%). According to statistics, IHSS will grow with each passing year due to our aging community.

Currently, there is a shortage of staff, largely in clerical support. While IHSS has more than doubled its social worker staff in the past several years, clerical staff has not grown with caseload numbers (only 8.5% growth in the past 11 years). IHSS has not received approval for additional clerical positions to manage the paperwork, scanning, timesheet errors, phone calls, or lobby visits. To remedy this, IHSS has received approval over the years to hire Extra Help clerical to fill the gaps and has even been creative to hire and train part-time students, interns, and Cal Works recipients who are in need of temporary and part time work.

## IHSS Staffing

Position	Number	Type of Assignment
Clerical Support	19	Reception/Call Agents/Scanning/Mail
Administrative Assistants	2	Administrative Coordination
Payroll/Data Specialists	17	Provider Payroll
Application Readiness	9	Prepare for Intake
Fair Labor Standards Act (FLSA)	5	Provider Overtime Pay
Case Management Social Workers	85	In-Home Assessments
Management Analyst	1	Records Production
Social Work Supervisors	10	Supervise Social Workers
Quality Assurance Analysts	6	Case Reviews/Program Integrity
Eligibility Work Supervisor	1	Supervise Application Readiness
Office Management Coordinator	1	Clerical Manager
Administrative Support Officer I/II/III	1	Payroll Manager
Social Services Program Manager I	1	Application Readiness / FLSA Manager
Program Manager I/II	1	Quality Assurance Manager
Social Services Program Manager I/II	1	Case Management Manager
Social Services Program Manager III	1	IHSS Program Manager
<b>Total</b>	<b>161</b>	

IHSS received approval to hire four social workers as part of FY 20 budget. The social workers will work in Case Management where they will manage a caseload and conduct annual reassessments.

All 85 case management social workers share an equitable distribution of the IHSS caseload. Equitable distribution of the monthly intake applications also takes place among the nine case management units. Caseload size is approximately 350 cases per social worker. Ongoing meetings are scheduled between Management and Labor to address efficiencies wherever possible.

We are extremely grateful to have the four additional social workers, but it is not nearly enough. In September 2019, Santa Clara County dipped below the minimal overdue reassessment compliance with the California Department of Social Services (CDSS). With 350 cases per social worker and the workload limitations posed by Labor's Side letter and

pending union contract, it will be impossible to reach compliance with the State without additional social workers. Overtime, Extra Help hires, and data cleanup projects will not remedy this problem. Santa Clara County had maintained compliance with CDSS for over 3 years prior to September 2019 because we had enough staff to do the minimal annual reassessment home visits. However, we have only hired 4 social workers in 3 years' time which does not match the trend of new incoming IHSS referrals.

## THIS YEAR'S HIGHLIGHTS

### 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 the date 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 implantation 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 year, California has carefully

considered feedback from the stakeholder community, best practices and the State's capacity to implement EVV to 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 will be leveraging and enhancing the existing Electronic Timesheet System (ETS), now referred to as the Electronic Services Portal (ESP), and the Telephonic Timesheet System (TTS). This approach can be accomplished with current vendors which minimizes development and implementation costs. Providers and recipients will be able to access the EVV system through an online ESP web portal that can be used on any device with internet access or 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 will be 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 will 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 and will implement May 1, 2020. This means effective May 1, 2020, paper timesheets are going away. Providers and recipients must be enrolled by this time in Santa Clara County. See ESP enrollment rates for Santa Clara County below (June 2019 data).

32%

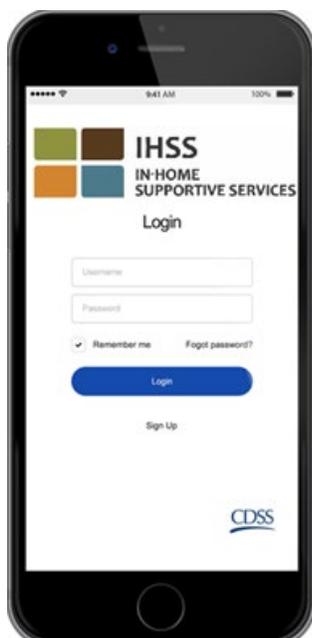
- Providers enrolled in electronic timesheets

31%

- Recipients enrolled in electronic timesheets

## Electronic Timesheet Outreach

Although electronic timesheets have been available for over 2 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 will help avoid errors. The ESP will catch errors by notifying the user that an error has been made with respect to missing signature, number of hours claimed, and will even catch errors entered for overtime claims. This has already helped reduce overtime violations.



IHSS also mailed post cards explaining briefly that paper timesheets are going away effective May 1, 2020. On the post card are easy short steps how to log into to 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 significantly in increasing the enrollment rates.

## 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, 49.69% 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.

## UBT (Unit-Based Teams) Wave VI: IHSS Matchmakers

Each month, the IHSS program receives over 500 new referrals from the community and approximately 350-400 of the referrals are processed for assignment to an IHSS social worker to conduct an initial in-home assessment for services. To maximize programmatic efficiency and to minimize household disruptions, the IHSS support staff work diligently to identify and batch together potential recipients who live in the same household and have

these referrals assigned to a single social worker. These types of referrals have been coined “companion cases.” Due to a variety of circumstances, as many as 10 referrals each month are not appropriately identified and/or not appropriately assigned. This means the companion cases would be assigned to two separate social workers necessitating the need for two separate home visits.

To ameliorate these omissions, the IHSS program submitted an application for the Wave VI UBT and was accepted to participate. The name of the IHSS UBT is the IHSS Matchmakers

and the title accurately reflects the project focus of improving the identification and assignment of IHSS companion cases. With UBT, the IHSS program has embarked on a mission to work collaboratively with its team members to solve a problem while simultaneously improving performance and enhancing service delivery.



The IHSS program sent a call for participation and received a significant response from its staff. As such, the current UBT team reflects all aspects of the IHSS program as it relates to companion cases. There are three team leads (1 Social

Worker; 1 Eligibility Work Supervisor; 1 Social Services Program Manager) and nine core members (3 Social Work Supervisors; 2 Social Workers; 1 Program Services Aide; 1 Client Services Technician; and 1 UBT facilitator). The team sponsor is the DAAS Director and the team has received the endorsement to advance the organizational priorities of optimizing the IHSS social workers’ workload and improving the recipients’ and their family members’ in-home experience with IHSS.

At the time of this writing, the UBT team has selected a project, identified the measures, and the goals have been set. In the coming months, the next steps are to develop ideas for improvement, testing the ideas, operationalizing the requisite modifications and ultimately, seek new opportunities for operational excellence. With a target of completing this project by November 2019, the IHSS program is confident that the expected changes will foster a sense of innovation with regards to customer service that will empower and engage the IHSS staff and community.

## IHSS Moved to 353 West Julian Street



Building construction completed at the Julian Street Campus in San Jose where IHSS is now housed effective October 7, 2019. The entire IHSS program is situated on the 5<sup>th</sup> floor of the new building. The rest of DAAS (Adult Protective Services, Public Guardian's Office, Senior Nutrition, and Seniors' Agenda) moved to the

4<sup>th</sup> floor of the new building so that all of DAAS is now located under one roof.

We notified all 50,000+ recipients and providers via double sided postcards in order to continue to deliver seamless services. The other side of the postcard reminded recipients and providers that paper timesheets are going away and provided easy instructions how to enroll for electronic timesheets.

The new building showcases the IHSS lobby on the first floor with 4 lobby windows so that we may continue to speak to recipients and providers in various languages.

## IHSS QUALITY ASSURANCE / QUALITY IMPROVEMENT

### Reassessment Compliance Rate

Santa Clara County's IHSS program was commended for sustaining a high annual reassessment compliance rate. In 59 out of 60 (98%) cases reviewed, the reassessments were conducted in a timely manner. Conducting timely reassessments continues to be a high priority in Santa Clara County as evidenced by the CMPIS II data from July 2017 through June 2018, showing that 84.4% of recipients received timely reassessments.

### IHSS QA Team-Reviewed Cases

Twenty-four cases that the IHSS QA team previously reviewed were also secondarily reviewed by the CDSS Monitoring team. CDSS revealed:

1. Incomplete documentation detailing Functional Index (FI) rankings and justifying service authorizations
2. Missing or insufficient exception language for when the assessed hours were under/over the Hourly Task Guidelines (HTG)
3. Insufficient documentation on how assessed hours were calculated
4. Wait time for Medical Accompaniment was assessed or authorized incorrectly
5. When IHSS QA staff identified areas to be addressed, regulations were applied correctly in all 24 cases
6. The remediation process outlined in the IHSS Quality Assurance / Quality Improvement (QA/QI) plan was followed in 23 out of the 24 (96%) cases reviewed
7. In all 3 county IHSS QA home visit cases reviewed; all issues identified during the home visit were addressed appropriately.

### Home Visits with IHSS QA Staff

The CDSS Monitoring team accompanied IHSS QA staff on three home visits for cases which were identified as requiring a home visit. 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 six areas were identified as areas of concern by the CDSS Monitoring review team:

### 1. Assessment and Documentation of Authorized Hours

CDSS Concern: In 20 of the 60 (33%) cases reviewed, the assessment and documentation for the authorized service task was unclear or incomplete. The two main issues included, authorized time for a service task was incorrectly applied to the service category and “time-per-task” (TPT) calculations continued to be utilized.

**IHSS Response:** The Assessment Clarification Training conducted in February 2018 reviewed how to appropriately determine service hours and the abolishment of TPT. This information was reviewed and reiterated during the May 2019 All Staff Meeting.

### 2. Functional Index (FI) Rankings

CDSS Concern: In 23 of 60 (38%) 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 and 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.

Two of the main concerns noticed included:

**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 revisited and reiterated in an IHSS All Staff training conducted in May 2019.

### 3. Medical Accompaniment/Wait Time

CDSS Concern: In 35 of 60 (58%) cases reviewed, Accompaniment to Medical Appointment/or Wait Time was assessed and authorized incorrectly. The areas that needed improvement included cases lacking documentation to show how the Accompaniment to Medical Appointment time and how the Wait Time 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, at the May 2019 All Staff Meeting, additional clarification with case samples was provided to all social work staff.

#### 4. Paramedical Services

**CDSS Concern:** Of the 14 cases reviewed with Paramedical services authorized, 6 (43%) 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 IHSS All Staff Meeting in May 2019 highlighted the expectation that the hours indicated on the SOC 321 should match the hours authorized by the social worker. It was also clarified that when an IHSS social worker identifies a discrepancy, they should obtain a new SOC 321 and document their efforts.

#### 5. Protective Supervision

**CDSS Concern:** Of the 15 cases reviewed with current Protective Supervision (PS) assessed, 8 had insufficient documentation to justify the authorization.

**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 2019.

#### 6. Alternative Resources

**CDSS Concern:** Although alternative resources were appropriately identified and documented where applicable, in 7 of the 15 (47%) cases reviewed, the hours authorized for purchase were not reduced to reflect the availability of the resources in the CMIPS II.

**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.

The CDSS Monitoring team findings, including the identified areas of concerns, were shared with all levels of the program during the May 2019 IHSS All Staff meeting. Additionally, subject specific trainings were offered to cover the more challenging topics which were delivered in small group sessions. Areas of concerns identified continue to be discussed at monthly IHSS Leadership Team Meetings. This information also continues to be incorporated into monthly All Staff training sessions with social work staff.

For the current year, Santa Clara County's next CDSS Monitoring review is scheduled to occur December 3-6, 2019. We will have 60 cases reviewed and three home visits conducted with the CDSS Monitoring QA reviewers. In this past year we made some updates and changes 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 FY19 budget of \$2,217,391. 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.

## 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 is able to help 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 on a monthly basis in an effort to provide recipients with an accurate list of available providers who meet the recipient's specific needs.

The Public Authority implemented Care Coaching July 1, 2015 as part of the Registry services. Care Coaching provides help for recipients who require assistance with the responsibilities of being an employer. Four Care Coordinators are assigned cases as referrals come in. They help recipients with scheduling provider interviews, coach recipients on how to conduct interviews, establish work schedules, set expectations and problem solve. Care Coordinators also help by 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 180 referrals during fiscal year 2019. Referrals primarily come from APS, IHSS and the two health plans, Anthem Blue Cross and Santa Clara Family Health Plan. There was a significant increase in the number of returning recipients resulting in 364 compared to 204 for the previous year.

## 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 five different locations. 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 provided 130 classes training 2,053 providers and issued 62 certificates of completion to providers who finished all nine Series 1 certificate classes.

In June 2017, Public Authority Services began issuing a Series 2 certificate of completion to providers who have completed the six most recently incorporated class subjects. The Series 2 certificates were issued to 24 providers who have completed those classes to date. One issue that has been ongoing is the high number of providers who fail to show up for classes they preregistered for even though conformation letters are mailed as a reminder.

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

The Public Authority is also mandated to provide access to training for recipients. The challenge in accomplishing this exists based on recipient availability and capacity to attend in-person group training sessions. Public Authority Services addressed this challenge by continuing to offer monthly phone conferences, “Call and Connect” sessions, through April 2019. Call and Connect sessions provided convenient training opportunities for recipients and are offered via a toll-free number.

Session topics provided were:

- Keeping Cool and Staying Active
- Preventing Falls
- Understanding Provider Sick Leave
- Planning and Managing Provider Hours Each Month
- Diabetes Prevention
- Finding, Hiring, and Managing Providers
- IHSS, Social Workers, and Public Authority Services: Who Does What

Due to the many challenges for recipients to participate and highly reduced registration for the Call and Connect sessions during FY 2018/2019, the sessions have been discontinued. Alternative methods for recipient training are being explored but many hurdles remain.

Additional training resources are available on the Public Authority website [www.pascc.org](http://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

The Recipient Connection quarterly newsletter was mailed to all IHSS Recipients. 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](http://www.pascc.org).



## The Consumer Connection

Summer 2019

Public Authority Services  
by Sourcewise

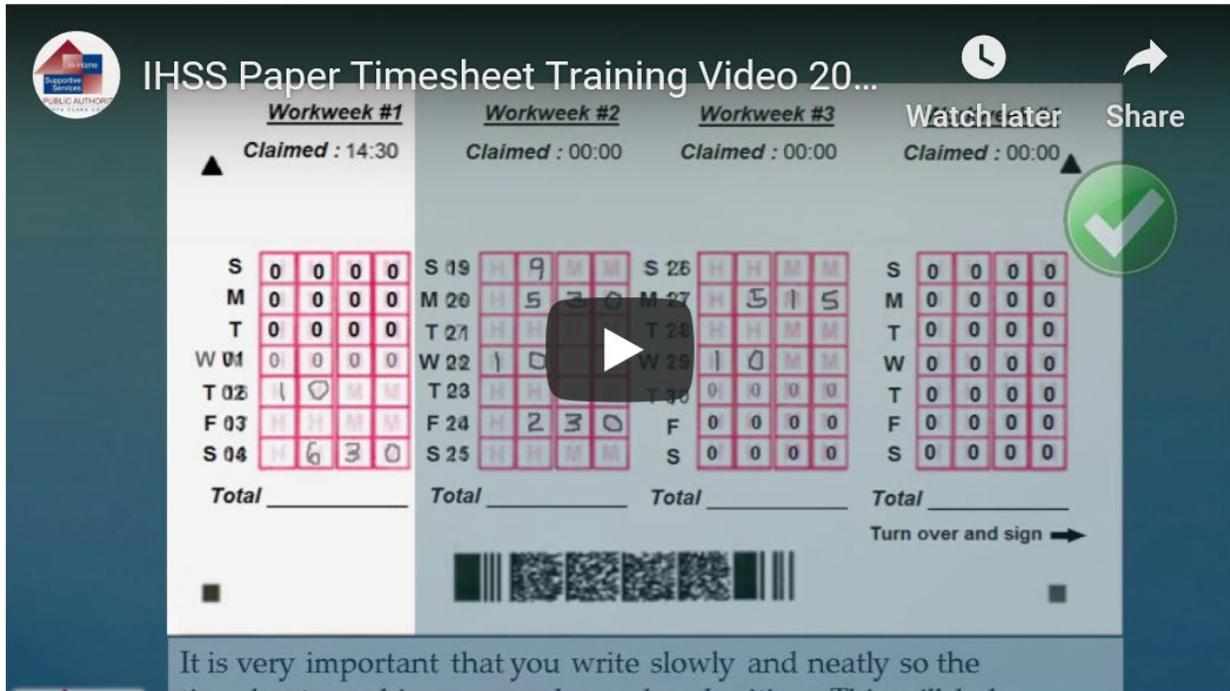


### Overtime and Timesheet Training

The IHSS program began paying overtime and travel time to providers under the Fair Labor Standards Act (FLSA) regulations beginning with the February 2016 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.

Public Authority Services continues to offer training on the topics of overtime and travel time via telephone to providers and recipients. In FY19, Public Authority Services provided assistance to 221 providers via telephone.

In May 2017, Public Authority Services released a timesheet training video to assist providers and Recipients to better understand how to correctly complete and submit their timesheets and how to avoid common mistakes that may delay pay or result in an overtime violation. The timesheet video was viewed 49,351 times during FY 19.



## 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 25,475 providers make up the IHSS workforce in Santa Clara County in which 70 percent are family members of at least one IHSS recipient for whom they provide care. A large number of providers join or leave the program every month. Most recently, between 450-500 new providers were enrolled every month. On average, there are 30-50

individual enrollment appointments each business day at the Public Authority Services office.

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

## MOA with SEIU Local 2015

A new Memorandum of Agreement (MOA) with the union was ratified and approved by the Board of Supervisors going into effect April 2019 and expires January 2021.

Wages were increased to \$14 per hour effective April 1, 2019 with another increase of \$0.62 (sixty-two cents) going into effect February 1, 2020. 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.

Additionally, the MOA includes provision of a \$25 incentive payment for providers who complete training sessions provided by the Public Authority with a cap budgeted at \$75,000 per year. A Life Enhancement reimbursement fund was established in the amount of \$20,000 per year for providers to receive up to \$500 reimbursement for tuition and texts to attend other education and training programs.

## Provider Benefits

Public Authority Services is responsible for administering benefits for IHSS providers in Santa Clara County. Public Authority Benefits staff handles more than 1,500 telephone inquiries each month by accessing electronic records which expedites a review of provider files enabling them to assist callers quickly.

Medical benefits include Valley Health Plan (VHP), Liberty Dental, and Vision Services Plan (VSP). In order to enroll and maintain eligibility for health, dental and vision benefits, a provider must be paid a minimum of 35 hours per month for the two most recent months worked and agree to pay the \$25 monthly premium through a payroll deduction.

Beginning September 2014, a new medical benefits plan became available for newly enrolled providers. All members receiving VHP benefits prior to September 2014 remain in the “Classic” VHP Plan. The “Classic” VHP Plan is no longer available to new or re-enrolling members. There is an ongoing transition from the Classic Plan to the Preferred Plan due to high turnover and enrollment in benefits. As of June 2019, there are 4,668 providers enrolled in the Classic Plan and 7,129 providers enrolled in the Preferred Plan.

	Valley Health Plan	Liberty (dental) / VSP (vision)
June 2018	11,261	11,491
June 2019	11,797	12,492
<b>Percent Growth</b>	<b>4.76%</b>	<b>4.61%</b>

Providers are also eligible for a Valley Transit Authority (VTA) SmartPass for use on busses and light rail throughout Santa Clara County. The Public Authority issued 21,800 Smart Pass Cards this calendar year.

## WHAT IS NEXT FOR IHSS

Effective May 1, 2020, as part of wave five, Santa Clara County will implement Electronic Visit Verification. Also, on May 1, 2020, paper timesheets will go away in Santa Clara County. Santa Clara County IHSS is preparing for this implementation date by conducting outreach and providing assistance to all those who may need help in enrolling. We are observing Los Angeles County who is part of the EVV pilot and learning from what has and hasn't worked to enroll their recipients and providers in electronic timesheets including translation of materials.

There has been some discussion about the electric company PG&E sharing information about their Public Safety Power Shutoff program. Under certain weather conditions, electricity could be shut off for up to 5 days. This would be of great concern to our recipients who rely on electricity dependent durable medical equipment, possibly with greatest effects on those with ventilators, respiratory devices, IV's, enteral feeding, at-home dialysis, or suction pumps.

During the IHSS August All Staff Meeting, staff were informed to encourage electricity-dependent recipients to apply for PG&E's Medical Baseline Program. People enrolled in this program receive extra notifications in advance of a public safety power shutoff, which may include additional phone calls or a door knock from PG&E staff to ensure they're aware and can make preparations to stay safe.

We also notified staff to encourage recipients to reenroll in Alert SCC to receive official County warnings by cell phone or email about all types of emergencies.

Our county is also participating in a statewide workgroup to learn how to be better prepared for any power shutoffs. IHSS is working collaboratively with the County of Santa Clara's Office of Emergency Management to ensure the safety of our recipients. We are in the infancy stages of discussing planning options and more will be known as informational meetings take place.

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 May 1, 2020.

While IHSS has been very creative to maintain CDSS compliance with respect to overdue annual reassessments, we do need support for additional social workers to complete this work. Management will be responsible for completing a monthly Corrective Action Plan to CDSS stating the reasons our county is out of compliance as well as strategies to propel our county to the minimal 80% home visit completion. Out of 58 counties, Santa Clara County is ranked as county 55. We are hoping for support to hire additional staff, social workers as well as clerical, to return Santa Clara County to its standing of being within compliance and commended by CDSS for doing so.

## **Attachments**

Attachment 1:           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 \$1041.00 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 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:

Functional Index	Impairment Implications
1	Able to perform function without human assistance (independent)
2	Able to perform a function, but needs verbal assistance (reminding, encouraging).
3	Able to perform a function with some human, physical assistance.
4	Able to perform a function with substantial human assistance.
5	Cannot perform the function with or without human assistance.

## 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.



CDSS

PAT LEARY  
ACTING DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95834 • www.cdss.ca.gov



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GOVERNOR

SSA DIRECTOR  
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February 4, 2019

Mr. Robert Menicocci, Director  
Santa Clara County  
Social Services Agency  
333 West Julian Street  
San Jose, CA 95112

Dear Mr. Robert Menicocci:

This letter is in follow-up to the California Department of Social Services (CDSS) Quality Assurance (QA) monitoring review of Santa Clara County's administration of the In-Home Supportive Services (IHSS) program. The authority for the review is contained within Welfare and Institutions Code (WIC) sections 10600 and 10603 which outline CDSS' requirement to oversee county social services programs.

The QA monitoring review was conducted from December 4-7, 2018, and focused on the IHSS needs assessment process as mandated by WIC sections 12305.7 and 12305.71, which provide for 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 accompanied county QA staff on three home visits. The enclosed Monitoring Review Summary provides a synopsis of our findings, including areas that the county was excelling in (100 percent), areas that require further county attention (below 80 percent), and areas of concern (below 70 percent). The Monitoring Review Summary and the contents of this letter were discussed with county staff during the exit conference and are detailed below.

**Summary of Case Review Findings**

Santa Clara County was found to be 100 percent compliant in the following areas:

- Social workers' observations were included in all cases reviewed.
- Request for Order and Consent – Paramedical Services forms (SOC 321s) were in the case file when required and were signed by the recipient.
- When a need for Protective Supervision was identified, the need was addressed at each reassessment, and the Assessment of Need for Protective Supervision forms (SOC 821s) were in the case file or documented as sent.

- The social worker documented that Alternative Resources were explored in all cases, and when required, the Voluntary Service Certification forms (SOC 450s) were in the case files.
- All Recipient/Employer Responsibility Checklist forms (SOC 332s) were in the case files.
- All Healthcare Certification Forms (873s) were signed by a healthcare professional and were appropriately completed.
- Denied cases were appropriately documented to support the reason for the denial.

### **Reassessment Compliance Rate**

Santa Clara County IHSS staff is to be commended for sustaining a high reassessment compliance rate. Fifty-nine of the sixty cases reviewed requiring reassessment received a timely reassessment. CMIPS data supports that conducting timely reassessments continues to be a high priority in Santa Clara County, as evidenced by data showing that 84.4 percent of recipients during the period July 1, 2017, through June 30, 2018, that required reassessment received timely reassessments. Santa Clara County is quickly approaching CDSS' goal that counties achieve 100 percent compliance in this area.

### **Cases Previously Reviewed by County QA Staff**

The following is a summary of the review of the 24 cases previously reviewed by county QA staff:

- In five of the twenty-four cases reviewed, State QA identified additional inaccuracies and omissions that were present at the time of the desk review. The most significant areas overlooked included:
  - Incomplete documentation detailing Functional Index (FI) rankings and justifying service authorizations.
  - Missing or insufficient exception language for when the assessed hours were under/over the Hourly Task Guidelines (HTG).
  - Insufficient documentation on how assessed hours were calculated.
  - Wait time for Medical Accompaniment was assessed and authorized incorrectly.

- When county staff identified areas to be addressed, regulations were applied correctly in all 24 cases.
- The remediation process was not being followed in one of the twenty-four cases reviewed.
  - In that case, there was no evidence that the social worker had made the necessary corrections, and/or evidence that the designated county staff had followed up to determine if the corrections were made within the timeframes stated in the IHSS Quality Assurance/Quality Improvement Policy Manual distributed with All County Letter (ACL) No.13 110.
- In all three county QA home visit cases reviewed, all issues identified during the home visit were addressed appropriately.

The findings described above were addressed with county staff during the review, including a recommendation that the Desk Review Tool be revised to capture the above required elements.

### **Home Visits with County QA Staff**

State monitoring staff accompanied county QA staff on three home visits which were identified by your staff as requiring a home visit. The county's QA staff performed a thorough assessment and addressed all of the required areas as outlined in ACL No. 13-110.

### **Areas of Concern**

The following six areas of concern were identified during the review and discussed with county staff during the exit conference:

#### **Functional Index Rankings**

The assigned FI rank was inconsistent with CMIPS documentation in 23 of 60 cases reviewed. For example, in several instances, State staff identified cases where the recipient was deemed an FI rank of 5 for a particular service indicating that total assistance was needed to perform all tasks within that service; however, the case file indicated that the recipient was able to perform some of the tasks with varying degrees of physical assistance. In these instances, an FI rank of 3 or 4 would have been more appropriate. In other instances, documentation was identical for all services, despite the recipient being deemed a different rank for each service. In other instances, the documentation did not clearly show how the FI rank was determined. As required in Manual of Policies and Procedures (MPP) section 30-756, and the Annotated Assessment Criteria distributed to counties via ACL No. 06-34, which was subsequently revised and released via All County Information Notice (ACIN) No. I-82-17, in order to determine the appropriate FI rank for each service, county staff shall evaluate the effect

that the recipient's physical, cognitive and emotional impairments have on their ability to perform each task safely, including the level of dependence upon verbal or physical assistance to do so. Documentation must explain how the FI rank was determined, including a description of how the recipient performs the task and the level and type of assistance needed.

#### Assessment and Documentation of Authorized Hours

Assessment and documentation for the authorized service task was unclear or missing for several assessed services in 20 of the 60 cases reviewed. In some cases, authorized time for a service task was applied to the wrong service category. In other cases, Time-per-Task (TPT) calculations were being utilized to determine the time authorized for the service category. As directed in ACIN No. I 82 17, the application of TPT in the twelve IHSS service categories that have corresponding HTGs is not allowed under existing program regulations (MPP section 30-757.11 through MPP section 30-757.14(k)).

#### Medical Accompaniment/Wait Time

In 35 of 60 cases reviewed, Accompaniment to Medical Appointment and/or Wait Time was assessed and authorized incorrectly. Accompaniment to Medical Appointments is accompaniment by a provider when needed during necessary travel to health-related appointments or to alternative resource sites. As stated in ACL No. 14-82 (page four, first paragraph), "Consistent with regulations, medical accompaniment should not be authorized simply to fill the recipient's need for transportation. Medical accompaniment should only be authorized when the recipient needs assistance with specific IHSS tasks during transportation and/or to and from the destination, as specified in statute and regulations." (WIC section 12300, MPP section 30-757.15). The IHSS tasks the recipient needs assistance with during transportation are most frequently personal care services tasks, e.g., ambulation from the car to the medical office, assistance in/out of the vehicle, paramedical services, protective supervision, etc.

In most cases, medical accompaniment must be authorized before wait time can be assessed. In order to determine whether or not wait time should be authorized, you will need to establish whether the provider would be engaged to wait/wait time-on duty, or waiting to be engaged/wait time-off duty. Case files lacked documentation either showing that wait time was assessed or how the hours authorized were determined. As outlined in ACL No. 16-01, "During periods when the provider is using 'Wait Time-On Duty', he/she may not be actively performing authorized services but he/she cannot effectively use the time for his/her own purposes because the time is unpredictable and of unknown duration." In other instances, the case file lacked documentation to show how the Accompaniment to Medical Appointment and/or Wait Time for Medical Appointment hours were determined.

### Paramedical Services

For cases with Paramedical services authorized, MPP section 30-757.194 states the Licensed Health Care Professional (LHCP) shall indicate to social services staff the time necessary to perform the ordered services. Of the 14 cases reviewed with Paramedical services authorized, six cases had authorized hours that did not match the hours the LHCP indicated on the Request for Order and Consent Paramedical Services form (SOC 321). If the county determines that the Paramedical tasks take more or less time than the time indicated on the SOC 321, the county should contact the LHCP that signed the form to discuss their concerns. If the LHCP agrees that more or less time is required, a new form should be obtained (ACL No. 08-18). In addition, contact with the LHCP should be documented in the narrative or Notes section of CMIPS.

### Protective Supervision

Eight of the fifteen cases in the review sample had insufficient documentation to justify the authorization of Protective Supervision. When conducting monitoring reviews, State staff reviews the responses on the Assessment of Need for Protective Supervision form (SOC 821), as well as the social worker's documentation of the need for Protective Supervision. As indicated in MPP section 30-757.173, the SOC 821 is not determinative and should be used in conjunction with other pertinent information, such as a Public Health Nurse interview or an Individualized Education Program, to assess the person's need for Protective Supervision.

### Alternative Resources

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

### Technical Assistance

At the county's request, State QA staff conducted the following workshops:

- The appropriate documentation of Protective Supervision.
- The appropriate documentation of Medical Accompaniment and Wait Time.

### Next Steps

During the review, county staff was provided with the individual case review tools detailing the findings for each case, along with recommendations for correcting any problems identified. The county response to the findings was provided to CDSS following the review and, if indicated, review findings were changed. Following the review, State staff received one rebuttal within the two-week timeframe specified. The enclosed Monitoring Review Summary and County Rebuttal Outcome form reflects

any changes made following the review. As indicated in the entrance and exit conferences, when there are no rebuttals, it is our expectation that the county will have made necessary corrections within 60 days of the exit conference. For those cases with rebuttals that were not accepted by State staff, the county shall have 90 days from the date of the exit conference to make any necessary corrections. State staff will verify corrections have been made in CMIPS. If we are unable to verify that corrections have been made in CMIPS, during the next State review, we will review a sample of the cases requiring county action to substantiate that any necessary actions have been completed.

CDSS recognizes that the findings identified are not necessarily reflective of the entire caseload and the county is encouraged to conduct further analysis to ensure compliance with regulations, policies, and procedures. It is also recommended that the Areas of Concern are reviewed to determine if additional trainings, change in policies, or written directives, are needed.

It was demonstrated throughout the monitoring review, both in documentation and observed interactions, that Santa Clara County strives to provide its clients with quality services. I appreciate the assistance and accommodations provided to State monitoring staff during the review. If you have any questions about the information in this letter or the enclosure(s), please contact Xiomara Watkins-Breschi, QAMU Unit Manager, Manager, Quality Assurance Monitoring Unit at (916) 651-5340 or via email at [Xiomara.Watkins-Breschi@dss.ca.gov](mailto:Xiomara.Watkins-Breschi@dss.ca.gov).

Sincerely,



KIM RUTLEDGE, Chief  
Policy and Quality Assurance Branch  
Adult Programs Division

Enclosure(s)  
CDSS Monitoring Review Summary  
County Rebuttal Outcome

c: Mr. James Ramoni, Director, Department of Aging and Adult Services  
Santa Clara County

Ms. Terri Possley, Social Services Program Manager III  
Santa Clara County

Ms. Veronica Marquez-Hothem, Quality Assurance Manager  
Santa Clara County

During the monitoring visit, the county was given the opportunity to review State Quality Assurance (QA) findings and was asked to provide supportive documentation to any disagreement with these findings. Following the exit conference on December 7, 2018, the county was given two calendar weeks to submit any rebuttals to findings that the county staff were unable to review while State QA Staff were in the county office.

The following are the State's responses to each rebuttal form that the State staff did not have an opportunity to review while they were in the county office and/or were submitted following the monitoring review.

	County Rebuttal Accepted/Not Accepted	Justification Authority
1338420 J. Sanders	Accepted	<p><b>Finding:</b> Documentation for 'Feeding' indicated that once consumer "can find where things are, she is okay on good days to hold spoon and fork." It is unclear how the client requires substantial assistance.</p> <p><b>CDSS Response:</b> Sufficient documentation was provided to State QA. Finding removed.</p>
	Not Accepted	<p><b>Finding:</b> Documentation for 'Dressing' stated "client can put on clothes once they are picked out" and that client "can physically put arms and legs into clothes." It is unclear how the client requires substantial physical assistance.</p> <p><b>CDSS Response:</b> There was no documentation found in the assessment that the client has more bad days than good.</p>
	Not Accepted	<p><b>Finding:</b> Documentation for 'Bathing, Oral Hygiene, &amp; Grooming' stated "client can wash most body parts, needs assistance with supplies, washing back and hair and grooming." It is unclear how the client requires substantial physical assistance.</p> <p><b>CDSS Response:</b> There was no documentation found in the assessment that the client has more bad days than good.</p>

	<p><b>Accepted</b></p>	<p><b>Finding:</b> The assessed FI rank for 'Shopping and Errands' is "5", which indicates that the consumer is totally dependent on another person to perform the task (MPP 30-756.15). Documentation indicated that the consumer was able to provide main information for the assessment and has a Functional Rank of "1" for 'Memory', 'Orientation' and 'Judgment'. It is unclear if the client able to make/state a grocery list. If so, an FI rank of 3 would be more appropriate.</p> <p><b>CDSS Response:</b> Sufficient documentation was provided to State QA. Finding removed.</p>
	<p><b>Not Accepted</b></p>	<p><b>Finding:</b> Accompaniment to Medical Appointment and/or Wait Time: Each type of appointment may involve varying wait time as well as varying expectations of care from medical provider. Therefore, each type of appointment needs to be assessed individually in order to determine that the provider is on-duty while waiting and the amount of time that each provider tends to wait. Documentation uses a blanket justification for all types of appointments and is unclear in demonstrating that each type of appointment was individually assessed. Documentation of assessment for Wait Time should be clarified for each specific set of appointments.</p> <p><b>CDSS Response:</b> There was no documentation found in the assessment that the client has more bad days than good.</p>

Review Type: Standard

Review Dates: 12/4/2018 - 12/7/2018

County Size: Large

Final Report

Overall Case Statistics					
<b>Total Cases Reviewed:</b>	<b>70</b>	<b>Total County Caseload (as of 09/30/18):</b>	<b>24299</b>		
<b>Total Standard Cases (non-Denied):</b>	<b>60</b>	<b>Total Denied Cases:</b>	<b>10</b>		
<b>Total QA County Reviewed Cases:</b>	<b>24</b>	<b>Total State QA Home Visit Cases:</b>	<b>4</b>		
<b>Total Special/Anomaly Cases:</b>	<b>20</b>	<b>Total Severely Impaired Cases:</b>	<b>16</b>		
Case Funding Types					
PCSP Cases:	15	IPO Cases:	1	CFCO Cases:	44
				Residual Cases:	0
Assessment Statistics					
Initial Assessments:	0	Initial Assessment completed within 45 days of application date:	0	0	N/A
Reassessments (12 mo):	58	Current Reassessment in case file:	57	1	98.3%
Reassessments (18 mo):	2	Current Reassessment in case file:	2	0	100.0%
ICT Assessments:	0	Inter-Cty Transfer Assessment performed within regulatory guidelines:	0	0	N/A
Assessment Narratives/Needs Assessments					
Documentation is consistent with all Functional Index (FI) rankings:			37	23	61.7%
Social Worker's observations were included:			60	0	100.0%
Sufficient documentation for all assessed services:			57	3	95.0%
Hours assessed and documented correctly:			40	20	66.7%
Medical Accompaniment/Wait Time assessed and authorized correctly			25	35	41.7%
Household / Living Situation					
Information regarding Household/Living Situation consistent in CMIPS:			56	4	93.3%
Paramedical Cases (SOC 321)					
Number of Paramedical Cases Reviewed:		14	N/A	Yes	No
Form SOC 321 is in the case file:			14	0	100.0%
Form SOC 321 is current:			12	2	85.7%
Authorized Hours consistent with form SOC 321:			8	6	57.1%
Are the services Paramedical:			12	2	85.7%
Form SOC 321 is completed by a healthcare professional:			12	2	85.7%
Form SOC 321 signed by Recipient:			14	0	100.0%
Protective Supervision (SOC 821)					
Number of Protective Supervision Cases Reviewed:		15	N/A	Yes	No
Sufficient documentation and justification:			7	8	46.7%
Form SOC 821 in case file, or documented as sent:			15	0	100.0%
24-Hour plan in case file and reviewed at last reassessment:			13	2	86.7%
County addressed PS needs at each reassessment:			15	0	100.0%
Unmet Needs					
Number of cases with Unmet Needs Reviewed:		4	N/A	Yes	No
Social Worker documented attempt to identify other Unmet Needs resources:			0	3	1
					75.0%
Alternative Resources					
Number of cases where social worker documented that Alternative Resources were explored:			60	0	100.0%
When available, was the source and service of the Alternative Resource documented:			45	12	3
					80.0%
The number of hours are correctly adjusted in the Alternative Resource column:			45	8	7
					53.3%
SOC Form 450 (Voluntary Services Certification) is in the case when required:			58	2	0
					100.0%
Critical Incidents					
Number of cases with Critical Incidents found:		0			

IHSS Forms		N/A	Yes	No	Percentage
SOC 332	Recipient/Employer Responsibility Checklist	0	60	0	100.0%
SOC 426A	Recipient Designation of Provider	0	52	8	86.7%
SOC 827/864	Emergency Backup Plan/Risk Assessment Plan	0	54	6	90.0%
SOC 873	Healthcare Certification	0	59	1	98.3%
Form Info		N/A	Yes	No	Percentage
Form 873 signed by a Healthcare Professional:			59	0	100.0%
Healthcare Professional check "Yes" indicating the need for IHSS on SOC 873:			59	0	100.0%
County took appropriate action if healthcare provider selected "No IHSS Needed" on SOC 873:		60	0	0	N/A
If no SOC 873 available, was alternative documentation in case file:		60	0	0	N/A
Number of Declined SOC 827/864 Forms:		0			
Proration		N/A	Yes	No	Percentage
Number of cases with Proration Reviewed:		21			
Adjustments correctly reflect the shared living regulations requirement:			15	6	71.4%
Hourly Task Guidelines (HTGs)			Yes	No	Percentage
	Domestic Services	AA	0	0	N/A
	Preparation of Meals	BB	5	0	100.0%
	Meal Clean-Up	CC	5	0	100.0%
	Laundry	DD	9	0	100.0%
	Shopping For Food	EE	0	1	00.0%
	Other Shopping/Errands	FF	0	0	N/A
	Bowel and Bladder Care	II	3	3	50.0%
	Feeding	JJ	1	0	100.0%
	Routine Bed Baths	KK	3	0	100.0%
	Dressing	LL	5	2	71.4%
	Menstrual Care	MM	0	0	N/A
	Ambulation	NN	7	0	100.0%
	Transfer	OO	3	0	100.0%
	Bathing/Oral Hyg/Groom	PP	6	0	100.0%
	Rubbing Skin/Repos	QQ	10	3	76.9%
	Care/Assist w/Prosthesis	RR	3	4	42.9%
Number of times exception language was required and whether it was properly documented in case file.			60	13	82.2%
County QA Reviewed Cases		N/A	Yes	No	Percentage
Number of cases Previously Reviewed by County QA:		24			
QA Staff identified most inaccuracies/omissions (less than 3 instances) present during desk review:		0	19	5	79.2%
In all instances, County QA staff correctly applied CDSS regulations and policies:		0	24	0	100.0%
Was County remediation process consistent with that noted in the CDSS QA Manual and followed:		0	23	1	95.8%
Number of cases with County QA Home Visits:		3			
Were all issues identified during the County QA Home Visit addressed:		0	3	0	100.0%
Companion Cases					
Total number of companion cases reviewed:		2			
Denied Cases			Yes	No	Percentage
Cases which were appropriate for denial:			10	0	100.0%