

COMMUNITY SERVICES AGENCY

Ken R. Patterson Director

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STANISLAUS COUNTY IHSS ADVISORY COMMITTEE MEETING MINUTES 08/10/07

Committee Members Present: Kenny Brown Rose Martin
Mary Burch Linda White

Mary Burch Connie Muller

Committee Members Absent: * Dwight Bateman *Jose Acosta *Joan Blackwell *George Sharp

* Jose Cisneros

IHSS & Link2Care Staff Present: Robert Taylor Jeff Lambaren

Jennifer DeSanto Maria Childers

OPENING REMARKS by Mary Burch

Meeting called to order at 1:02 pm

PUBLIC COMMENT:

No public comment.

ACCEPTANCE OF MINUTES

Not enough members present for a quorum, approval of minutes deferred to next meeting.

PUBLIC AUTHORITY

- The IHSS Advisory Report to the Community was approved by the Board of Supervisors on 7/24/07. The report will be sent to all Providers and Recipients on the IHSS program.
- The Advisory committee website is being updated both for content as well as design. The new site will reflect the changes to all county sites and have updated scheduling, budgeting, reporting and member information. The county wide website updates are due October 12th, and the new website is expected to be active shortly after that date.
- A new notice about medical benefits will be placed in the hire packets for IHSS Providers. An
 example was given to members and Jeff requested that feedback be given. The notice is a
 result of providers stating they are still unaware that insurance benefits are available, so putting
 it in every hire packet will supplement the existing notification methods. The notice explains the
 benefit eligibility requirements and contact information for enrolling.
- New registry policies were presented in draft form to all members. Jeff requested that members
 review the policies and provide feedback. The policy addresses discipline for providers and
 recipients who abuse the registry services. Examples of abuse of the system were given, such
 as mistreatment of providers, excessive registry requests, etc.



^{*}Advance notice given.

• Linda White was reappointed by the Board. The delay of the appointment was due to an oversight, but has been corrected.

STATE BUDGET STATUS

- Jeff read a letter from Fabian Nunez, the Speaker of the State Assembly, addressed to Senator Ackerman regarding the deadlock over the budget. Based on the letter and comments from analysts, the budget is expected to be delayed for a considerable amount of time.
- Supervisor DeMartini commented that there are a lot of political issues in play regarding the budget, and services and programs have funding, but the legislature will have to choose to exercise the power to release funds or come to an agreement before they will be able to distribute funds for the programs.
- Maria Childers commented that because the IHSS program is 95% federally funded, there should be no effect to IHSS provider paychecks even if the State budget continues to be delayed.

COMMITTEE BUDGET

• Jeff handed out the final committee budget for the '06/'07 budget year. The committee spent just under 50% of the funds allotted. The remaining funds will be

COMMUNITY MARKETING UPDATE

- The costs for the Penny Saver ad which had been previously approved by the committee were misquoted by Link2Care staff. The ad costs were \$1,938 per week, not for 52 weeks. Link2Care staff had researched the cost for a Modesto Bee ad, which ranged from approximately \$500 to \$650 for a single day. Committee members requested research be done on ad cost for outlying cities as well as other forms of advertising, and the committee will discuss the options at the next meeting. Connie expressed an interest in finding providers for the IHSS Registry over finding additional members for the committee.
- The new ad for the '07/'08 Eldercare directory was distributed. Connie suggested adding that transportation to the meeting was available.

GENERAL UPDATE

- Jeff reported there was a lawsuit brought against the City of Oakland for failing to have disabilities planning as part of their emergency disaster plan. No monetary damages are being sought, it is just an injunctive request. Dwight Bateman is working with Stanislaus County, trying to address the problem in our county.
- Robert stated that DHS is sending a Medi-Cal notice requesting all Medi-Cal recipients bring their BIC cards to doctor appointments. Previously patients could use their social security numbers and not show their cards, but that will no longer be accepted.
- Mary Burch questioned when planning for the retreat would begin. After a short discussion on locations, the committee requested Jennifer research some meeting sites and report back next month.

Meeting adjourned @ 1:48 PM, Jennifer DeSanto, Recorder IHSS ADVISORY COMMITTEE BUDGET FOR FY 2006/2007 - QUARTERLY EXPENDITURE REPORTING

cash basis - cost claimed and reported quarterly

52,966.00 Cammittee
Proposed & BUDGET
Final Budget ALLOCATION inc \$52,966 | CFL 06/07-2 Advisory

100% June-07

% OF FY

Report QTR:

		Encumbrance							
	Allocation/	(based on							Remaining
	Budget	budget) -					Total Claimed	% of Alloc	balance
Allocation/Budget categories	(actuals)	claimed	9/0 6 claim	12/0 6 cl aim	3/07 claim	6/07 claim	(expenditures)	spent	(unspent)
ALLOCATION:	52,966.00						-		
ADVISORY COMMITTEE STIPENDS	2,100.00	0.00	510.00	480.00	570,00	540.00	2,100.00		
CONTRACTED TEMPORARY STAFF (non-CSA employee) in direct support of the IHSS Advisory Committee									
(based an FY 05/06 high qtr X4)	1,086.42	00:0	552.74	447.91	85.77		1,086.42		
PRINTING OF THE COMMITTEE'S ANNUAL REPORT (used FY 05/06 actuals rounded)	9,208.48	00:00				9,208.48	9/208.48		
BUSINESS CARDS FOR COMMITTEE MEMBERS	95.56	00:0		95.56			95.56		
STRATEGIC MARKETING - SURVEY	8,650.00	00'0		5,400.00		3,250.00	8,650,00		
ELDER CARE DIRECTORY ADVERTISEMENT	2,000.00	00'0		2,000.00			2,000,00		
IHSS ADVISORY COMMITTEE TRAVEL (includes									
travel, training, mileage, conference fees, retreat), and		1							
MISCELLANEOUS (Used FY 05/06 actuals rounded)	140.91	0.00			140.91		140.91		
UNDESTGNATED ALLOCATION/BUDGET BALANCE	29.684.63	000					OCC		29 684 63
									201.00
TOTAL	52,966.00	00.00	1,062.74	8,423.47	89.962	12,998.48	23,281,37	43.96%	29,684.63
							(0.00) err ck	er ck	00'0

Prior year costs claimed in 9/06: \$143 Office Team

Oracle coding: 1631-45201-62400-1006-202 CEC Pin: 023068

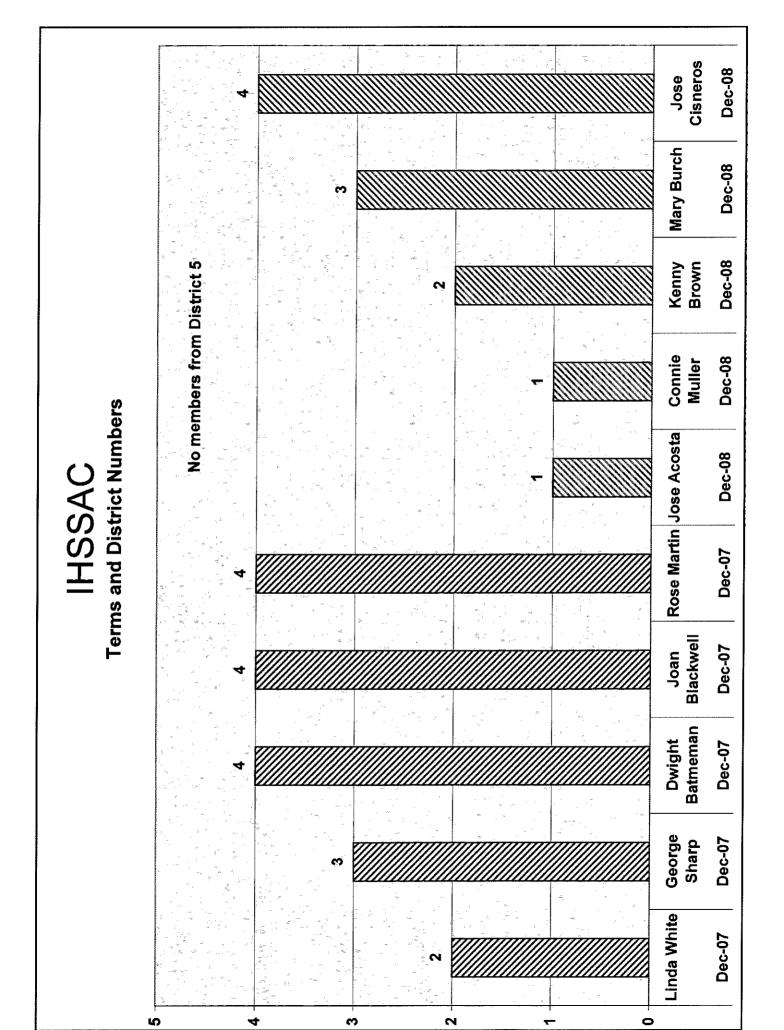
\$143 Total

P:\Excel_files\Dareen\IHSS\Advisory Committee\[IHSS Advisory Comm Report xls]budget 06_07 Prepared by: Doreen Ott (8-4765)

IHSS ADVISORY COMMITTEE MEMBER STIPENDS: (Authorized per Board Action Number 2001-841), Effective 10/1/05 authorized per Board Action Number 2005-809 on 10/11/03 to \$30 - one meeting per month.

MO3, Jeff Lambaren, PA Director, Advisory Committee Distribution: E. Stammler MOO,M. Childers MO2, R. Ta

8/3/2007



Attention Providers: You are NOT automatically enrolled in the Medical Insurance Program

In order to sign up for medical insurance, a provider must work an average of 75 hours per month for three months.

Once eligible, the Provider is responsible to call Link2Care at 558-4787 and request benefits. There is currently a waiting list in effect. The wait list is first come, first served, so Providers needing benefits should call as soon as they become eligible.

For more information regarding medical insurance and the waiting list, please visit the Link2Care website at www.stanlink2care.org or call us at 558-4787.

Please note: <u>All IHSS Providers have Worker's Compensation Benefits</u>. However, Worker's Comp benefits only pay for medical costs associated with on the job injuries.



Purpose: To clearly define the application requirements, causes for exemption, causes for removal, complaint process and appeals process for IHSS Registry

Objective: To treat all IHSS Registry Providers in a fair and consistent manner with regards to exemption, discipline and removal.

Obtaining Active Status on the Registry

- 1. All potential IHSS Registry Providers must complete the following:
 - 1.2. Link2Care Paperwork (Application & Disclosure forms)
 - 1.3 LiveScan Fingerprinting Process
 - 1.4. DOJ Background Check
 - 1.5. Link2Care Training class (2 day training)
 - 1.6. CPR Certification
 - 1.6.1. A current CPR card will be accepted in lieu of attending another class. This card must be at least 1 year from expiration to be accepted.
 - 1.7. Provide a copy of a photo I.D. and proof they are eligible to work in the U.S.
- 2. Once the above has been completed, a Provider will be placed as active on the IHSS Registry and will be referred by Link2Care staff according to the Registry Referral Policy (unless otherwise requested by the Provider). Exceptions to this are
 - 2.1. If a provider discloses information on the Criminal Disclosure form that meets eligibility requirements according to the Criminal Matrix, they may take the training, and will be referred according to the referral policy upon completion of
 - 2.2. If a provider is unable or unwilling to provide complete information regarding their criminal background, they must wait until fingerprint results are received in order to be registered for a training class. Once fingerprint results are received, eligible providers will be enrolled in the next available training.

Exclusions, Removal and Suspension from the Registry

- 1. A Provider may be excluded from the Registry for the following reasons:
 - 1.1. Failing to complete any of the requirements listed in Section 1.
 - 1.2. A conviction of certain offenses as listed on the Criminal Matrix (see
 - 1.3. Complaint or investigation by IHSS staff that indicates provider has history with the IHSS program which excludes them as a provider.
- 2. A Registry Provider may be <u>removed</u> from the Registry for the following reasons:
 - 2.1. Failing to disclose information on the Criminal Disclosure Form.
 - 2.2. A background check results in information about a conviction(s) that was not listed on the Matrix and was not disclosed by the provider.



- 2.3. Multiple convictions are discovered through the background investigation, even though these convictions as single incidents may not be cause for removal.
- 2.4. Three minor complaints are received against the provider within two years. (See complaint policy below)
- 2.5. A single, serious complaint (that has been verified as legitimate) is received against the provider. (See complaint policy below)
- 2.6. A background investigation reveals a conviction that prevents the provider from being on the registry for a specified number of years.
 - 2.6.1. When a background result indicates the provider is ineligible for a specified number of years, Link2Care staff will call the provider and let them know when they can reapply for the registry.
- 3. A Registry Provider may be placed on <u>Inactive</u> status for the following reasons:
 - 3.1. The Provider requests to be inactive.
 - 3.2. A serious complaint is received, and an investigation is being conducted.
 - 3.3. Inability to reach the Provider.
 - 3.3.1. This includes, but is not limited to: disconnected phone numbers and calls to the Provider that are not returned within 48 hours.
 - 3.4. A background investigation reveals a conviction that was not disclosed on the Criminal Disclosure form, but would not prevent the provider from being on the registry. (i.e., convictions from more than 10 years ago, single DUI, etc.)
 - 3.4.1. When a background result does not match the Criminal Disclosure form, Link2Care staff contact the provider and request they come in to the office to amend the form. The provider is placed on inactive status until the form is amended properly.

Complaints regarding Providers

- Complaints received from Recipients or IHSS staff will be investigated by Link2Care staff. Complaints from other sources (i.e. other providers or the general public) may be investigated by IHSS staff, APS, or Link2Care.
- 2. Complaints are classified as either "major" or "minor".
 - 2.1. Major complaints are offenses that indicate abuse, fraud, theft, etc. The Criminal Offense Matrix will be used as a guide in indicating whether a complaint is "major".
 - 2.2. Minor complaints are offenses such as no call/no show, late to work, poor work performance, etc.
- 3. <u>All</u> complaints against providers will be documented in the Registry database and the RS will call the provider to discuss the complaint.
 - 3.1. If a message has to be left for a provider, the RS will not disclose that there has been a complaint, just that a return call is needed.
 - 3.2. The provider response to the complaint will be documented in the Registry database, but the complaint will not be removed.
- 4. Three minor complaints within two years will result in removal from the registry for 6 months. The suspended provider will be sent a letter by the Link2Care Executive Director informing them of the suspension. The letter will explain the appeals process and give the provider an opportunity to respond to complaints.



- 4.1. Complaints will continue to be tracked on a "rolling year" basis. Complaints more than two years old will be dropped from the provider record.
 - 4.1.1. If a suspended provider is reinstated and a complaint is received, complaints received within the past two years will continue to count towards suspension. For example, a provider receives complaints on 1/1/07, 3/1/07 and 6/1/07 which triggers a suspension. The provider is reinstated 1/1/08. An additional complaint is received 3/1/08. The previous complaints would still be on the record, resulting in a second suspension for that provider.
- 4.2. A recipient may only log one minor complaint against a provider. If the recipient continues to employ a provider after a complaint, any subsequent complaints will not be held against the employee.
 - 4.2.1. This "double jeopardy" protection for providers is due to the "three strikes" policy, which states any three complaints, even if they cannot be proven, can be grounds for suspension from the registry.
- 5. If a provider has been previously suspended due to complaints, and receives enough complaints to be suspended a second time, the second suspension will last for a period of one year.
- If a provider has two previous suspensions based on complaints, and receives enough complaints to be suspended a third time, they will be permanently removed from the registry.
- 7. One major complaint against a provider will result in suspension, and possible removal from the registry.
 - 7.1. The provider name and details of the complaint may be referred to APS, or the IHSS Social Worker for further investigation.
 - 7.2. The Link2Care Executive Director (ED) will review all major complaints once the complainant and provider have been interviewed by the RS. The ED will determine whether to remove the suspension or remove the provider from the registry. (See the appeals policy for information on appealing this decision)

Appeals process for Providers who have been Excluded, Removed or Suspended

- A provider who has been excluded, removed, or suspended may request a review
 of their case from the Link2Care Director. If the director feels there are extenuating
 circumstances to be considered, the Provider's case will be brought to the In-Home
 Supportive Services Advisory Committee for review.
- The In-Home Supportive Services Committee requires the Provider to produce the following for review:
 - 2.1. A police report of the incident resulting in conviction (if conviction was the cause for exclusion or removal).
 - 2.1.1. The police report must contain the date of incident, the prosecuting district attorney (if available), location and details of the incident.
 - 2.2. A detailed statement of the incident resulting in suspension (if suspension was the result of an offense not handled by the authorities).
- 3. The Committee will make a decision regarding the status of the Registry Provider.
- 4. <INSERT INFORMATION FROM FLOWCHART HERE>



- 5. A person excluded from the IHSS Registry may not necessarily be excluded from working for IHSS.
- 6. If a provider appeals a decision based on a major complaint in which the original decision is upheld, the provider may return to the registry after a suspension of one year if an investigation does not result in conviction. If subsequent major complaints are received and sustained (despite the appeals process) the provider will be permanently removed from the registry.

