

**COUNTY OF SACRAMENTO
CALIFORNIA**

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For the Agenda of:
June 16, 2009
11:30 a.m.

APPROVED
BOARD OF SUPERVISORS

JUN 16 2009

By 
Clerk of the Board

To: County of Sacramento Board of Supervisors

From: Kristen Lyall, Chair IHSS Advisory Committee

Subject: In-Home Supportive Services Advisory Committee Response To The Grand Jury Findings And Recommendations On IHSS Services In Sacramento County

Contact: Bernadette Lynch, IHSS Public Authority (916) 875-4057

Overview

The Sacramento Grand Jury issued a report on March 23, 2009, entitled, "IHSS: For the Needy Not the Greedy." The Grand Jury report contains finding and recommendations about the state of the Sacramento County In-Home Supportive Services (IHSS) program.

Recommendations

Review and accept the attached In-Home Supportive Services Advisory Committee response to the Grand Jury report (Attachment A).

Fiscal Impact

There is no fiscal impact from reviewing and accepting the IHSS Advisory Committee response to the Grand Jury report.

BACKGROUND

The IHSS Advisory Committee would like to thank you in advance for considering our response to the March 23, 2009 Grand Jury report, "IHSS: For the Needy, Not the Greedy."

All IHSS Advisory Committee actions are directed towards the goal of maximizing program benefits for caregivers and clients. Towards that goal, we have facilitated the distribution of a newsletter to inform and educate Sacramento County caregivers and recipients; created educational standards for the classes offered by the IHSS Public Authority; addressed the Board of Supervisors every November when you join us to celebrate National Caregivers Month; and completed a Quality Assurance analysis of the IHSS program, providing suggestions to the Board of Supervisors towards program improvements that would be possible at the local level.

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We appreciate that the Grand Jury shares our effort to enhance the program. We agree with some of their recommendations; however, it is our opinion that some of those recommendations would be harmful to caregivers and recipients, some are too costly to implement, some would reduce program effectiveness and some would harm the care-giving relationship. Our recommendations are contained in Attachment A.

DISCUSSION

The Sacramento County IHSS Advisory Committee was established by a resolution of the Board of Supervisors in February 2000. It is composed of eleven members, at least six of whom are current or former users of personal care services. IHSS Advisory Committee members are appointed by the Board of Supervisors. The mission of the Committee is to serve as a bridge to improve the IHSS system for recipients and providers by being an on-going conduit of information and advocacy to the Board of Supervisors for the entire community. The IHSS Advisory Committee members are faithfully committed to the recipients, caregivers and county administrators of the In-Home Supportive Services program to assure that services are provided in a manner that is fair, equitable and fiscally responsible. All IHSS Advisory Committee activities are directed toward that goal. In this capacity, it is our obligation to provide a response to the March 23, 2009 report, "IHSS: For the Needy, Not the Greedy" by the Sacramento County Grand Jury.

We are appreciative of the work completed by the Grand Jury. The forthrightness of the report plainly evinces their sincerity and commitment to the most vulnerable county residents. The report attempts to address the complex laws and regulatory schemes that govern the provision of IHSS services. Further, the report makes clear that the members of the Grand Jury attempted to weigh information about the program, reviewing numerous reports and calling many witnesses. We thank them for their efforts to strengthen this program. However, there are aspects of the report that this Committee would be remiss not to comment upon.

We were disheartened and disappointed to see that this report was not informed by testimony from any IHSS recipient or caregiver in Sacramento County. The Grand Jury report calls for sweeping systemic changes in the program, from the manner in which worked hours are recorded to establishing training requirements for caregivers. We are left to wonder whether those recommendations would have been influenced in any way had they heard from members of the community upon whom they would be imposed. The Grand Jury reports makes no finding or inquiry into the needs of those for whom English is a second language; were they considered in this report? The Grand Jury acknowledges that there are 21,290 recipients in the county and must have reviewed evidence indicating that there are a similar number of caregivers; surely one of them could have been called and heard.

Aside from individual recipients and caregivers, the Grand Jury did not hear from non-governmental organizations committed to the safety of the low-income elderly and disabled population. Input from any of the following agencies would have been valuable to the work of the Grand Jury: Area 4 Agency on Aging, Geriatric Network, Resources for Independent Living, Older Women's League of California, Eskaton Senior Connection, Multipurpose Senior Services Program and Alta Regional Services among others. These entities work directly with IHSS

caregivers and recipients and have valuable insights about the operational aspects of the program.

No member of the IHSS Advisory Committee was contacted to appear before the Grand Jury. The IHSS Advisory Committee and the Grand Jury have a shared vision of IHSS as the governmental program that assures the continued independence of the elderly and disabled. We are deeply committed to reducing fraud because we, as recipients, former recipients, providers, and advocates, know that every dollar wasted on fraud is a dollar that is not spent on care. We represent those most directly harmed by fraudulent activity and would like to have been heard by the members of the Grand Jury.

The failure to hear from a single IHSS recipient, IHSS service provider or IHSS Advisory Committee member gives rise to our most importance concern about this report; that is, this report seems to represent a somewhat one-sided view of the In-Home Supportive Services program. We are alarmed by some of the conclusory language used to describe the program, such as the statement that there were “rampant abuses” in the system, or that the program is “dysfunctional,” or worse “an employment program for ex-felons.” This language has been picked up and repeated by the media to the extent that the IHSS program in general, and caregivers in particular, have been stigmatized and the good work done by both is under a cloud of suspicion. Inclusion of elderly and disabled voices would have allowed the panel to hear of how often caregivers work unpaid hours to meet the needs of their recipients. The Grand Jury would have learned that recipients will often call their caregivers late into the evening when they are ill or in need of assistance or reassurance. Such inclusion would have evinced a more balanced and nuanced care-giving relationship than could otherwise have been known by the panel.

For example, we wish you could meet Jean Denson. Ms. Denson provided care for her elderly mother for over 30 years. A portion of the care her mother received was funded by the In-Home Supportive Services Program. A larger portion of her care was provided by Ms. Denson and was unpaid. The IHSS wage paid was far less than the cost of skilled nursing care, which is surely where Ms. Denson’s mother would have lived were it not for the small amount of wage paid to Ms. Denson. There were times when, if not for that wage, Ms. Denson would have been forced to abandon her mother’s care. Ms. Denson’s employment as a caregiver defied the usual employer-employee relationship. It occurred around-the-clock at times, at times was fragmented. Sometimes the workload increased due to the illness of her mother. There were no vacations or sick days, no scheduled lunch breaks, often no start time or end times. Ms. Denson’s care was a labor of love; who would not provide such care to their family member? Most Sacramento County providers are family members of the recipients. The report of the Grand Jury sets a tone that caregivers are perpetrators of fraud who are unconcerned with the well-being of their recipients. This could not be further from the truth.

Another such example is that of Antoinette Lopez-Coles. Injured in adulthood, Ms. Lopez-Coles relies on the services of her caregiver to remain in her home and out of a skilled nursing facility. When Ms. Lopez-Coles’ close family was unable to continue providing care she hired a caregiver referred from the Public Authority registry. Ms. Lopez-Coles knew registry caregivers were screened and cleared of criminal concerns. Her caregiver works five or six days every

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week, but often goes the extra mile. Ms. Lopez-Coles and her caregiver share a meaningful bond. Her caregiver will often stay a little longer, do a little more than her "task-hours" out of choice. She recently started a vegetable garden for Ms. Lopez-Coles. Hearing from caregivers and recipients would have been an opportunity for the Grand Jury to discover the workability of their suggestions.

The exclusion of the disabled and elder community and use of incendiary language might be understandable to us were such language and exclusion justified by actual, factual findings of "rampant" fraud and systemic "dysfunction." Though we read and reread the report, we could not find evidence that would support this characterization. According to the Grand Jury's own findings, in fiscal year 06-07, there were 397 reports of suspected fraud out of approximately 17,735 IHSS cases. That is a 2.2% rate of suspected fraud. Of those, 31 were provided and accepted for prosecution by the District Attorney, a rate of prosecutable fraud that is 0.2%. Is that "rampant" fraud? Think again!

The Grand Jury appears to infer the types and amounts of fraud in Sacramento County by referring to anecdotal evidence and reports of fraud in other counties or reports that attempted to approximate fraud statewide. For example, the Grand Jury refers to a *news report* of an *estimate* in an analysis by the Governor's Office. In another portion of the report, they refer to a statement about IHSS made by a Southern California Grand Jury. They rely on media reports from Contra Costa County. They rely on the anecdotes relayed by a very, very narrow pool of witnesses. Then, after enumerating this information that is not derived from Sacramento County, the Grand Jury concludes by stating that, "The incidence of fraud in Sacramento County is higher than expected." After reading and rereading this report, we on the Advisory Committee are hard pressed to find how the Grand Jury could do more than suspect that there is "higher than expected" fraud here. We see the report somewhat rebukes IHSS management for calling the amount of fraud "inconsequential" but they do not point to Sacramento County evidence that shows it is more than inconsequential. This lack of evidence is troubling for two reasons; the first has been previously mentioned, that the report casts the program and caregivers under a cloud of shame and suspicion that was not justified by the evidence and secondly, this report makes sweeping recommendations for change. We are not policy makers or program managers, but we can predict many of the recommendations in the program will be costly. Their implementation will stress an already overwhelmed (and, because of budget cuts, shrinking) service delivery system.

This leads to our last and final recommendation: We join with the request of the Grand Jury for an annual fraud report that will provide actual, reliable and quantifiable information about the amount of IHSS fraud in Sacramento County. We understand that fraud occurs, to one degree or another, in every entitlement program. We understand that fraud occurs in IHSS. We call for a county process to identify the abuses in this county, rather than guess or estimate. A proper response can only occur when there is certainty about the amount and types of IHSS fraud in this county.

FINANCIAL ANALYSIS

There is no fiscal impact from reviewing and accepting the IHSS Advisory Committee response to the Grand Jury report.

Respectfully submitted,

KRISTEN LYALL, Chair
IHSS Advisory Committee

Attachments:

Attachment A: IHSS Advisory Committee Response to Grand Jury Recommendations

Attachment A
In-Home Supportive Services Advisory Committee
Comments On the Specific Findings and Recommendations of the Grand Jury
June 16, 2009

Finding #1: IHSS does not have adequate program controls to eliminate fraud.

Response to Finding #1:
AGREE

The Advisory Committee agrees with enhanced funding for fraud prevention and detection and with the recommendation regarding 12 hour day legislation.

Finding #1.1 & Recommendation 1.1: Timesheets are completed in a pro forma manner and the County should issue a supplemental timesheet with clock hours, vacation days and sick time.

Response to Finding #1.1 and Recommendation 1.1:
AGREE IN PART and DISAGREE IN PART

It is outside the authority of this County to redesign the timesheet and that the costs of adding supplemental timesheet with clock hour increments would be more costly than beneficial and that money would be better spent on increasing staffing levels. We would add that most Sacramento caregivers are family members who are rarely able to take sick time or vacation days because of their commitment to their clients and lack of substitute care providers. Care-giving is not like other employment and the timesheet needs to reflect the realities of the caregiver's workday.

Finding #1.2 & Recommendation 1.2: The lack of a perjury statement is a problem in fraud investigations that should be addressed through a supplemental timesheet.

Response to Finding #1.2 & Recommendation 1.2:
AGREE IN PART AND DISAGREE IN PART

We agree that a perjury statement would be a useful tool, however it is impractical to create and implement a separate timesheet. This problem is being addressed by the new Sacramento County Orientation process and the State's new Provider Enrollment form which contains a timesheet perjury statement.

Finding #1.3 & Recommendation 1.3: *Reassessments are in arrears and should be enforced.*
AGREE

We definitely agree that reassessment requirements should be met and would urge staffing levels to accomplish that task.

Finding #1.4 & Recommendation 1.4: There is a no fraud data management system and one should be created to detect fraud.

AGREE with information presented by the IHSS program. ADAM was not developed for fraud data management.

Finding #1.5 & Recommendation 1.5: Social workers rarely make unannounced visits to recipients and random, unannounced visits should be conducted.

Response to Finding #1.5 & Recommendation 1.5:

AGREE

We agree that unannounced social worker visits can be helpful; but we have concerns. We would like assurance these visits will be of assistance in the care-giving relationship and not purely for punitive purposes. We would like strict guidelines about who is selected for visits and that the criteria be random, or random within selected groups. We would like staff who conduct unannounced visits to receive special training to assure sensitivity to the intrusive nature of unannounced visit and the impact it will have on recipients and caregivers alike. We would also recommend that staff not be diverted from other IHSS activities, such as intake or reassessments, but that the program receives allocations for additional help. We are also concerned about social worker safety and believe the visits for purely investigative purposes could result in increased risk to their safety.

In addition to IHSS fraud unit social workers to combat fraud, the IHSS Public Authority conducts home visits to educate new registry consumers about the IHSS program and requirements. We believe this has been an effective mechanism for combating fraud.

Finding #1.6 & Recommendation 1.6: Recipients are not fully informed by IHSS social workers that they may request a criminal background check on their provider and should be informed.

Response to Finding #1.6 & Recommendation 1.6:

DISAGREE

Recipients are informed of this right.

Finding #2 & Recommendation #2, 2.1 and 2.2: Service hours are added without verification of recipients' health needs and Medi-Cal conditions and a physician pool should be established for verification. Require Medi-Cal evaluation where there is a change of 20% of those with over 200 hours.

Response to Finding #2 & Recommendation #2, 2.1 & 2.2::

DISAGREE

The IHSS program complies with existing law. Collection of medical information for verification purposes should be need based.

Finding #3 & Recommendation 3.1, 3.2, 3.3, 3.4 & 3.5: The existing fraud investigation process is cumbersome and ineffective. Transfer fraud investigations to DA and Sheriff's Department. Establish a Deferred Entry of Judgment (DEJ) program, Transfer Restitution to Sheriff's Department, Lower the prosecution threshold amount. Submit yearly fraud report to the Board of Supervisors.

Response to Finding #3 & Recommendation 3.1, 3.2, 3.3, 3.4 & 3.5:
DISAGREE in PART and AGREE in PART.

Having heard from the existing fraud investigators on several occasions over the years, we disagree with the recommendation to move the fraud unit to the District Attorney's office. These investigators, who are sworn officers, are professional, experienced (several have work experience in DA offices) and dedicated to fraud discovery and prosecution. It is best that they reside as close to the IHSS delivery system as possible to maintain on-going contact with the program's day-to-day activities. We agree that the Deferred Entry of Judgment program may be efficient in resolving some types of fraud. We note that the prosecution threshold value has already been reduced to \$400 and would agree that a yearly report regarding county fraud levels would be an informative baseline useful to the Board.

Finding 4 & Recommendation 4.1 & 4.2: *Social Worker Fraud detection training is insufficient. Social workers should receive comprehensive training with annual updates. The needs assessment tools should be applied uniformly.*

Response to Finding 4 & Recommendation 4.1 & 4.2:
AGREE.

Social workers are receiving state mandated training and in- program training. More fraud detection may be helpful but funding to achieve these goals should not be redirected from existing assessment and intake activities.

Finding 5 & Recommendation 5.1, 5.2, 5.3 & 5.4: *Recipients lack adequate information upon which to make hiring decisions. Required in-person meetings with providers, revise the provider application, require provider criminal background checks and require tuberculosis tests.*

Finding 5 & Recommendation 5.1, 5.2, 5.3 & 5.4:
AGREE in PART, DISAGREE in PART.

IHSS has taken steps to establish in-person contact with providers and the State is adjusting their enrollment forms. The IHSS Public Authority, as previously mentioned, conducts a personal interview and collects criminal background information from every registry caregiver. Most caregivers are friends and family members whose histories are

known to recipients and, as IHSS makes clear, providers can only be barred from the program for a narrow list of offenses. Criminal background checks are available at no cost to the recipient and recipients are advised of that.

Finding #6 & Recommendation #6: The IHSS Information Technology Department has recently developed and implemented a software database name ADAM. This has immensely improved the intake, evaluation and tracking of IHSS recipients. The IT Department should be commended.

Response to Finding #6 & Recommendation #6:
AGREE

The IHSS Information Technology Department and The IHSS Program present a commendable model for collaborative efforts to achieve common goals.

Finding #7 & Recommendation #7: The Registry, funded last year at \$1.6 million, is not cost-effective. The number of employed Registry screened providers is small (less than one percent) as is attendance in various classes. The Board of Supervisors should evaluate registry functions, workload and funding.

Response to Finding #7 and Recommendation #7:
DISAGREE.

The Public Authority functions exceed those enumerated by the Grand Jury and include benefit administration, collective bargaining, the provision of emergency services to forestall hospitalizations and serving as the employer of record for providers. The registry measures its success by assuring that caregivers maintain long-term employment relationships and servicing many clients for whom locating and maintaining caregivers may be particularly difficult. The Public Authority has a broad array of educational classes, taught by community subject matter experts that are free to providers and recipients. The educational program is designed to respond to the diverse needs and interests of Sacramento recipients and caregivers. To date, the Public Authority has provided education to over 10,000 care providers. It publishes a newsletter, "Caring Matters" that presents timely information about health, safety and resources to caregivers and recipients in over 27,000 Sacramento homes.

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CALIFORNIA**

For the Agenda of:
June 16, 2009
11:30 a.m.

To: County of Sacramento Board of Supervisors

From: In-Home Supportive Services Public Authority

Subject: In-Home Supportive Services Public Authority Response to Grand Jury Findings and Recommendations on IHSS Services in Sacramento County

Contact: Bernadette Lynch, Executive Director, (916) 875-0945

Overview

The Sacramento Grand Jury issued a report on IHSS Services on March 23, 2009 entitled, "IHSS: For the Needy Not the Greedy." The Grand Jury report contains findings and recommendations about the state of the Sacramento County In-Home Supportive Services (IHSS) program.

Recommendations

Review and accept the attached IHSS Public Authority response to the Grand Jury report (Attachment A).

Fiscal Impact

There is no fiscal impact from reviewing and accepting the IHSS Public Authority's response to the Grand Jury report.

BACKGROUND

On March 23, 2009, the Sacramento County Grand Jury released a report about IHSS Services in Sacramento County entitled: "*IHSS: For the Needy Not the Greedy.*"

The Grand Jury report contains 12 findings and 21 recommendations about the IHSS program. Of the 21 recommendations made by the Grand Jury in the report on In- Home Supportive Services, the IHSS Public Authority agrees with nine (9), agrees in concept with two (2), and disagrees with ten (10) recommendations.

DISCUSSION

The IHSS Public Authority wants to acknowledge all of the volunteer members of the Sacramento County Grand Jury for their service and their concern for the elderly and disabled recipients of the In-Home Supportive Services Program (IHSS). The Grand Jury was faced with mastering a very complex program in a relatively short time. IHSS is a program with matrix

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governance: the state is responsible for issuing the payroll and employer taxes; the IHSS Public Authority to negotiate/administer provider wages and benefits and providing training; the Sacramento County Department of Health and Human Services for assessing recipients' needs for service, authorizing hours and processing timesheets; and the IHSS recipient for hiring, firing, and supervising the provider. The complexity may have led to some incorrect and misleading information in the body of the Grand Jury report and to conclusions alluding to a program fraught with fraud without substantive basis.

In the report, the Grand Jury identifies the Registry as the "Public Authority" which demonstrates a misunderstanding of the Public Authority and its operations. The Registry is only one component of the IHSS Public Authority and the cost attributed to the Registry in the report is the cost of personnel, not just for the Registry, but for the entire Public Authority staff.

The Grand Jury report further indicates that other counties have a 50-70% rate of hire from the registry and that in Sacramento County less than 1% of the providers are hired through the registry. This paints an incomplete picture of the hiring practices of IHSS recipients in Sacramento County. Of the 21,000 recipients in the county, 72% hire family members, friends or other people they know and, by law, may hire anyone regardless of their background. Of the remaining 6,000 providers, on average the Caregiver Registry serves about 1,000 or 17% of the possible registry population in a year.

The screening process for registry providers is comprehensive and includes a pre-orientation questionnaire; completion of a two-part orientation which includes a small group meeting and a face-to-face interview; reference checking; a clean check of both Sacramento County Superior Courts criminal history and Megan's law website, prior to sending an applicant for a Department of Justice (DOJ) background report.

The Grand Jury report indicates that anyone "who is blind or disabled on Medi-Cal, Supplemental Security Income, and is income eligible qualifies for the program." This is incorrect. While an SSI recipient is categorically eligible for Medi-Cal, that individual to qualify for IHSS must demonstrate a need (mental and/or physical) to be eligible for IHSS benefits.

In the discussion regarding the lack of qualifications for providers, the Grand Jury cited the curriculum for state certified home health aides (HHA). In Northern California, virtually all home health aide training programs are linked to the certification for a Certified Nursing Assistant (CNA) and cannot be earned separately. The report indicates that with training and background checks the HHA earns only \$9.25 per hour in contrast to the IHSS provider. Again, this information is incorrect. The Sacramento County Office of Education advises that the current HHA starting wage is between \$13.25 and \$15.00 per hour.

The Grand Jury report lists only five class topics that the Public Authority provides to both recipients and providers, contrasting those to the HHA curriculum. The IHSS Public Authority over the past eight years has taught 10,000 IHSS providers and recipients in nearly 500 classes. In 2008, over 50 topics were offered, including classes similar in curriculum to those listed as Home Health Aid modules in the Grand Jury report. Career providers often complete a series of core classes as identified by the IHSS Advisory Committee, earning a certificate attesting to

completion of basic caregiving skills training. For a comprehensive list of topics taught by the IHSS Public Authority, see Attachment B.

Like the IHSS Advisory Committee, the IHSS Public Authority is dismayed that while the Grand Jury took testimony from a variety of individuals, that testimony did not include even one IHSS recipient or IHSS provider. This oversight is significant as these are the individuals who the Grand Jury was attempting to assist with their work and recommendations

Finally, the Grand Jury report identifies fraud in the IHSS program as being "rampant and out of control." The Sacramento County IHSS program has an independent fraud unit through a contract with the Department of Human Assistance. For many years this unit has trained IHSS personnel how to identify potential fraud. Using the figures from the Grand Jury Report, there were 397 referrals to the fraud unit in Fiscal Year 2006-07, or 2.2% of the 17,735 cases in that year. Of those referrals, 25 were prosecuted by the District Attorney (0.02%) and 177 cases referred to County Revenue and Recovery (0.1%). This suggests fraud and overpayments were identified in about half of the referred cases or about one-half of one percent (0.05%) of the IHSS cases in that fiscal year. While there is some fraud in the IHSS program as there is in all assistance programs, this historical information suggests that the suspected incidence is not pervasive and that actual fraud is being detected, the offenders prosecuted, and overpayments are being discovered and recovered.

FINANCIAL ANALYSIS

There is no fiscal impact from reviewing and accepting this response to the Grand Jury report. Implementing recommendations contained within the report will have varying cost requirements. If specific recommendations are selected for implementation, costs can be calculated.

Attachment A contains the IHSS Public Authority's response to each of the recommendations made by Grand Jury. Should you have any questions, don't hesitate to contact me at (916) 875-0945.

Respectfully submitted,

BERNADETTE LYNCH, Executive Director
IHSS Public Authority

APPROVED:
TERRY SCHUTTEN
County Executive

By: _____
JAMES W HUNT, Acting Administrator
Countywide Services Agency

Attachments:

Attachment A: IHSS Public Authority Response to Grand Jury Recommendations

Attachment B: IHSS Public Authority Class Topics

Attachment A
IHSS Public Authority Response
To the Sacramento County Grand Jury Report
June 16, 2009

**SUBJECT: 2009 GRAND JURY RECOMMENDATIONS FOR IN-HOME
SUPPORTIVE SERVICES: FOR THE NEEDY, NOT THE GREEDY**

FINDING 1

IHSS does not have adequate program controls to eliminate fraud.

FINDING 1.1

Timesheets are routinely completed in a pro forma manner. Timesheets are often identical week after week, month after month, year after year and do not reflect when providers or recipients are unavailable due to illness or other factors.

RECOMMENDATION 1.1

Add a supplemental timesheet with clock hour implements (sic) versus the current block time accounting to be put in the recipient's file. A County supplemental timesheet would not require any computer system reprogramming, and the cost would be insignificant.

RESPONSE

IHSS Public Authority – Disagree

The State of California Department of Social Services (CDSS) regulates the IHSS program and is responsible for the design and any changes to the design of the timesheet. At a recent legislative hearing, a CDSS spokesperson noted that no changes would be made to the timesheet because the new software system, CMIPS II, that is to go on line in 2010, has been designed with the current timesheet configuration and any changes would be very costly. Further, with the implementation of CMIPS II in the near future, all timesheets will be processed by the State of California at a central location.

With regard to a county supplemental timesheet, this is impractical. The IHSS payroll staff now processes over 20,000 timesheets every two weeks. A supplemental time sheet, as recommended, would require some type of reconciliation, which would be labor intensive and impractical with ever decreasing staff resources.

It is unclear how a supplemental timesheet would be used to identify or reduce fraud. Such a timesheet would not preclude completion in a pro-forma manner. Current timesheets reflect sick leave/vacations simply by a reduction of hours worked.

FINDING 1.2

The lack of a perjury statement is a problem in fraud investigations.

RECOMMENDATION 1.2

Include a perjury statement on the County Supplemental Timesheet. Require both recipient and provider thumb prints on these timesheets to improve accountability, deter fraud and facilitate fraud investigation.

RESPONSE

IHSS Public Authority – Disagree

The CDSS is redesigning the Provider Enrollment form to be implemented in fall 2009. The IHSS provider will be required to attest that timesheets are signed under penalty of perjury and to meet with county staff for purposes of ID. The statement for signature will include provider information; disclosure statements related to felony convictions; acknowledgment about the timesheet (accuracy, hours only for authorized services and the need for the recipient's signature).

FINDING 1.3

The required annual recipient reassessments are in arrears from four to twelve months.

RECOMMENDATION 1.3

Enforce the annual Recipient reassessment requirement.

RESPONSE

IHSS Public Authority – Agree

The annual reassessments should be completed according to regulation, which requires a home visit every twelve to eighteen months. The recent reduction of IHSS staff (32 positions in FY08/09) and the proposed reduction of an additional 47.6 FTE's for FY09/10 will make this difficult.

FINDING 1.4

There is no fraud data management system.

RECOMMENDATION 1.4

Develop a data management system capable of detecting potential fraud.

RESPONSE

IHSS Public Authority – Agree in concept.

Procurement of such a system is not feasible currently as it would require state approval and funding beyond the new CMIPSII project. CMIPSII, however, will assist in the effort to detect fraud because it will interface with the Medi-Cal Eligibility Data System (MEDS) and will also be able to provide current death match information.

The Department of Human Assistance IHSS fraud unit has been successful in development of a system that detects fraud in other public assistance programs. This type of system can be expanded into the IHSS, with allocation of additional funds to support its implementation.

FINDING 1.5

Social workers rarely make unannounced visits to recipients.

RECOMMENDATION 1.5

Require social workers to conduct unannounced home visitations on a random basis to reduce the number of “stage managed” reassessments.

RESPONSE

IHSS Public Authority – Disagree

Instead of unannounced home visits, a case management system should be implemented to provide social workers the opportunity to make more frequent home visits, have more contact by phone and to get to know the IHSS recipients. Social workers can then better assess the recipients’ needs and ensure that the services are being delivered which is a deterrent to fraud. Unannounced home visits can be seen as disrespectful and intrusive.

FINDING 1.6

Recipients are not fully informed by IHSS social workers that they may request a criminal background check of their providers.

RECOMMENDATION 1.6

Enforce the requirement that social workers inform recipients of their right to have criminal background checks conducted on their providers.

RESPONSE

IHSS Public Authority – Disagree

IHSS recipients are currently informed of their right to DOJ background checks on providers and potential providers. These notices are provided at intake and as part of the Caregiver Registry packet distributed annually to each recipient at reassessment. Public Authority newsletters have also included advising IHSS recipients that they can request a DOJ background check on any provider. In spite of these on-going notices, requests for non-registry based background checks are rare.

FINDING 2

Service hours are added without verification of recipients’ health needs and Medi-Cal conditions.

RECOMMENDATION 2.1

Establish an independent pool of physicians to periodically review recipient files of Medi-Cal and mental conditions to provide both quality control and certification of claimed needs and services.

RESPONSE

IHSS Public Authority - Agree

A physician currently reviews targeted IHSS cases, however this position is slated for elimination as part of the FY 09-10 budget reductions.

RECOMMENDATION 2.2

Require a Medi-Cal (sic) evaluation when a change of 20% or more hours is requested for those receiving 200 or more hours of service.

RESPONSE

IHSS Public Authority - Disagree

Requiring a medical evaluation every time the hours significantly change is costly and could become a barrier to necessary care.

FINDING 3

The existing fraud investigation process is cumbersome and ineffective.

RECOMMENDATION 3.1

Create an operationally independent task force composed of the County Sheriff's Department and the County District Attorney's Office to conduct fraud investigations. It would be funded by \$1 million currently being expended on fraud by IHSS.

RESPONSE

IHSS Public Authority – Disagree

The current fraud investigation unit is separate from the IHSS program, with the investigators being provided by the Department of Human Assistance. The investigators are experienced, law-enforcement professionals, many with prior experience working in a District Attorney's office as investigators. The current agreement is that any case referred to the District Attorney be "prosecution ready" meaning that no additional work is needed to take the case to trial. It is important that the investigation unit stay as close as possible to the IHSS unit and its staff to best identify potential fraud. Fraud unit personnel communicate routinely with the DA staff to determine which of the cases will proceed to prosecution now. Enhancing communication is always of benefit, so encouraging the fraud unit and the DA to continue meeting and enhance their interaction would be positive.

RECOMMENDATION 3.2

Establish a "Deferred Entry of Judgment" program by the County District Attorney to permit the expeditious adjudication of fraud cases, determination of offender sanctions and monetary restitution.

RESPONSE

IHSS Public Authority – Agree

The IHSS fraud unit has requested this for some time. However, it is costly to implement.

RECOMMENDATION 3.3

Transfer the IHSS monetary restitution function to the Sheriff's Department from the Department of Revenue and Collections. Because of sanctions that may be imposed, the amount of restitution can be expected to dramatically increase.

RESPONSE

IHSS Public Authority Response – Disagree

Revenue and Collections staff are professionals who have the skills, tools, and information to collect amounts due the county, including the placement of liens. There is no data provided that would substantiate the claim that the amount of restitution would increase if this function was transferred to the Sheriff. Sheriff staff should have their time free to protect the citizenry and not become debt collectors.

RECOMMENDATION 3.4

Lower the current prosecution threshold set by the District Attorney's Office for fraud prosecution from \$1,500 to \$500.

RESPONSE

IHSS Public Authority– Agree

The DA prosecution level has recently been lowered to \$400, the level of felony theft.

RECOMMENDATION 3.5

Submit to the County Board of Supervisors a yearly comprehensive fraud report, including cases investigated, types of fraud, dollar value, and disposition.

RESPONSE

IHSS Public Authority – Agree

It is essential that on-going data is collected and reviewed. With such data, the charge of rampant fraud can be validated or refuted.

FINDING 4

Social workers do not receive adequate training in fraud identification and reporting.

RECOMMENDATION 4.1

Require management to provide and social workers to successfully complete comprehensive training in fraud detection, with updates to be given annually.

RESPONSE

IHSS Public Authority – Agree

The Los Angeles Department of Social Services has developed a module to train social workers about fraud detection. LA has agreed to share it with Sacramento County. It is currently being revised but should be available in sixty days.

RECOMMENDATION 4.2

Require reliability assessment of social worker training on the Needs Assessment to achieve greater uniformity on recipient needs assessment and hours granted.

RESPONSE

IHSS Public Authority – Disagree

The State of California has mandatory training on uniform needs assessment, time for task, and hours granted. All social workers must already attend this training.

FINDING 5

Recipients lack sufficient information to make informed decisions about their providers.

RECOMMENDATION 5.1

Require that all current providers undergo a face-to-face meeting with an IHSS representative to verify identification and to receive a program orientation that is verified by providers' signatures.

RESPONSE

IHSS Public Authority – Agree

The revised Provider Enrollment form when implemented in the fall 2009, will require a meeting vis-à-vis with county/public authority staff. All current providers and all new providers will be required to sign and have a meeting vis-à-vis with staff when implemented. This meeting can be used as an opportunity for provider orientations. This will be a challenge as both IHSS staff and Public Authority staff are slated for reductions and the program currently has 20,000 providers and enrolls about 7,500 new providers each year.

RECOMMENDATION 5.2

Revise the provider application to include name, date of birth, driver's license number, address, photo, and thumb prints, a question regarding any convictions, a question regarding whether he/she has ever been a provider elsewhere, used any other name, alias, or security number, and sign a perjury statement that the information provided is correct.

RESPONSE

IHSS Public Authority – Agree

Again, this will be accomplished with the revised state-mandated Provider Enrollment form set to be implemented in the fall 2009, except for the thumbprint requirement.

RECOMMENDATION 5.3

Requires all providers to have and pay for a fingerprint-based criminal background check and the results to be given to recipients so they can make an informed judgment about their provider.

RESPONSE

IHSS Public Authority – Disagree

The IHSS program is unique in that the employer-employee relationship is between the recipient and the provider for purposes of hiring and firing. Fingerprinting is now done for all registry providers. For non-registry providers, it is up to the recipient as the employer to request fingerprinting and a background check. Fingerprinting of all providers would require a change in state policy and is not within the scope of the county.

The IHSS Public Authority is mandated to establish a registry and is required to investigate the qualifications and background of potential providers before the provider is enrolled on the registry. As noted in Recommendation 1.6, DOJ background check availability is already provided to all IHSS recipients and is at the discretion of the recipient. IHSS recipients by regulations can hire whomever they choose. Since most IHSS recipients hire family members or friends, requiring DOJ background checks for all providers will likely have limited impact on IHSS recipients' hiring patterns. Requiring providers to pay for fingerprint-based background checks is a negotiable condition of employment. The processing time for the DOJ to process and send background checks, which ranges from 24 hours to several weeks, could delay provider availability for IHSS recipients.

RECOMMENDATION 5.4

Require all providers to pass a tuberculosis test.

RESPONSE

IHSS Public Authority – Agree in concept

TB testing could be a useful screening process, however, it will have a cost. The Public Authority in its infancy explored making this a requirement but the costs were limiting. Again, this would be a negotiable condition of employment if the providers were expected to pay for such screening. In the years since its inception, the Public Authority has not been advised of one instance where TB has been transferred from the provider to the recipient. TB tests would delay a new provider's availability by a minimum of three days.

FINDING 6

The IHSS Information Technology Department has recently developed and implemented a software database named ADAM (Adult Data Automation Module). This has immensely improved the intake, evaluation, and tracking of IHSS recipients.

RECOMMENDATION 6

The IHSS Information Technology Department is commended and should be recognized for their accomplishment.

RESPONSE

IHSS Public Authority Response – Agree

The IHSS Information Technology staff should be recognized for this accomplishment. The IHSS IT staff and management should also be recognized for the development of a timesheet

scanning tool implemented in 2001. This tool has hastened the processing of timesheets and greatly reduced complaints associated with timesheet processing.

FINDING 7

The Registry, funded last year at \$1.6 million, is not cost-effective. The number of employed Registry screen providers is small (less than one percent) as is attendance in various classes.

RECOMMENDATION 7

Encourage the County Board of Supervisors to evaluate the Registry functions, workload and level of funding:

RESPONSE

IHSS Public Authority - Disagree

The registry is only one component of the IHSS Public Authority and the \$1.6 million cited is the staffing cost for the entire Public Authority not just the registry.

The Public Authority, established by the Board of Supervisors in 2000, is mandated to act as the employer of record for collective bargaining; assist IHSS recipients in hiring providers; investigate the qualifications and background of potential providers; provide training for both recipients and providers; and perform other functions related to the delivery of IHSS services.

Currently the Caregiver Registry, as part of the Public Authority, has four registry specialists who screen potential providers and then match them with recipients who are in need of a caregiver. The providers must complete a screening tool; be accepted into the two-part orientation, complete an application providing references, be cleared through review of Sacramento Superior Court records and Megan's Law list, and complete a DOJ background check before they are enrolled on the registry. IHSS consumers must complete an oral application that identifies the number of hours needed, and preferences in relation to a host of needs. When a consumer needs a caregiver, a computer database generates a list of best matches based on IHSS consumer's needs and preferences. The IHSS recipient may use this list to hire a caregiver.

Effective July 1, 2009 due to a reduction in funding, the registry will have only three registry specialists lengthening the time to create lists, reducing the time available to assist with hiring, and reducing the number of new providers brought onto the registry.

Most recipients hire family and friends. Of those that do not, the registry serves 1,000 recipients yearly, but produces 1,500 lists. Often additional lists are needed as the recipient finds it difficult to maintain a provider for a number of reasons. The registry is advertised in newsletters and a registry packet is given to each new IHSS recipient and at annual reassessments.

In addition, a social worker works closely with the registry when there is a need for urgent care due to the unexpected absence of a recipient's caregiver. Before the contractual services for urgent care are used, the registry and the social worker work to find a registry provider who is willing and can work on short notice.

Registry staff is also available to provide DOJ background checks upon the request of any IHSS recipient. This is an infrequent occurrence although this service is regularly publicized. The Public Authority does all of the background checking and provides training to all registry providers fulfilling the grand jury recommendation 1.6.

In addition to the registry specific activities detailed above, the IHSS Public Authority staff has negotiated four agreements with the union representing IHSS caregivers, IHSS Public Authority staff administers programs of health and dental insurance for over 3,000 IHSS caregivers, as well as COBRA continuation coverage for those who have lost health benefits and elect to continue that coverage under the group plan at their own expense. Since its beginnings in 2000, the IHSS Public Authority has coordinated the education of over 10,000 IHSS caregivers and recipients in over 570 classes. Staff has published two quarterly newsletters delivered to over 27,000 IHSS households. IHSS Public Authority provides staff support to the IHSS Advisory Committee and their various subcommittees. And, finally, the presence of the IHSS Public Authority, as an entity separate from the County of Sacramento, insulates the county (and the state) from negligent or willful activities of IHSS providers.

Attachment B
IHSS Public Authority
Curriculum List

3D's Delirium, Delusions, Depression
4 D's-Dementia, Delirium, Delusions, Depression
Adult & Infant/Child First Aid/CPR/AED-Spanish
Adult First Aid & CPR
Adult First Aid & CPR with Russian Translation
Adult First Aid/CPR (Spanish)
AIDS/HIV Overview
Alcohol and Other Drugs
Alzheimer's & Dementia
Back Injury prevention and chemical hazards
Balance and Fall Prevention
Beat the Heat
Bipolar, Depression, Suicide, and others
Bowel, Bladder & Wound Care (Spanish Translation)
Bowel, Bladder and Wound Care
Bowel, Bladder and Wound Care (Russian)
Brain Power: How to Keep It
Cancer Hypertension and Heart attacks
Cancer, Hypertension and Heart Attacks (Hmong translation)
Caregiver Job Skills
Caregiver Job Skills (Russian)
Caregiver Skills Follow-up Training for Registry Caregivers Only
Caregiver Support Groups
Caregiving with Class
Caregiving with Class and Stress Management
Caring and Communicating with Class
Caring for Acute and Chronic Illnesses
Child/Infant First Aid/CPR
Chronic Diseases
Clutter Control
Coming Clean with Ruthie
Communicable Diseases
Communication Skills for Caregivers
Community Resources to the Rescue
Community Resources to the Rescue with Russian Translation
Congestive Heart Failure
Consumer Classes
Coping with Cancer
Dental Care and the Link to Physical Health
Dementia and Preventing Falls

Dementia and Preventing Falls (Hmong Translation)
Dementia and Preventing Falls (Russian)
Dementia and Preventing Falls (Spanish Translation)
Diabetes and Infection Control
Diabetes and Infection Control (Russian)
Diabetes and Infection Control (Spanish translation)
Dining with Diabetes/High Blood Pressure/Heart Disease
Disaster Preparedness
Disaster Preparedness II
Don't Let Talk of the Flu Fool You
Driving Your Consumer with Care
Eat Well, Be Well
Elder Abuse Prevention (consumer class)ACC Greenhaven Terrace
Family Caregiver Orientation
File of Life (Greenfair Apartments)
First Aid/CPR (Russian ONLY)
First Aid/CPR (Spanish ONLY)
First Aid/CPR English
Food Safety
Foot Care
Grief and Loss
Hazards of Homecare and Bloodborne Pathogens
Health & Safety Part 1 - Hazards in Homecare
Health & Safety Part 2-Workplace Violence Prevention
Healthy Living, Hypertension & Heart Attacks
Hearing Loss
Hmong Women's Center Outreach
Homecare Health and Safety - Part 1
Homecare Health and Safety-Part 2
How to be a Nutrition Wizard
How to Identify and Report Suspected Elder Abuse
How to Make the Best of Your Doctor's Appointment (Mandarin & Cantonese Translation)
Humor For the Health of It
Improve Mobility and Transfer Safety
Introducing IHSS
Introducing IHSS (Russian)
Laughter is the Best Medicine
Let's Talk – Communication Skills for Caregivers
Living with Chronic Illnesses
Living with long term Illness
Loss of Vision, Hearing, and Mobility
Lupus & Navigating Through the Health Care System
Make Safe Serve Safe
Making Peace Through the Power of Forgiveness
Managing Arthritis, Gout, and Joint Disease
Managing Arthritis, Gout, and Joint Disease (Hmong translation)

Managing Chronic Diseases
Medi-Cal & Long Term Care
Medicare Part D-The Prescription Drug Benefit Program
Memory Maintenance
Mental Health Bipolar and depression
Mental Health Overview
Mobility and Transfer Safety
Moving from Patient to Person/Chronic Pain
Myths and Facts About Aging
Neurological Diseases
Neurological Diseases(Parkinson's and Seizure Disorders)
Nurturing the Caregiver's Mind and Body
Nurturing the Caregiver's Mind and Body
Nutrition Wizard
Obsessive Compulsive Disorder (OCD)
Organizing Workloads and Medical Records
Orientation
Orientation for Family Caregivers
Overview of HIV/AIDS
Paratransit
Personality Disorders
Podiatry - Steps for Keeping Feet Fit
Points for Providing Personal Care
Points for Providing Personal Care (Spanish Translation)
Points for Providing Personal Care Including Wheelchair Users
Presenting IHSS & the IHSS Public Authority
Preventing Identity Theft
Preventive Health for Women
Protect Your Consumer and Yourself from IHSS Fraud
Providing care for children
Providing Personal Care for Wheelchair Users
Risk Mapping and Blood borne pathogens
Rx for Communicating with Doctors & Medication Mgmt. (English with Spanish translation)
Rx for Communicating with Doctors and Medication Management
Rx for Communicating with Dr's and Med Management
Schizophrenia
SEIU Health and safety p1
SEIU Health and Safety p2
SEIU Health and Safety p3
Self Care for the working caregiver
Senior Health, Part 1
Senior Health, Part 2
Senior Safety & Crime Prevention
Senior Wellness
Skin Care and Infection Control
Skin Care and Pressure Sore Prevention

Sleep Disturbances
Stomach and Digestive Disorders
Survival Guide for the Holidays
Taking charge of your health care
Tax Information for IHSS Caregivers
The Soothing Effects of Art
Understanding and Caring for Cardiovascular Disorders
VITA Tax preparation
Watt Avenue Caregiver Support Group
When Behavior is Difficult
Women's Health
Women's Health (Russian)
Women's Health Issues-Consumer Outreach (English and Russian)
Workplace Violence Prevention

Total Count = 146 Classes