CDSS
JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

ARNOLD SCHWARZENEGGER
GOVERNOR

May 13, 2010

The Honorable Mark Leno, Chair
Senate Budget Sub 3 on Health and Human Services
State Capitol, Room 4061
Sacramento, CA 95814

The Honorable Dave Jones, Chair
Assembly Budget Sub 1 on Health and Human Services
State Capitol, Room 4146
Sacramento, CA 95814

The Honorable Carol Liu, Chair
Senate Human Services Committee
1020 N Street, Room 521
Sacramento, CA 95814

The Honorable Jim Beall, Chair
Assembly Human Services Committee
1020 N Street, Room 124
Sacramento, CA 95814

The Honorable Denise Moreno Ducheny, Chair
Joint Legislative Budget Committee
1020 N Street, Room 553
Sacramento, CA 95814

Dear Honorable Members:

As enacted last year, the Fiscal Year 2009-10 state budget and its associated trailer bill legislation made numerous changes and reforms to the In-Home Supportive Services (IHSS) Program. Since that time, the Legislature has held a number of oversight and budget committee hearings on those changes and reforms, and has requested a significant amount of information from my Department, which we have provided.

The purpose of this letter is to formally transmit as a single package the major pieces of information so far provided, as listed on Enclosure 1. Please be assured that my Department is committed to continue responding to requests from all parties in an open and transparent manner given our available resources, including staff. To further facilitate the sharing of information, our work products, timelines, meeting agendas and summaries, provider enrollment updates, and other information regarding recent changes in the program are being routinely posted on our public IHSS website, http://www.cdss.ca.gov/agedblinddisabled/, in the "Budget Information" section.

The involvement of stakeholders in the development and implementation of these program changes is important to us. There is no substitute for their knowledge and experiences, and our core objective is to serve IHSS recipients as effectively and efficiently as we can. In response to the level of stakeholder involvement in processes already underway, and our desire to appropriately address identified concerns, multiple opportunities for input have been extended where possible, given our resources. An example of this is the forthcoming guidance on certain provider enrollment issues, which is now circulating for a fourth round of public review and

comment. I will repeat here what my Department representatives have testified to this year on many occasions: Nothing will be released in final form nor implemented relative to these important program changes without meaningful public review and input, and appropriate consideration and response.

Thank you for your partnership in the implementation of the IHSS program changes and reforms approved last year by the Legislature and signed into law by the Governor. Please don't hesitate to contact me at (916) 657-2598, or anyone from our Adult Programs Division at (916) 653-5403, as we move forward together.

Sincerely,

JOHN A. WAGNER
Director

Enclosures

Enclosure 1

List of provided information:

IHSS provider wages and benefits by county as of 2009-10 May Revision

Description of Quality Assurance (QA) activities
http://www.cdss.ca.gov/agedblinddisabled/res/pdf/Leg_Hearing_IHSS_QA_Fraud_Prevention(5-4-10).pdf

Litigation Summary as of April 26, 2010
http://www.cdss.ca.gov/agedblinddisabled/res/pdf/IHSS_Litigation_Summary(4-26-10).pdf

Budget Summary of IHSS program integrity activities

Provider enrollment information (weblink only, no attachment)
http://www.cdss.ca.gov/agedblinddisabled/PG2196.htm

Provider enrollment timeline and update

Proposed list of crimes for provider screening
http://www.cdss.ca.gov/agedblinddisabled/PG2268.htm

Provider appeals process when denied enrollment (weblink only, no attachment):
http://www.cdss.ca.gov/agedblinddisabled/PG2197.htm

Recipient fingerprinting timeline and update

Recipient fingerprinting information
http://www.cdss.ca.gov/agedblinddisabled/PG2132.htm

Fraud stakeholders group information and update (weblink only, no attachment)
http://www.cdss.ca.gov/agedblinddisabled/PG2170.htm

Fraud stakeholders group timeline

IHSS WAGE AND BENEFIT LEVELS

County	2009-10 May Revision Wages	Benefits	Combined
ALAMEDA	$ 11.50	$ 0.72	$ 12.22
ALPINE	8.00	-	$ 8.00
AMADOR	8.50	0.60	$ 9.10
BUTTE	8.15	0.60	$ 8.75
CALAVERAS	9.75	0.51	$ 10.26
COLUSA	8.00	-	$ 8.00
CONTRA COSTA	11.50	1.25	$ 12.75
DEL NORTE	9.00	0.60	$ 9.60
EL DORADO	9.00	0.60	$ 9.60
FRESNO	10.25	0.85	$ 11.10
GLENN	8.15	-	$ 8.15
HUMBOLDT	8.00	-	$ 8.00
IMPERIAL	9.00	0.60	$ 9.60
INYO	8.00	-	$ 8.00
KERN	9.50	0.60	$ 10.10
KINGS	9.00	0.60	$ 9.60
LAKE	8.75	0.60	$ 9.35
LASSEN	8.00	-	$ 8.00
LOS ANGELES	9.00	0.55	$ 9.55
MADERA	9.20	0.60	$ 9.80
MARIN	11.55	0.82	$ 12.37
MARIPOSA	8.00	-	$ 8.00
MENDOCINO	9.90	0.60	$ 10.50
MERCED	9.00	0.60	$ 9.60
MODOC	8.00	-	$ 8.00
MONO	8.00	-	$ 8.00
MONTEREY	11.50	0.60	$ 12.10
NAPA	11.50	0.60	$ 12.10
NEVADA	8.56	0.60	$ 9.16

County	2009-10 May Revision Wages	Benefits	Combined
ORANGE	8.90	0.60	$ 9.50
PLACER	10.00	0.60	$ 10.60
PLUMAS	8.56	0.60	$ 9.16
RIVERSIDE	10.25	0.60	$ 10.85
SACRAMENTO	10.40	0.70	$ 11.10
SAN BENITO	10.50	0.60	$ 11.10
SAN BERNARDINO	9.25	0.38	$ 9.63
SAN DIEGO	9.25	0.46	$ 9.71
SAN FRANCISCO	11.54	1.95	$ 13.49
SAN JOAQUIN	9.45	0.57	$ 10.02
SAN LUIS OBISPO	10.00	0.60	$ 10.60
SAN MATEO	11.50	0.60	$ 12.10
SANTA BARBARA	10.50	0.60	$ 11.10
SANTA CLARA	12.35	2.33	$ 14.68
SANTA CRUZ	11.50	0.60	$ 12.10
SHASTA	8.40	0.60	$ 9.00
SIERRA	8.56	0.60	$ 9.16
SISKIYOU	8.00	-	$ 8.00
SOLANO	11.50	0.60	$ 12.10
SONOMA	11.50	0.60	$ 12.10
STANISLAUS	9.11	0.60	$ 9.71
SUTTER	8.25	0.60	$ 8.85
TEHAMA	8.00	0.60	$ 8.60
TRINITY	8.00	-	$ 8.00
TULARE	9.00	0.60	$ 9.60
TUOLUMNE	8.00	-	$ 8.00
VENTURA	9.50	0.60	$ 10.10
YOLO	10.50	0.60	$ 11.10
YUBA	9.50	0.60	$ 10.10

California Department of Social Services (CDSS) and
California Department of Health Care Services (CDHCS)
Quality Assurance (QA)
May 4, 2010

Online at:
http://www.cdss.ca.gov/agedblinddisabled/res/pdf/Leg_Hearing_IHSS_QA_Fraud_Prevention(5-4-10).pdf

QA Initiative: In 2004, Senate Bill 1104 was enacted as part of Governor's 2004/05 State Budget. The bill mandated a number of activities for CDSS, counties, and CDHCS to improve the quality of IHSS. The provisions of the bill were implemented over a multi-year process.
Key Provisions:

- Ongoing Statewide Social Worker Training
- State oversight and monitoring of county QA activities.
- Establishment of Hourly Task Guidelines (HTGs) with exception criteria to promote accurate and consistent assessments by ensuring uniformity in a manner in which social workers are provided with a tool to conduct assessments and service authorizations.
- Fraud prevention and detection activities that include collaboration among agencies to prevent/detect fraud and to maximize recovery of overpayments
- Annual Error-Rate studies and data match activities

CDSS QA

CDSS implemented the IHSS social Worker Training Academy in 2005. The Academy

It includes six courses covering the hourly task guidelines, elements of assessment and authorization of tasks and hours, medical implications, children and quality assurance.
To date, the Academy has conducted over 830 classes and trained over 17,000 participants.

In 2006, CDSS developed the Hourly Task Guidelines to promote accurate and uniform assessments and authorization of tasks and hours by social workers. Implemented over two years, annual evaluations of the implementation have demonstrated their efficacy in improving consistency and uniformity across the state.

Counties provide monitoring activities. Activities include routine and targeted reviews, data matches and error rate studies, home visits to verify services, joint case reviews and fraud prevention and referral.

CDSS conducts State Monitoring visits to counties to verify receipt of services, "red flag" indicators of possible fraud (providers working 300+ hours, providers who are also recipients, etc.). Findings are then reported to county staff to review and/or correct. Resolution of these findings is reported back to CDSS via a quarterly report.

To date, county IHSS staff has conducted over 78,000 desk reviews and state monitoring staff has conducted approximately 11,000 desk reviews (14%).

State Monitoring teams observe that county quality assurance staff conduct home visits to ensure accurate needs assessments and the receipt of services. Any suspicious activity discovered is then dealt with at the county level and the resolution is reported back to CDSS via the quarterly report.

To date, County IHSS staff has completed over 15,000 home visits and State Monitoring staff has conducted over 327 home visits (2%).

CDSS uses a quarterly Death Match report provided by the State Controller, which identifies recipients and providers who are reportedly deceased. If a recipient shows up on the file and warrants have been issued to a provider, the counties are required to investigate and report their findings to CDSS.

To date, we have completed 16 quarterly death matches.

State Quality Assurance staff conduct error rate studies (i.e., payments to out-of-state providers, more than five day hospital stays, etc.) to estimate the extent of payment and service authorization error and potential fraud in the provision of IHSS. The findings are then used to prioritize and direct State and county fraud detection and quality improvement efforts.

To date, we have conducted four error rate studies. The current study, which is in progress, identified potential overpayments to providers during recipient hospitalizations.

CDSS will continue to assist counties in coordinating their anti-fraud efforts and the website maintains links to CDHCS IHSS Fraud hotline and the Medi-Cal Beneficiary Fraud and Abuse hotline and the Social Security Administration Office of the Inspector General hotline.

Counties are referring suspected cases of fraud to CDHCS. To date they have referred over 2,300 suspected cases.

CDSS Fraud Prevention
Anti-Fraud Initiative: In 2009, Senate Bill 4X4 and 4X 19 were enacted as part of Governor's 2009/10 State Budget. The bills mandated a number of activities for CDSS, counties, and CDHCS to improve detection, referral, investigation and prosecution of fraud in the IHSS program and communication and collaboration between state and county agencies.

In October 2009, CDSS issued funding to counties for 78 positions dedicated to enhancing fraud detection.

CDSS issued a total of $26,311,134 in County Fraud Plan funding to 45 counties. The funds were released in two phases. The first funding was released in December 2009 to 29 counties and the second in March 2010 to the remaining 16 counties. The funds are intended to support counties in enhancing program integrity activities through improved fraud detection, referral and investigation activities to support timely mitigation and, when appropriate, prosecution.

The initial (FY 2009-10) funding will enable the 45 counties to develop the infrastructure necessary to support future fraud prevention operation. Activities include, but are not limited to, hiring fraud investigators and staff in county welfare and district attorney offices, creating multi-jurisdictional task forces, developing information systems for data collection, performing data analysis, conducting outreach and education programs targeting social workers, law enforcement and community services, and purchasing operating equipment.

Counties receiving fraud plan funding are required to submit an annual report on their anti-fraud activities. The first report is due on August 1, 2010.

CDSS convened the IHSS Program Integrity and Fraud Prevention Stakeholder Workgroup comprised of representatives from the county welfare departments, investigators, district attorneys, public authorities, and other state partners including CDHCS and the Department of Justice, Bureau of Medi-Cal Fraud. The purpose

of the group is to clarify state and county roles and responsibilities and develop protocols to guide state and county activities including targeted mailings, unannounced home visits, and county anti-fraud training required pursuant W&I.

Two stakeholder workgroup meetings have been conducted (March 22 and April 26, 2010) and a third is scheduled on May 6, 2010.

The stakeholder workgroup process provides for public input through a series of public meetings. The public meetings will be conducted to share initial recommendations and garner input which will be addressed in the final recommendations and protocols. At that time, the public will also be provided an opportunity to provide input on the final recommendations and protocols.

The first public meeting was conducted via teleconference on March 17, 2010 and over 200 members of the public participated. The next meeting is tentatively planned in June 2010.

Update: 4/26/10

SUMMARY OF IHSS LAWSUITS

Beckwith/Ellis v. Wagner, et al
Issue: All Felonies

On November 13, 2009, seven IHSS providers and one recipient filed a lawsuit challenging the policy of the State whereby any person convicted of a felony or serious misdemeanor is precluded from providing IHSS services. CDSS took this position based on Welfare & Institutions Code (WIC) sections 12305.81 and 14123, and federal Medicaid and state Medi-Cal statutes and regulations. Plaintiffs argue that CDSS has no authority to preclude the individuals at issue from providing services. On November 24, 2009, the Court issued a temporary restraining order (TRO), prohibiting the State from disqualifying providers on the basis of a conviction of any felony or serious misdemeanor but does not prevent disqualifying providers convicted of the crimes listed in WIC 12305.81. The TRO was recently found to be procedurally defective by the Court of Appeal and a follow-up hearing before a new judge took place on January 22, 2010. On February 9, the trial court issued an order against the state defendant, finding that it could not reconcile the "all felonies" policy with other statutory provisions that reference the specific enumerated crimes. CDSS is considering its legal options in light of this order; in the meantime, counties and Public Authorities will continue to screen for only the enumerated crimes, and not all felonies, which has been the practice since the original TRO was issued.

Oster (previously V.L.) v. Wagner, et al
Issue: Functional Index Score/Rank

After the Legislature and the Governor approved the reduction in services for IHSS recipients as part of the Budget Act in Assembly Bill (AB) X4 4, individual recipients of In-Home Supportive Services (IHSS) and various chapters of the Service Employees International Union (SEIU) brought this suit to prevent the implementation of changes to Welfare and Institutions Code sections 12309(e) and 12309.2 that would reduce services. The changes would have required that applicants/recipients of IHSS have a calculated Functional Index (FI) Score of at least 2.00 before services could be authorized. In addition, ABX4 4 mandated that domestic and related services be authorized only for those individuals with a substantial need for that specific service based on a FI Rank of at least 4 in that functional area.

Plaintiffs assert that implementation of the provisions at issue would violate Medicaid requirements, among other federal laws. Plaintiffs also allege that the statutory changes improperly discriminate against children and people with mental disabilities. Plaintiffs further allege that the Notices of Action that would have been sent to IHSS recipients to notify them of the reduction or termination of their services was inadequate.

The judge granted a preliminary injunction on October 19, 2009. CDSS appealed this ruling, and the Ninth Circuit has set oral argument for June 15, 2010.

On March 2, 2010, the United States (US) filed an amicus brief, siding with the plaintiffs, on the specific issue of whether institutionalization is a prerequisite to establishing an Americans with Disabilities Act (ADA) violation. The US asserts that California's position is not consistent with the ADA, and that a party need not be institutionalized or be at imminent risk of institutionalization. Instead, the US advocates that the Ninth Circuit should find that a party can bring an ADA action if an injury may occur as a result of defendant's action, and that such actions may create a serious risk of being unnecessarily institutionalized.

Dominguez (previously Yang/Martinez) v. Schwarzenegger, et al
Issue: Wage Reduction

After the Legislature and the Governor approved the reduction in the State's participation in wages/benefits in the February 2009 Budget Act, the SEIU and other parties filed a lawsuit against the reduction. On June 26, 2009, the U.S. District Court issued a preliminary injunction against the reduction in the State's participation, citing that an analysis required by 42 U.S.C. § 1396a(a)(30)(A) must first be completed. The court amended the injunction in July 2009 and required counties to change their wages and benefits to pre-July 1, 2009 levels. Until the injunction is lifted, the State continues to participate in wages and benefits up to $12.10. On August 7, 2009, an appeal of the injunction was filed with the US 9th Circuit Court of Appeal.

On March 3, 2010, the appellate court upheld the lower court's injunction, ruling that 42 U.S.C. § 1396a(a)(30)(A), which requires the State to conduct or rely on studies regarding efficiency, economy and quality of care when setting provider reimbursement rates, applies to the State's enactment of the wage reduction. The court held that although the State does not set the reimbursement rates, it is required to conduct a pre-reduction study regarding its funding of the reimbursement rates that are set by the counties due to the impact the funding has on the collective bargaining agreement. Finally, the court held that the injunction was appropriate due to the irreparable harm that IHSS providers would suffer under the statute.

A petition with the United States Supreme Court has been filed, and it is expected that if the Supreme Court agrees to hear the case, oral argument will be set in the Fall 2010 session.

Northern California ADAPT v. CDSS, et al
Issue: Share-of-Cost Buyout

In this case, various advocacy groups and IHSS recipients have filed for a preliminary injunction in San Francisco Superior Court. Plaintiffs are requesting that the court reinstate the program whereby CDSS made payment for medically recognized expenses (MRE) to IHSS recipients, even though this program terminated on October 1 pursuant to ABX4 4. This program is also informally known as the share-of-

cost buyout program. Plaintiffs contend that recipients were not given proper notice of the termination of the program for a variety of reasons, including that the notices were only sent in English and that recipients could not understand the content of the notices.

On November 30, the court denied plaintiffs' request for preliminary injunction. After plaintiffs filed an amended complaint, the state filed a motion to dismiss. The hearing on the motion has not yet been set.

Putz v. Schwarzenegger, et al
Issue: Public Authority Administrative Funding Reduction

On January 25, 2010, four IIHSS recipients and two non-profit advocacy groups, the California Association of Public Authorities and the California In-Home Supportive Services Consumer Alliance, filed a class action lawsuit in federal court, challenging AB X4 1's reduction to Public Authorities' funding.

Plaintiffs argue that the Public Authorities' operations and services constitute "care and services" for the purpose of the Medicaid Act and the State Plan and that, therefore, AB X4 1 is preempted by federal Medicaid law, which requires that the State consider how any proposed changes affect efficiency, economy, quality of care, and access to services. Plaintiffs also argue that the reductions violate the Americans with Disabilities Act and the Rehabilitation Act, and that the Governor's veto of portions of AB X4 1 violated Article IV, section 10(e) of the California Constitution. A hearing on plaintiffs' preliminary injunction went forward on April 15, 2010, and CDSS is awaiting a ruling.

Summary of IHSS Program Integrity Activity Funding

Governor's Budget, 2010-11

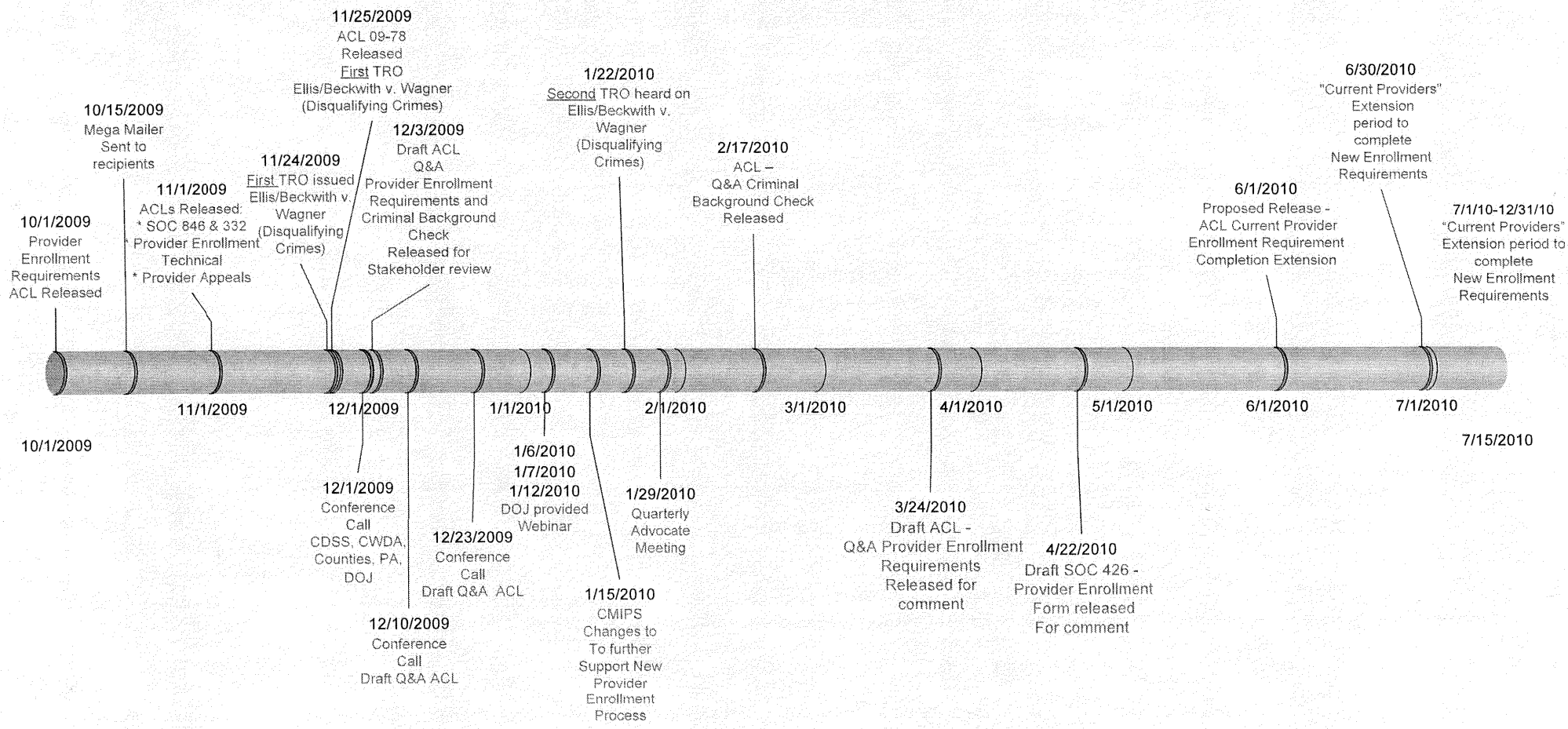
	2009-10		2010-11 [1]	
Program Integrity Activities (Local Assistance)	**GF**	**Total**	**GF**	**Total**
Funding for Related Activities	**$2,087,609**	**$5,378,395**	**$286,348**	**$785,970**
Targeted Mailings	$35,000	$92,558	$35,000	$98,999
Fraud Training for County Staff	$50,000	$132,227	$50,000	$141,428
Mandatory Orientation for all Providers	$1,374,384	$3,897,160	$49,809	$140,874
Cost associated with processing criminal offender record information and appeals. (CY reflects current and new providers.)	$628,225	$1,256,450	$28,926	$57,853
Face-to-Face Provider Enrollment - Now includes enrollment of all providers in FY 09-10 in addition to the follow-up notification to 25% of all providers who have not yet submitted their fingerprints or attended the mandatory orientation. (These two items are included under **Provider Enrollment Stmt. Form/Process premise.**)	$1,763,109	$4,955,503	$0	$0
Modify Legacy (Under CMIPS Enhancements premise Line in CY)	$25,000	$50,000	$0	$0
Modify CMIPS II (Under CMIPS Procurement premise Line in NOV CY)	$500,000	$1,000,000	$0	$0
Send modified NOAs to all providers (Under Related Activities premise line, Starting in NOV BY, reflects on-going modified NOA cost)	$0	$0	$122,613	$346,817
Funding for County Investigation (78 Investigators)	**$2,367,185**	**$6,712,316**	**$3,559,596**	**$10,068,474**
Funding for County Fraud Activities with Collaboration from DAs.	**$10,000,000**	**$26,446,000**	**$10,000,000**	**$28,285,437**
Fingerprinting IHSS recipients.	**$4,429,640**	**$8,200,000**	**$2,853,563**	**$5,650,000**
Net Admin. Cost for Prevention and Detection of Fraud	**$21,172,543**	**$52,742,214**	**$16,699,507**	**$44,789,882**

[1] **All 2010-11 figures reflect IHSS service reductions proposed in the Governor's Budget.**

State Support FY 2010-11 ($$$ in thousands)			
	State Positions*	Total Funds	GF
IHSS Program Integrity Initiative-Fingerprinting	6	$528	$264
Stakeholder Group/ IHSS Legislative Fraud Report [2]		$500	$250
Total		$1,028	$514

[2] One-time cost

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
Implementation Activities
Provider Enrollment Requirements



Provider Enrollment Update

Approximately 349,000 active providers were enrolled prior to November 1, 2009. Approximately 30 percent of IHSS providers cease being providers each year. Providers enrolled prior to November 1, 2009, are required to comply with the revised provider enrollment requirements by June 30, 2010. This will be discussed in more detail below. These revised requirements include a criminal background check and signed acknowledgement of receipt of orientation materials for current providers.

CDSS and our county partners have made tremendous progress in enrolling providers. At this time, 141,000 providers have completed the enrollment process, 112,000 are currently pending enrollment in the process, and 290 providers have been found ineligible (see also the provider appeal process section of this package). At the current rate of enrollment progress, we presently anticipate 222,000 providers will be completely enrolled and approximately 155,000 providers will be pending enrollment by June 30, 2010. Please see the provider enrollment graph that follows this section. This graph, as well as county-by-county information, is regularly updated online at the weblink specified in Enclosure 1.

Please provide a written update to the Legislature by or before May 14, 2010 on the June 30, 2010 provider enrollment deadline, delineating a detailed timeline for county instructions regarding the CMIPS workaround and a narrative listing describing the changes being made or that have already been made in CMIPS relevant to the June 30, 2010 date.

The following changes have been made to the CMIPS Legacy system to support county provider enrollments activities:

- Increased frequency of Social Security Administration (SSA) interfaces – Completed January 2010
- Reports to counties on Pending Providers – Completed January 2010
- Added additional access to Public Authority/Non-Profit Consortium (PA/NPC) user role to allow counties to contract with PAs to assist with provider enrollment – Completed January 2010
- Pre-populated provider enrollment screens for existing providers to assist with county data entry workload – Completed January 2010
- Changes enabling the CMIPS system to continue providers in enrollment pending status to receive payment after July 1st – have been initiated.

The JULY 1, 2010 deadline

Given the initial delays caused by litigation and the rapid volume of provider enrollment activity, the Department has worked with counties and will continue to authorize payment for those providers who are in pending status after July 1, 2010.

Providers who have taken a proactive step to indicate they wish to be an IHSS provider by filling out the application, getting fingerprinted or going to an orientation will qualify as "in pending" on July 1, 2010 and will continue to be paid until they complete the process or December 31, 2010, whichever comes first. Changes enabling the CMIPS system to continue providers in enrollment pending status to receive payment after July 1st have been initiated.

Steps to Encourage Enrollment and Implement the Extension:

The Department is drafting guidance to counties regarding continuation of payments to providers in pending status. This guidance will be shared with stakeholders for review and comment before issuance.

The Department is developing language to include with provider paycheck warrants to remind providers to begin the enrollment process if they haven't already done so – stakeholders will have an opportunity to review and comment on this language as well.

The Department is also consulting with the counties regarding a possible mass mailing to providers and recipients.

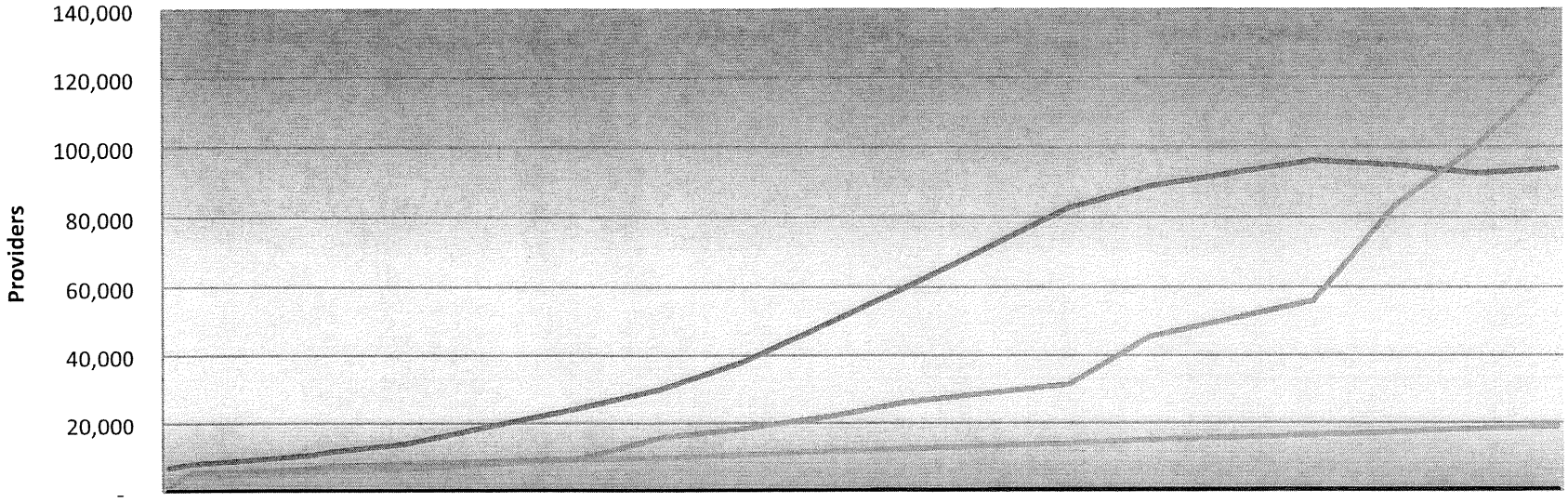
Counties have also undertaken a variety of steps to encourage individuals to complete the enrollment process –

- Los Angeles County is holding weekend orientations and sending notices to providers inviting them to come into the office and complete the enrollment process.
- Counties have sent reminders to both providers and recipients regarding the provider enrollment requirements.

Providers who have not completed any of the enrollment requirements by July 1, 2010 are no longer be eligible for payment, under current law. Discussions continue with stakeholders as to whether there need to be, or can be, any exceptions to this deadline.

Based upon current projections it appears that there will be very few providers that have not taken at least one step to complete the enrollment process, and as described above, efforts are being made to encourage all providers to take at least the first step in the enrollment process in order to be placed in pending status to continue to receive payment.

Provider Enrollment as of May 5, 2010



	1/6/10	1/8/10	1/12/10	1/18/10	1/20/10	1/26/10	2/10/10	2/17/10	2/24/10	3/4/10	3/10/10	3/24/10	3/31/10	4/14/10	4/21/10	4/28/10	5/5/10
Existing P	6,722	8,000	8,888	10,551	11,658	13,872	24,352	29,971	37,969	50,376	59,754	82,786	88,908	96,203	94,987	92,501	93,887
New P	3,578	3,983	4,536	5,571	5,919	6,300	9,216	9,680	10,668	11,714	12,383	14,045	14,972	16,333	17,189	18,157	18,749
Total E	1,165	5,259	5,653	6,456	7,329	8,065	9,556	15,771	18,258	22,090	26,045	31,343	45,605	55,998	83,305	100,020	122,977
Total I	12	13	9	9	8	9	44	50	67	93	117	164	190	197	206	265	290

Existing P = Current providers continuing to work during their provider enrollment process
New P = New providers who are in the provider enrollment process
Total E = Providers Completing the Enrollment Criteria and Determined Eligible
Total I = Providers Determined Ineligible
Providers in "P" or Pending status are those who have begun the enrollment process and still must complete one or more of the enrollment requirements set forth below:

1. DOJ criminal background check including fingerprinting
2. Complete provider orientation
3. Complete and sign the provider enrollment form
4. Complete and sign the SOC 846 Provider Agreement Form

Proposed List of IHSS Provider Exclusionary Crimes

Online at:
http://www.cdss.ca.gov/agedblinddisabled/PG2268.htm

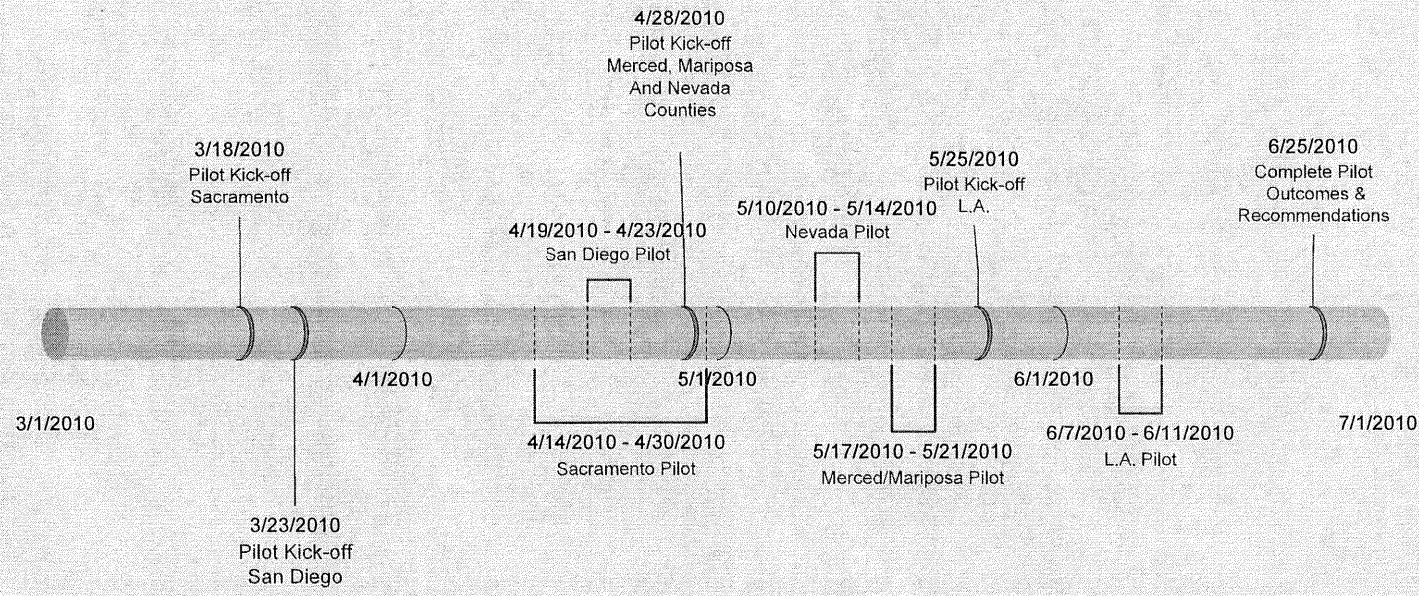
Business and Professions Code
729 (Sexual exploitation by physicians, surgeons, psychotherapists, alcohol and drug counselors)

Penal Code
37 (Treason)
128 (Perjury resulting in the conviction of an innocent person)
136.1 (Felony intimidation of a witness and victims
186.22 (Participation in criminal street gang)
187 (Murder)
191.5 (Gross vehicular manslaughter while intoxicated)
192 (Manslaughter; voluntary, involuntary, and vehicular)
203 (Mayhem)
205 (Aggravated mayhem)
206 (Torture)
207 (Kidnapping)
209 (Kidnapping for ransom, reward, or extortion, or to commit robbery or rape)
209.5 (Kidnapping during commission of carjacking)
210 (Extortion by posing as a kidnapper)
210.5 (False imprisonment for purposes of protection from arrest or use as shield)
211 (Robbery)
214 (Train robbery)
215 (Carjacking)
218 (Train derailing)
219 (Train wrecking)
220 (Assault with intent to commit mayhem, rape, sodomy or oral copulation)
222 (Administering stupefying drugs to assist in commission of felony)
243.4 (Sexual battery and attempted sexual battery)
245 (Assault with deadly weapon or force likely to produce great bodily injury)
261(a)(1)(2)(3)(4) or (6) (Rape and attempted rape)
262(a)(1) or (4) (Rape of spouse)
264.1 (Rape in concert and attempted)
265 (Abduction for marriage or defilement)
266 (Enticing minor into prostitution and attempted)
266c (Inducing sexual intercourse by fear or consent through fraud)
266h(b) (Pimping a minor)
266i(b) (Pandering a minor)
266j (Providing a minor under 16 for lewd or lascivious act)
267 (Abduction for prostitution and attempted)
269 (Aggravated assault of a child)
272 (Contributing to the delinquency of a minor and attempted)
273a(a) (Willfully causing or permitting any child to suffer under circumstances or conditions likely to produce great bodily harm or death)
273d (Willfully inflicting any cruel or inhuman corporal punishment or injury on a child)
273.5 (Willful infliction of corporal injury)
285 (Incest and attempted)
286 (Sodomy)

Penal Code (continued)

288 (Lewd or lascivious act upon a child under 14 and attempted)
288a (Oral copulation)
288.2 (Distributing lewd material to children and attempted)
288.3 (Contact with a minor to commit sexual offense)
288.4 (Meeting with minor for sexual purpose)
288.5 (Continuous sexual abuse of a child and attempted)
288.7 (Sexual conduct with a child 10 years or younger)
289 (Genital or anal penetration by foreign object and attempted)
289.5 (Sex offender fleeing from state with intent to avoid prosecution)
311.1 (Child-related pornography and attempted)
311.2(b)(c) or (d) (Child-related pornography and attempted)
311.3 (Sexual exploitation of child and attempted)
311.4 (Using minor to assist in making or distributing child pornography and attempted)
311.10 (Advertising or distributing child pornography and attempted)
311.11 (Possessing child pornography and attempted)
314.(1) or (2) (Lewd or obscene exposure of private parts and attempted)
347(a) (Poisoning or adulterating food, drink, medicine, pharmaceutical products, spring, well or reservoir)
368 (Elder or dependent adult abuse)
417(b) (Drawing, exhibiting, or using firearm or deadly weapon on the grounds of a day care center)
451(a) (Arson with great bodily injury)
459 (Burglary)
470 (Forgery)
475 (Forgery- possession or receipt of items; intent to defraud)
484 (Theft)
484b (Grand theft – diversion of funds)
484e (Theft of access cards or account information)
484f (Forgery; access cards; design, alteration or use)
484g (Fraudulent use of access cards or account information)
484h (Furnishing thing of value upon presentation of access card)
484i (Forgery- equipment to made counterfeit cards)
484j (Publication of access card, number or code with intent to defraud another)
487 (Grand theft)
488 (Petty theft)
496 (Receipt of stolen property)
503 (Embezzlement)
518 (Extortion/gang related)
647.6 (Annoy or molest a child under 18 and attempted)
653f(c) (Solicit another to commit rape, sodomy, and attempted)
666 (Petty theft with prior conviction of certain offenses)
667.5(c)(7) (Any felony punishable by death or imprisonment in the state prison for life without possibility of parole)
667.5(c)(8) (Felony with bodily injury or use of firearm)
11418(b)(1) or (b)(2) or (c) (Weapons of mass destruction)
12308, 12309, 12310 (Exploding or igniting or attempting to explode or ignite any destructive device or explosive with the intent to commit murder, causing bodily injury, or causing death)
12022.53 (Enhanced sentence for listed felonies where use of firearm)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
Recipient Fingerprint Imaging Pilot Timeline



Recipient Fingerprinting update

Committee Questions:

- What collaboration with stakeholders was conducted prior to the pilots commencing?

  CDSS and Office of Systems Integration (OSI) staff met with CWDA and had pre-discussions with the volunteer pilot counties. Additional meetings were held with pilot counties to develop and review the pilot timelines, process, procedures, materials, etc. Pilot counties and CWDA reviewed and provided input into pilot materials.

  These protocols, recipient forms, and social worker questionnaire were developed for purpose of the pilots only. Copies of the Informational handout, Recipient Voluntary Participation form, and timeline were previously provided to the Legislature. Copies of these documents follow this section.

  The pilots are providing information that will assist in the drafting of implementation protocols, procedures, forms, and exemption criteria. These draft documents will be shared with all stakeholders (counties, Public Authorities, consumer groups, advocates, and legislative staff) for review, comment, and suggestions before any protocols are implemented.

- DSS originally estimated that the fingerprinting interaction could occur with the consumer within 90 seconds. Does DSS continue to view that as reasonable?

  The 90 seconds only referred to the estimated time required to place your finger on the fingerprint imaging device and take a picture. This does not encompass the entire process. The pilots are intended to help determine how long it will take to discuss the imaging requirement with the recipient, answer recipient questions, and actually use the mobile fingerprint imaging device.

- DSS asserts the pilot tests with consumers are "voluntary." How has this been communicated with consumers? When the government visits an elderly frail and/or disabled individual applying for public benefits, does that constitute a duress-free environment where one can freely give consent?

  As part of the pilot procedures, all recipients are informed that his/her participation is voluntary and a written informational flyer explaining that participation in the pilot is voluntary is also provided to the recipient. The recipient is asked if they would like to participate in the test. If the individual states their willingness to participate, he/she signs a form acknowledging their understanding that participation is voluntary and his/her agreement to volunteer. These documents are attached following this section.

- How were the protocols and forms used in the pilot vetted with stakeholders?

  As stated above, counties and CWDA participated in the development of the documents currently in use for the pilots, and these documents will be shared with all stakeholders (counties, public authorities, consumer groups, advocates, and legislative staff) for review, comment, and suggestions before any protocols are implemented.

- How were the counties in the pilot selected? Are the counties receiving special resources for the pilot?

  Counties were solicited for participation in this pilot through the CWDA Adult Services and Long Term Care Operations sub-committees. Additionally, CDSS staff directly contacted counties in order to ensure participation from counties representing varying sizes and characteristics (urban and rural as well as small, medium, and large counties). The participating counties (Los Angeles, Sacramento, San Diego, Merced, Mariposa and Nevada) provide a mix of demographics and represent more than 50% of the total IHSS recipient population. Pilot counties do not receive additional funding for their participation in the pilot.

- How many social workers are being utilized for the pilot in each county?

  To date, 12 social workers have participated in the pilots, six in San Diego and six in Sacramento. This number may vary by county due to the sharing of the devices, and also is limited by the number of devices currently available.

- What are the exact dates of the beginning and endings of the pilot?

  The pilots began April 1, 2010 and will be completed in June. Please refer to the timeline which precedes this section for additional detail.

- When is the evaluation for the pilots due? What are the key questions and indicators around the evaluation?

  The analysis of all the pilots will be completed by the end of June, if possible. The major questions and indicators being considered relate to the ease and use of the tested devices; device durability, accuracy, effectiveness, and security; number of devices required; effective ways to engage and communicate the information and process to recipients; identifying conceptual approaches to recipient exemptions from the fingerprinting requirement.

$5,000 Cameras –

- On what authority are you borrowing these devices? Under what arrangements or with what conditions were these loaned to the state? Is the state in a position to accept a gift of this kind?

  No authority is needed to borrow the devices. OSI is borrowing these devices to see if they meet the needs of the IHSS program. No conditions or other arrangements have been made with the manufacturer. Borrowing the device for testing is not considered a gift as the equipment will be returned at the conclusion of the pilots.

- Please share any documentation that exists between the State and the vendor in relation to this loaning of devices.

  Please see the answer to the prior question.

- What are the two model devices being tested and how much does each one cost?

  The two handheld devices are the L-1 IBIS and the MorphoTrak RapID. Final costs for the two devices have not yet been determined, and will be largely determined by the number of units needed, delivery timeframes, device configurations and/or customizations, service contract/warranty considerations, and vendor negotiations.

- Is a warranty provided on these? How long will they last? What are the expected repair or refresh costs for the cameras being considered?

  Discussions on the warranty, expected repair costs and refresh costs, and other factors will be part of vendor negotiations.

- Through what process were the vendors being considered selected?

  OSI conducted a market survey of available devices and determined that three of the five devices evaluated were not compatible with the current SFIS. OSI responded to all vendor inquiries, as well.

- How many cameras are expected to be purchased for statewide rollout? There are approximately 2,400 active IHSS caseworkers – how will the cameras be managed among them properly?

The number of handheld fingerprint devices will be determined by information gathered in the pilots and the county site surveys, as well as informed by actual experience as they are used.

SFIS Readiness –

- How did the administration and vendor arrive at its projected costs for the eight-year term of the change order required by this, costing $41.6 million total?

  The projected cost contained in the APD was developed by OSI without vendor input based upon the existing authorized funding levels reflected in the 2009 Budget Act for the purpose of beginning discussions with the federal government regarding obtaining federal financial participation (FFP). This estimate will be updated based upon pilot test outcomes, stakeholder discussions, federal approvals, and vendor negotiations, among other factors.

- How might the cost figure fluctuate? How does the change order restrict or anticipate additional refresh or inflationary costs?

  The cost could fluctuate based on the requirements gathered through the pilots and negotiations with the vendors. There is no change order in place to make system changes.

- What is the spending authority in the current year for consumer fingerprinting? Is this for use of SFIS as it relates to IHSS?

  Spending authority for recipient fingerprinting is $8.2 million ($4.4 million GF) in 2009-10 for the fingerprinting of IHSS applicants and recipients. Please see the budget summary which preceded this section.

- How many SFIS workstations are there? How long will it take to prepare them to be available for statewide implementation?

  The number of workstations will be determined by the information gathered in the pilots and the county site surveys. Preparation time is also dependent on the device chosen and requirements determined.

- Can information be processed prior to SFIS reprogramming? Is there a manual workaround being provided to the counties? Is this accounted for in your costs?

  The fingerprint images captured during the pilot, if a volunteer chooses to have those images retained, can be processed manually in Sacramento by the state. There will be no manual workaround or costs associated with one provided to the counties.

- How long will it take to reprogram SFIS in order to download information from the devices? What if there is a delay?

  Once all the requirements associated with the IHSS recipient fingerprint program are collected, a time line for developing and implementing the system will be developed.

Costs –

- How much of your current year authority has been expended and under what cost categories?

  Nothing has been purchased; only staff time has been expended.

- What are the General Fund costs of the Administration's proposal for finger imaging and picture-taking of consumers, counting for all costs, for current and budget years?

		2009-10		2010-11	
		GF	TF	GF	TF
Fingerprinting IHSS Recipients – Topline Total Funding for this Activity		**4,428,000**	**8,200,000**	**3,051,000**	**5,650,000**
	Subcategory Costs – e.g. State Admin (please note positions), Local Assistance, OSI automation costs, vendor change order costs, etc.				
	OSI costs (2 2-year Limited Term Positions)	108,000	200,000	108,000	200,000
	Contractor Costs	810,000	1,500,000	432,000	800,000
	Handheld Fingerprint/Photo Devices	2,160,000	4,000,000	1,269,000	2,350,000
	Desktop Workstations	270,000	500,000	162,000	300,000
	OTECH Network	1,080,000	2,000,000	1,080,000	2,000,000

- What response has the state received from the federal government on its requests?

  No formal response has been received from the federal government. Discussions continue on the approval of the APD, in order to secure federal financial participation to reduce state costs of this activity.

Statewide Implementation

- What is the plan for stakeholder collaboration to formulate the April 1, 2010 protocols for implementation of the consumer finger imaging policy?

  The protocols, recipient forms, and social worker questionnaire being used in the pilots were developed for purpose of the pilots only and should not be confused with implementation protocols. These materials will be shared with all stakeholders (counties, public authorities, consumer groups, advocates, and legislative staff) for review, comment, and suggestions before any protocols are implemented.

- What is the specific timeline and plan for draft and final instructions, mailers, bulletin board postings, etc. for implementation of this policy?

  Please see the answer to the prior question. Timelines may be adjusted based upon pilot findings and/or stakeholder input.

- How will exemptions per the statute be determined? What conditions and expectations are being built around issues of linguistic and cultural sensitivity?

  As noted above, CDSS will share draft protocols and procedures, forms, and exemption with stakeholders and seek their input.

Pilot Project
In-Home Supportive Services
Recipient Fingerprint Image and Photograph

There have been some recent requirements added to the In-Home Supportive Services (IHSS) program. One new requirement is that every new and existing recipient must have a fingerprint image and photograph taken. This is to prevent fraud by ensuring that IHSS services are provided appropriately, protecting recipients' identity and guarding against duplicate services being provided to the same person.

In order to find the best way to fingerprint and photograph our recipients, the IHSS program hopes that some of our new applicants will participate in a pilot program of this process. Participation in this pilot is **voluntary**. Participation in the pilot will **not** change your eligibility for the IHSS program.

As a **volunteer** for this pilot, when your social worker comes to your home to do your assessment for IHSS they will also take your fingerprint image and photograph. You may choose to have the fingerprint image and photograph kept to meet the new IHSS program requirement or you may choose to have them erased at the end of the pilot. If you choose to have them erased, you will be required to have a fingerprint image and photograph taken the next time you have an assessment after this requirement is implemented for all recipients.

Your IHSS Social Worker will be happy to answer any other questions you may have about this new IHSS program requirement and the pilot project.

The IHSS program would like to thank you for your participation in the pilot. It will help us be able to do this new program requirement in the best way possible for our recipients.

PILOT PARTICIPATION REQUEST FORM

IHSS RECIPIENT FINGERPRINT/PHOTOGRAPH

☐ Yes, I am willing to take part in the fingerprint image and photograph pilot project.

You may choose to have the fingerprint image and photograph taken as a part of the pilot project kept to meet the new IHSS program requirement. If you choose not to have the fingerprint image and photograph kept, when the program requirement begins for all IHSS recipients you will be required to have a new fingerprint image and photograph taken at the time of your next assessment.

- ☐ Keep my fingerprint image and photograph
- ☐ Do not keep my fingerprint image and photograph. I will have a new set taken at the time of my next assessment.

☐ No, I decline to take part in the fingerprint image and photograph pilot project.

Please sign and date below and return to your Social Worker during your assessment.

_____

Signature Date

Name: _____

Address: _____

Phone: _____

County/Social Worker: _____

CIN #: _____

Recipient Fingerprint Imaging Pilot
Recipient / Social Worker Questionnaire

County: _____
Social Worker Name: _____
Case #: _____ CIN#: _____
Device: _____ Transaction #: _____

Recipient Questions:

1. Between 1 and 5 how did the device work for you to provide your fingerprint and picture? (1being very easy to 5 very difficult)?

   1 2 3 4 5

2. Do you have any other comment on the process of providing your fingerprint and picture?

Social Worker Questions:

1. Were you able to successfully get the applicant fingerprint image and photograph? Did you experience any problems with the device? If so, what?

2. Between 1 and 5, how did the recipient respond to the process? (1 being very positive to 5 very negative)

   1 2 3 4 5

3. Between 1 and 5, did the recipient have any difficulty with the process? (1 being very easy to 5 very difficult) If so, please indicate why (i.e. physical or mental limitation) physically or mentally?

   1 2 3 4 5

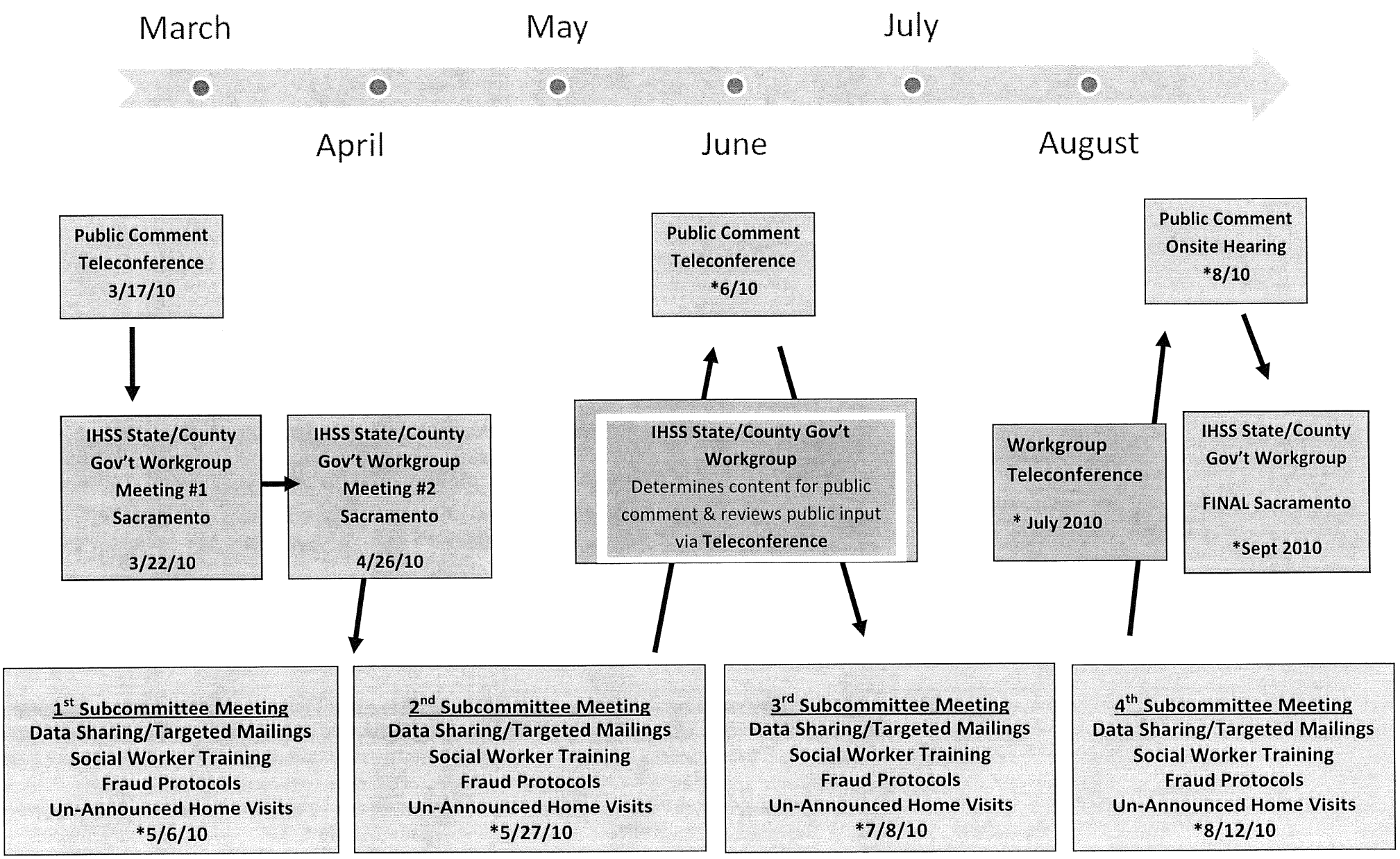
4. If you identified a difficulty in question #3 please describe the difficulty and should the condition be considered for inclusion as an on-going exemption criterion? If yes, why?

5. Did the physical environment present any issues in taking either the fingerprint image or photograph? If so, please specify why?

6. How long did it take to complete the fingerprint image and photograph process (include discussion with applicant about the process, taking the fingerprint image and photograph, setting up and cleaning up the equipment)?

7. Any additional comments about the process?

IHSS Program Integrity/Fraud Prevention Workgroup 2010



*Dates are Tentative

2010 IHSS Program Integrity/Fraud Prevention Workgroup Proposed Timeline

Date/Mo	Activity/Method	Purpose	Deliverable(s)
February 11th	**Recipient Fingerprint Imaging Stakeholders Mtg**	1. Overview of ABX4 19 Requirements 2. Office of Systems Integrations (OSI) Presentation 3. Questions, concerns, thinking points and suggestions	▪ **Engaged and informed Stakeholders**
March 17th	**General Public Teleconference**	1. Preparation for launch of IHSS Stakeholders Workgroup--Advise participants of IHSS Stakeholder Workgroup purpose and process; 2. Secure input to advise priority setting during SHG Meeting #1	▪ **A listing of the public's concerns and priorities to inform SHG process**
March 22nd	**IHSS Stakeholder Workgroup Meeting #1 Onsite-Sacramento**	1. Begin the process of establishing statewide, coordinated anti-fraud activities 2. Begin the process of defining state and county roles and responsibilities for sharing information 3. Begin to coordinate efforts to design a protocol for program and fraud integrity.	▪ **Engaged, informed invitees** ▪ **Roles considerations** ▪ **Priorities for subcommittee activities** ▪ **Subcommittee membership**
April 26th	**IHSS Stakeholder Workgroup Meeting #2 Onsite-Sacramento**	1. Continue discussion on state and county roles and responsibilities 2. Begin developing draft protocols	▪ **Subcommittees meet**
May 6th	**Subcommittees Meeting #1 Onsite--TBA**	1. Surface evidence-based practices already in place; and 2. Formulate draft recommendations for the SHG's consideration based on March 17th public input and March 22nd and April 26th Stakeholders directives	▪ **Recommendations for staff/ consultants to formulate into draft document** ▪ **Formulate Draft Recs (Staff and consultants)**
May 27th	**Subcommittees Meeting #2 Onsite-TBA**	1. Development process 2. Determine content for public comment & reviewing public input	▪ **Continue protocol development**

June	**IHSS Stakeholder Workgroup Teleconference**	1. Determines content for public comment	▪ **Review developed processes**
June 10th	**General Public Teleconference**	1. Release report and discuss 2. Inform on process	▪ **List of Inputs to process**
July	**IHSS Stakeholder Workgroup Teleconference**	1. Review public input	▪ **Review public input**
July 8th	**Subcommittee Meeting #3 Onsite-TBA**	1. Continue development 2. Continue discussion on roles, implementation, and data sharing	▪ **Directive to subcommittees for final edits to protocols** ▪ **List of priorities for recommendations on roles, and data sharing**
August 12th	**Subcommittee Meeting # 4 Onsite-TBA**	1. Review final recommendations	▪ **Final Recommendations**
August	**General Public**	1. Discuss final recommendations	▪ **Website posting of public comments and responses**
September	**IHSS Stakeholder Workgroup Final Meeting Onsite-Sacramento**	1. Receive and adopt final recommendations	▪ **Final recommendations**
September	**IHSS Stakeholder Legislative Report**	1. Consider and evaluate Stakeholder and Public recommendations 2. Prepare and submit final report to the Legislature	▪ **Legislative Report**