

SUMMARY OF THE FORMS WORKGROUP

Organizer: CDSS Adult Programs, Quality Assurance Bureau

Location: Health & Human Services Data Training Center
9323 Tech Center Drive
Conference Room 2, Sacramento, California

Date / Time: March 25, 2005, 9:30 am to 12:00 pm

Meeting Objectives: Develop forms for Protective Supervision certification and a Provider Enrollment form, as required in Senate Bill 1104.

Meeting Summary:

Brian Koepp opened the workgroup meeting by welcoming attendees, and explained the purpose, charter, housekeeping, handouts, and agenda and had the attendees introduce themselves. He gave a review of the IHSS charter and the changes to incorporate forms development language.

Jeannie Smalley was introduced as the co-chair of the Forms Workgroup. It was asked that the other co-chair be chosen from the counties. Pam Borrelli, San Mateo County Health Services Manager, said she was interested in accepting the position on behalf of the counties. The co-chairs will carry on future Workgroup meetings.

Pam Borrelli has been working with Bill Weidinger, Contra Costa County and Chair of CWDA Central Regional Committee, in taking the lead for CWDA in gathering information and developing a standardized protective supervision medical form. Pam presented the draft protective supervision form (attached) they have been working on with data collected from various county representatives. Pam stated that some counties do not have a protective supervision form, but collected forms currently being used in four counties and incorporated them into the draft form. The reverse side of the form had a draft copy of a 24-hour-a-day Coverage Plan. This form can be completed and signed by the responsible person arranging the 24-hour coverage plan, indicating how coverage will be attained.

There was some discussion that the Protective Supervision form is not all inclusive for making determinations on protective supervision; it is a starting point. The social worker makes the determination for protective supervision.

There was some discussion regarding the amount of provider spaces (3) on the form. Within a 24-hour period there will probably be more than one provider, sometimes including more than one family member. A separate provider enrollment form must be completed for every paid provider. Alternative resources can be used outside the hours for the paid IHSS worker.

There were two representatives from the Sacramento District Attorney's office in attendance. Mr. Koepp thanked them for attending the Workgroup and explained that the law definitely affects the outcome of the forms being developed. Mr. Koepp asked for questions regarding the Protective Supervision Medical Certification form. He listed the following key factors that needed to be reviewed by the Workgroup, on the flipchart:

- Develop a Protective Supervision form for statewide use
- Physician's Certification or other appropriate medical proof needed?
- Define "other appropriate medical professionals" regarding mental health issues
- At initial assessment, definition needed for "other available evidence"
- At reassessment, determine the need to obtain a new certification
- Emergency regulation package

After the break, Mr. Koepp continued the discussion regarding the Provider Enrollment Form. It was noted that providers often experience a delay between completion of the Provider Enrollment form and the time card and payment to the provider. The group outlined areas that the sub-group reviewing the Provider Enrollment form needs to focus:

- Conviction (10 year span) of government fraud
- Conviction (10 year span) 273(A) and 368 PC
- Information Statement (declaration)
- Depth of provision information?
- Level of background checks (out of state)?

The discussion continued regarding the California Department of Health Services (DHS) "Medi-Cal Disclosure Statement" and the need for CDSS to draft a disclosure statement appropriate for IHSS purposes. The Workgroup will ascertain if Medi-Cal's disclosure statement is required for the provider enrollment form process, or what parts of the form would be required for the needs of IHSS. There was further discussion on creating a Provider Enrollment form for broader use, as with public authorities, consumers, county staff and CDSS.

Mr. Koepp discussed the possibility of breaking into sub groups at the next Forms Workgroup meeting. Questions raised pertaining to both forms from today's meeting will be researched and further discussion can take place at the next meeting.

The meeting concluded @ 12:00pm. The next Forms Workgroup meeting will be April 29, 2005.

Name of Attendees	Organization
1) Pam Borrelli	San Mateo Co.
2) Bill Weidinger	Contra Costa Co.
3) Brian Koepp	CDSS, QA Bureau
4) Jeannie Smalley	CDSS, QA Monitoring Unit
5) Kathleen Schwartz	Sacramento Co. IHSS QA
6) Jeanette Johnson	Sacramento Co. IHSS
7) Susan Schwendimann	Sacramento Co. IHSS
8) Deanna Perry-Ellis	Del Norte Co.
9) Kathy Terry	HRA Social Services, Glenn Co.
10) Melody McInturf	Sacramento Co. IHSS QA
11) Tona Theo	Sacramento Co. DHSS QA
12) Jarrett Oddo	Sacramento Co. IHSS QA
13) Ana Bravo	Sacramento Co. District Attorney
14) Stan Kubochi	Sacramento Co. District Attorney
15) Bo Chea	Stanislaus Co.
16) Kris Sullivan	CDSS, QA Bureau
17) Vinh Do	EDS/IHSS-CMIPS
18) L. Fay Mikiska	IHSS Public Authority
19) Guy Klopp	Sacramento Co., QA
20) Sharon Rehm	Sacramento Co. IHSS
21) Hon'dalma Valenui	Sacramento Co.
22) Karen Buslar	CAPA
23) Michelle Phillips	Sacramento Co. IHSS Investigations
24) Lola Young	Sacramento Co. IHSS Advisory Committee

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Attachments: Forms Workgroup Charter
Protective Supervision Form-Draft 'A'