

## 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: July 7, 2005, 10:00am -- 12:30 pm

### **Meeting Objectives:**

- 1) Clarify and complete the Protective Supervision form and 24-Hours-A-Day-Care Plan;
- 2) Further develop the Provider Enrollment form and clarify requirements needed to complete and finalize;
- 3) Review any other forms that may need to be reviewed by the Workgroup.

### **Meeting Summary:**

The meeting began shortly after 10:00am, with introductions by all attendees and co-chairs Pam Borrelli and Jeannie Smalley. Two attendees connected by conference call.

Protective Supervision Form -- The Workgroup reviewed the draft "D" of the Protective Supervision form. It was decided that the form would move forward with current Regulations as the guide. When the Regulations change the form will then be revised to incorporate any updates.

Protection and Advocacy, Inc. submitted concerns regarding two court decisions, Calderon v. Anderson and Marshall v. McMahon, as they both involved Protective Supervision. In reviewing the decisions, participants did not see where the two decisions broadened the scope of Protective Supervision. The Workgroup responded to the concerns and approved the form as drafted.

Draft "D" of the Protective Supervision form was reviewed and approved by the Workgroup as the final draft, with two minor changes being: 1) to add in the closing sentence, top paragraph, "Thank you for your assistance in determining eligibility for Protective Supervision"; and 2) on the physician's signature line, add area to list the professional specialty. (See "Final Draft" attached.)

The Workgroup decided not to add at the bottom or elsewhere on the form that the physician needs to be aware that the form may be used in an Administrative Hearing. It was felt that this could dissuade a physician from completing and returning the form, and that physicians are aware of program compliance issues and hearing issues. However, the Workgroup did acknowledge that adding "Thank you for your assistance in determining eligibility for Protective Supervision" would help indicate that this a document that was being used to determine needs for their patient.

The Workgroup also agreed that it is important that the forms remain as "clean" as possible, making it easier to understand and capture information.

## SUMMARY OF THE FORMS WORKGROUP

The 24-Hour-A-Day Care Plan form was reviewed and minor suggestions made to finalize the form. This is an optional form that will be available for counties to use in determining Protective Supervision care plans. (See "Final Draft" attached.)

The Provider Enrollment form received much detailed scrutiny and a number of valid suggestions were made. It was determined that a sub-group be formed to review specific requirements on the Provider Enrollment form. This sub-group will meet on July 22<sup>nd</sup>, prior to the next Workgroup meeting scheduled for August 12, 2005, to draft a more complete Provider Enrollment form. Jeannie asked for volunteers to contact her if interested in participating on the sub-group.

The Workgroup discussed the need to incorporate "child abuse" along with "adult abuse" in the heading when declaring that providers are mandated reporters.

It was also discussed if a synopsis of Penal Code 273(a) and 368, needs to be noted on the form, since they are to be attached to the Provider Enrollment form as stated in SB1104. It was stated that if a person was convicted of either of those laws, he/ she would be aware of the penal code. And if he/she had not been convicted of that crime or other crimes they would be aware, and able to state "No" to questions regarding if they had committed these crimes. It was also discussed that in CalWORKS, if a person was convicted of a drug related felony, they are excluded from the aid program, and there is no need to explain the regulation or provide a synopsis of that Penal Code.

In further review of the Provider Enrollment form Draft B, if the provider checks the "Yes" box that he/she has been convicted of a crime against a state or federal program, there is no need to explain when, etc., in the other space provided – this space can be eliminated.

It was discussed that the Provider Enrollment form and attachments will need to be translated into many languages. The form needs to incorporate the necessary information that is currently on the Personal Care Services Program Provider/ Enrollment Agreement form (SOC 426), so that form can be eliminated. The form is not exactly a replacement for the SOC 426, but is required by SB1104 and to meet federal funding requirements. The form also needs to have the client's name and case number on it for identification purposes and appropriate filing at the county level.

Other questions that will need to be reviewed are: 1) Does the client (employer) get a copy of this form? 2) Does the client (employer) need to know the IP's social security card number and his/ her driver's license or CAL ID number and other personal identifying information? Advance pay clients already have the identifying information from providers. However, these questions brought up trust issues and if the provider knows the client's information is it fair that the client knows the provider's?

Additional questions that were brought up for further discussion were: 1) there needs to be a way to cross reference employee fraud; and 2) if we need to have the client's signature also on the form?

## SUMMARY OF THE FORMS WORKGROUP

### Parking Lot Issues

- Are we concerned with other penal code violations?
- It's frustrating to not be able to ask about other felony convictions. There are currently regulations in affect that allow the provider to be fingerprinted.
- Different counties and Public Authorities have different levels of clearances provided at the county level. How will the forms all fit?

Meeting adjourned at 12:30 pm

### Meeting Attendees:

<b>Name</b>	<b>Organization</b>
1. Pam Borrelli, Co-Chair	San Mateo County IHSS
2. Jeannie Smalley, Co-Chair	CDSS – QA Monitoring Unit
3. Bill Weidinger	Contra Costa Co EHSD
4. Brian Koepp	CDSS. QA Bureau
5. Maher Dimachkle	Dept. of Health Services
6. Betty Goertzen	IHSS AC Fresno
7. Stan Kubochi	Sacramento County District Attorney
8. Jim Newton	Sacramento County IHSS Fraud Investigations.
9. Damon Nelson	Sacramento Public Authority
10. Sharon Rehm	Sacramento County QI/QA
11. Toua Thao	Sacramento County IHSS
12. Susan Schwendimann	Sacramento County IHSS
13. Judy Leavell	Sacramento County IHSS
14. Kathleen Schwartz	Sacramento County, IHSS
15. Melody McInturf	Sacramento County, IHSS
16. Cyndee Forbes	Sacramento County, IHSS
17. Jan Dancy	Sacramento County, IHSS
18. Guy Howard Klopp	Sacramento County QI/QA
19. Fay Mikiska	IHSS Advisory Committee
20. Gregg Gibelot	CDA
21. Rosa Hildago	Public Authority, San Bernardino
22. Ken Field	Shasta Co. Public Authority
23. Stormaliza Powmacinicalord	Consumer
24. Ann Coller	PAI
25. Julia Pascencia	SEIU 434B Los Angeles
26. Laurie Silva	CDSS - QA
27. Karan Spencer	CDSS - QA
28. Debbie Wender	CDSS - QA
29. Jennifer Posehn	CDSS
30. Sharleen Lock	DSS – via conference call
31. Dennis Dishaw	CDCAS – Via conference call