

QUALITY ASSURANCE STAKEHOLDER MEETING

NOTES OF 1/25/05

Joe Carlin, Acting Deputy Director of the Disability and Adult Programs Division (DAPD), called the meeting to order. He explained the various programs that DAPD oversees, such as In-Home Supportive Services (IHSS), Social Security and SSI Disability adjudication, Adult Protective Services program, the Cash Assistance Program for Immigrants, and several others.

Joe briefly explained the purpose of the IHSS QA Initiative is to ensure that services are approved consistently throughout the entire State, that the consumer receives the hours that they are entitled to, and to maintain the integrity of the programs. It was also pointed out that at the last Stakeholders meeting in October that the QA Bureau consisted of a Manager and two staff members. Although he was not a staff member at that time, Brian Koepp, QA Bureau Chief, attended the meeting. Since that time, two managers, six county representatives, and six State staff members are in the process of being hired.

Joe Carlin welcomed all new stakeholders to the meeting and recognized the various advocate groups, unions, California Welfare Directors Association, Agency staff, legislature, consumers and providers, organizations participating via telephone, as well as State and county staff in attendance. (Please see [Attachments 1A](#) and [1B](#) for a list of attendees.)

It was announced that a brief discussion would be held regarding the details of Senate Bill (SB) 1104; an update would be given on the different workgroups and the timelines will be given to accomplish these requirements. Joe Carlin introduced Brian Koepp, gave a brief history of Brian's background, and proceeded to turn the meeting over to him.

Brian Koepp welcomed everyone to the meeting and then introduced the QA Bureau staff. He explained that county staff was recruited from large and small counties throughout the entire State to fill the six county positions. It was noted that these selected individuals bring invaluable field experience, knowledge, and different perspectives that will be utilized in completing the QA objectives. Brian gave an overview of SB 1104 detailing the requirements, provided workgroup updates, and outlined next steps. (Please [see Attachment 2 – SB 1104 IHSS/PCSP QA Project](#).)

Brian then opened the floor for questions and comments. (Please see [Attachment 3](#) for questions/answers, comments, and responses.)

Brian advised the group that future Stakeholder meetings would be planned quarterly, with the next meeting to be scheduled in late April or early May. The meeting was then adjourned.

**ATTACHMENT 1B
IHSS QUALITY ASSURANCE PROJECT STAKEHOLDERS MEETING
TELEPHONE ATTENDEES**

Name	Organization
Margaret Griffin	Department of Aging
Robert Shelor	Addus Healthcare
Sue Hodges	Commission on Disability City of Oakland
Maggie Dee	Disability & Senior News KUSF (FM) 90.3 radio station in S.F.
Bertha Staff	President, Contra Costa PA & also representing Area on Aging
Tamara Chandler	Lassen County
Barbara Boggio	Tehema County Social Services
Sharon Tann-Rosenberg	Humboldt County Adult Services
Steve Couchot	San Bernardino County IHSS
Kim Williams	Betzdek Legal
Charles Wolfinger	Attorney at Law, San Diego
Bob Miller	Orange County Public Authority
Terri Cummins	Madera County
Kathy Day	Kern County
Gail Washington	LA DPSS
T. Doppelhauer	Trinity County
Jeanie	Tulare County
Mike Saunders	Marin County
Kate O'Shea	Adult & Children Services Siskiyou
Julianna Brooks	Mendocino County DSS
Ann Sutherland	UDW
Michael Humphrey	Sonoma County PA
Mary Goblirsch	Monterey County
Mary-Ruth Gross	SEIU United Health West
Leo Harrison	Riverside County
Nancy Lopez	Riverside County
Susan Larkins	Riverside County
Barbara Simmons	California Department of Aging
Debra Doxer	Protection & Advocacy

**ATTACHMENT 1A
IHSS QUALITY ASSURANCE PROJECT STAKEHOLDERS MEETING
1/25/05 ATTENDEES LIST**

ORGANIZATION	NAME
Alameda	Rosa Beaver
El Dorado County	Suzanne Bullen
El Dorado County	Katherine Thomas
Merced County Adult Services	Jim Bunnell
Napa County IHSS	Sherrie Pitman
Nevada County IHSS	Sallee Allen
Placer County	Eldon Luce
Sacramento County IHSS	Suzan Zell
Sacramento County IHSS	K. Paul
Sacramento County IHSS	Sharon Rehm
Sacramento County IHSS	Jena Robinson
Sacramento County IHSS	Roger Thibaou
Sacramento County IHSS	Margaret Justinich
Sacramento County IHSS	Janet Reter
Sacramento County IHSS	Bob Rady
Sacramento County IHSS	Sally Nelson
Sacramento County IHSS	Valencia Floridanda
Sacramento County IHSS	John Schesy
Sacramento County IHSS	Annette Hettuera
Sacramento County IHSS	Margo Shearerm
San Francisco County IHSS	Dianna Christen
San Joaquin County	Wendy Moore
Santa Cruz County IHSS	Gail Groves
Shasta County	Timothy Shell
Shasta County	Jim L.
Sonoma County IHSS	Diane Kalijz
Sonoma County IHSS	Carol Rex
Yolo County	Jan Wolff
Yuba County	Ginny Tuscano
Yuba County	Shirley Baker
Yuba County	Elberta Filer
AARP	J.P. Kearney
Addus	Steve Ferguson
Addus	R. Shelor
ARCA	Eileen Richie
CAHSAH	Barbara Biglieri
California Council for the Blind	Dan Kaiser
CAPA	Karen Keslar
CARA	Bill Powers
CARA	Linda Roberts
CDA	Denise Crandall
CDCAN	Marty Omoto

**ATTACHMENT 1A
IHSS QUALITY ASSURANCE PROJECT STAKEHOLDERS MEETING
1/25/05 ATTENDEES LIST**

ORGANIZATION	NAME
CDE	Kris Sullivan
CFILC	Sheila Shoup
CFILC	Cheryl Bergan
CCWRO	Grace Gallagher
CSA	Sumbo Chea
CSMS	Carole Barnes
CSUS – ISD	Dr. Ernest Cowlese
CWDA	Cathy Senderling
DDS	Karen Loeper
DDS	Charlene Locke
DHS	Wayne Dugulb
DHS	Michael Bush
DHS	Stephanie Robertson
DHS	Katherine Williams
EDS	Barbara Vonu
Far Northern RC	Donna Onesi
Homecare Council	Loretta Stevens
Legislature	Lola Young – California Senior Legislature
NAHHCP	Susan Miller-French
NMSS	Ann Hayden
Personal Assistance Service Council	Margaret Belgai
PG&A	Traci Pope
PG&A	Sujei Gonzalez
Consumer	Shirley Owens
Provider	Marqueda Chambers
Public Authority	Barbara Linch – Sac. Co.
Public Authority	Fay Mimiska – Sac. Co.
Public Authority	Sandra Campbell – San Diego Co.
Sacramento Association for the Retarded	Bethany Wheeler
SAS	Bert Bettis
SEIU	Tamara Rasberry
SEIU	Lisa Chin
SEIU UHW	Frank Martinez
SEIU Local 1280 Solano County	Susannah Straw-Gust
SEIU Local 1280 Solano County	Lekester Jordan
SEIU Local 1280 Solano County	Kim Leslie
SEIU 434 B	Nicole Ward
SEIU 434 B	Wendy Duchon
Senate	Sarah Sutro-Steenhausen
SILC	Pam Porteous-Hunt
The Arc of California	Tony Anderson
UC Davis	Larry Lobre

**ATTACHMENT 1A
IHSS QUALITY ASSURANCE PROJECT STAKEHOLDERS MEETING
1/25/05 ATTENDEES LIST**

ORGANIZATION	NAME
UDW	Ellen Martin
UDW	Sarita Martinez
UDW	Art Lujan
UDW	Jovan Agee
CDSS	Joe Carlin
CDSS	Brian Koepp
CDSS	Martha Bracha
CDSS	Linda Williams
CDSS	Beatriz Sanchez
CDSS	Jacqueline Pitts
CDSS	Tracy Player
CDSS	Michele Loftin
CDSS	Jeannie Smalley
CDSS	Norberto Laboy-Brauer
CDSS	Laurie Silva
CDSS	Ramona Walker
CDSS	Julie Lopes
CDSS	Andrea Allgood
CDSS	Dianne Perry-Ellis
CDSS	Joan Boomer
Office Of Legislation (CDSS)	Lotti Caliga
CMIPS II Project Office (CDSS)	Janet Nicholson
CMIPS II Project Office (CDSS)	Kelly Elo
CMIPS II Project Office (CDSS)	Rene Leong

ATTACHMENT 3

1/25/05 QA STAKEHOLDERS MEETING

QUESTIONS/ANSWERS

Question: The time-for-task and frequency guidelines tool that currently exists, will that be looked at and modified rather than reinventing it? Is there an assumption that 10% of service hours will be cut by reassessment?

Answer: The time-for-task and frequency guidelines tool is being looked at and it will be necessary to gather as much information as possible, let the workgroups look at it, and see what can and cannot be used. Regarding the 10% piece there were some assumptions made early on in the development of this bill (SB 1104), but it doesn't mean that it's being advocated to reduce the service hours of the recipient by 10%. The intent is to match up the correct amount of service hours for a person and if there are more hours given we need to look at that.

Question: The administration has projected a significant savings due to the QA Initiative for both the current year and this coming fiscal year, so the question is has there been any savings this year?

Answer: No, there has been no savings this year. Now that the QA Bureau is fully staffed, the State is in the process of getting this program up and running, creating workgroups, etc. There will be a savings next year. The major savings was always envisioned to be from the social worker training.

Question: Are you going to allow the consumer advocates to be heard and will they have input on the workgroups?

Answer: Anyone involved with the system can participate in the various workgroups and your input will be greatly appreciated. Please see us afterwards to sign up for the various workgroups.

Question: There is a concern about the possibility of the IHSS program being moved to the Department of Health Services (DHS). If the move occurs, will the county social workers be required to abide by the Medi-Cal rules? When PCSP was added to the IHSS program, the counties were never advised of the changes that the new program brought. This resulted in Administrative Law Judges ruling against social workers in many hearing cases when the decision had been based on outdated manuals written by the California Department of Social Services (CDSS). There is also concern that the Case Management, Information, and Payrolling System (CMIPS) was not compatible with other agencies computer systems.

Answer: The recommendation to relocate the IHSS program from CDSS to DHS was made by the California Performance Review Team. However, the Governor has not made a decision on the move. It is understood that with any new changes, rules need to be clarified. The Department has a responsibility to not only the people who receive the services, but also to the social workers with the large caseloads who are trying to do the right thing by the consumer who they work with. The QA project, which has received input from stakeholders, Public Authorities, the unions, and the legislature,

ATTACHMENT 3

1/25/05 QA STAKEHOLDERS MEETING

QUESTIONS/ANSWERS

recognizes the problems that have occurred in the past and are looking very closely at what QA means. In regards to the CMIPS program not talking to other systems, the Department has put forward a budget request to get some initial interfaces going and is planning on building a number of compatible interfaces with DHS.

Question: What is the Department's definition of fraud? Fraud is not always overpayments, but quite often underpayments and the lack of assessments for people who need the services but are not getting them. The Department needs to look at fraud from both angles. Will the proposed workgroups include recipients and providers?

Answer: All concerns including fraud, the under use of hours, and the assessment process are all part of the QA Program. The Department is currently in the process of testing some of these theories through a pilot program. Again, everyone's input is valuable and everyone has a voice in the workgroups. It was reiterated that interested individuals may join the workgroups or submit comments to the workgroups and their opinions or suggestions will be heard.

Comment: SB 1104 was a fraudulent waste of money because it should not have been implemented until after the completion of the California Performance Review. CDSS should have coordinated efforts with them. Concern was expressed that reader services to the blind is still not part of the task list and it was requested that the blind community be included on the task list committee.

Response: Yes, absolutely they will be added to the workgroup.

Comment: It was expressed that no matter how good the social worker training is, if the social workers don't have reasonable caseloads, they will not be able to put the training into effect. Social workers spend an enormous amount of time resolving payroll issues due to the confusing timesheet process.

Response: The State recognizes that the county social workers have large caseloads. It was noted that the California Welfare Directors Associations (CWDA) had successfully lobbied the legislature on behalf of social workers and received the equivalent of 112 new social worker positions for counties as part of SB 1104 and it was agreed that it doesn't totally solve the problem of heavy caseloads.

Question: How long has the State studied fraud and what is classified as fraud? Fraud can go both ways. It was pointed out that numerous times providers exceed the number of hours authorized to work and would like to know where the fraud was in that?

Answer: There is not a study, in place, that classifies fraud. The program has grown tremendously in the past seven years and the administration infrastructure for such a study, is simply not there. There is a concern regarding providers working extra hours every month, but it was explained that the way the law is written, the program only allows a certain number of hours to be paid for services and that is something that cannot be changed as part of this process.

ATTACHMENT 3

1/25/05 QA STAKEHOLDERS MEETING

QUESTIONS/ANSWERS

Question: When a provider goes to someone's home and doesn't know what the tasks are to be performed, and no one tells them, how would they know that fraud is being committed? Concern was also expressed about someone breathing down the provider's shoulders, watching their every move.

Answer: The intent is not to be looking over people's shoulder to see what they are doing; the intent is to have statutes in place to deal with certain occurrences that take place from time-to-time. There is a fraud piece, but if you look at the entire legislation, it's not all about fraud. It was noted that after giving the presentation people shouldn't be under the impression that this is all about fraud because it's not. The key to this is that we need to be aware and pay attention to all aspects as we would to any other program in order to keep the integrity alive and well. However, if there is any fraud going on than we should be aware of it.

Comment: Could you please include some disability sensitivity in your training. It is important that you make sure that the social workers get the training on disability sensitivity. It is important that there is a clear understanding as to what it means to be quadriplegic, blind, and have limited use of one hand, etc.

Response: As training is being developed, we will make sure that this issue is kept on the table. This is a very important and valid piece and it needs to be addressed and utilized.

Comment: Disability sensitivity training needs to be done as well as the need to have "standardized language." When social workers do their assessments, they should all be on the same page using the same language. When we talk about the need for "24 hour care," or "24 hour services" what we really should be saying is the need for "24 hour protective supervision." This will enable the right questions to be asked, the correct terminology used, so that the consumer's needs are properly met. If there is a better job of educating people so that they ask for the right things, explain what is necessary in the home, and have the social worker understand what those needs are perhaps there will be a better balance. Also, it is very important to have access to enhanced websites to obtain vital information.

Response: We are aware and are sensitive to the needs of others, and will continue to do so throughout this entire process.

Comment: You have fraud provisions for both the provider and the recipient, but there are no fraud provisions that are punitive against the county. Secondly, many clients have been on IHSS for many years and they have no idea what they are entitled to. They don't have any kind of readable forms that tell them you can get hours for cooking, you can get protective supervision, and you can get this by showing that. There is a need for forms, not only from the county to the client, but from the client to the county as well and we should not rely exclusively on calling the social worker. Thirdly, having inter-county transfer clients that have had their annual reassessment one-to-two months

ATTACHMENT 3

1/25/05 QA STAKEHOLDERS MEETING

QUESTIONS/ANSWERS

prior to moving to another county, the first thing the new county says is that you have to be reassessed. That's a waste of taxpayer's dollars and hard on the client who can't go to the doctor and this shouldn't happen.

Response: Whatever is developed with regards to fraud will be studied at all levels wherever it might be and if it is at the county level than we will identify it and take steps to address that. We must keep people informed. Our internet site is a valuable resource where there are pages and pages of valuable information in detail about this program and all its functions. We are looking at ways to make it easier to access and ways of adding forms and other information that will help the client and provider understand the program. Inter-county transfer has always been an issue and it is hoped that some of the variable assessment changes will aid in looking at the problems and resolve some of those issues. The regulations that drive this program are thin, there is not a lot of detail, and it is not consistently regulated across the board. The training will help and as we develop some of these other tools like variable assessments, we will be able to address some of this. We won't be able to address all of it, but hopefully most of it.

Question: First, social worker training should not be just about assessments, but also about social worker practices and interview techniques. Secondly, we need to train the social worker on how to get the necessary information from the client. Clients have a hard time telling the social worker what they really need so that would be helpful. Also, when will the transition take place of moving the IHSS program over to the waiver and when will counties be able to access the federal dollars?

Answer: At the beginning, the State was told that it would take a year to get this waiver processed approved and it was accomplished in four or five months. Unfortunately, the back end work has been extremely intense. The waiver was approved in August and there have been weekly phone meetings with ourselves, DHS, Centers for Medicare and Medicaid (CMS), both their regional office and Baltimore office, to work on claiming issues and other technical aspects such as the State and county claiming and receiving federal dollars. It is estimated that the work will be completed by the end of this fiscal year. In terms of training, it is not going to be a one time thing, but the plan is to have annual training and there will be training dollars in the budget carried forward.

Comment: When looking at fraud, there needs to be an understanding that if you spend \$20,000 to claim \$3,000 worth of fraud you are not saving money. When you are looking at fraud you need to look at how much it's going to cost to prevent it as oppose to just ignoring it.

Response: We shouldn't go out and spend unnecessary money if it's a small problem, but until we learn more we won't know. We are trying to figure out if we can get information from existing databases (from our CMIPS and DHS) to see what is going on.

ATTACHMENT 3
1/25/05 QA STAKEHOLDERS MEETING
QUESTIONS/ANSWERS

Question: Are any part of the QA going to be contracted out to the Public Authority?

Answer: The Public Authority will be involved in the process, but as far as contracting out, the answer is no.

Question: It was mentioned that there was going to be standardize training and that there is money in the budget for it, I didn't see anything in the budget for that. Is that coming out of IHSS?

Answer: The money is in the IHSS budget separately for training.

SB 1104 IHSS/PCSP
QA PROJECT

STAKEHOLDER
MEETING
1-25-05

MEETING PURPOSE

STAKEHOLDER MEETINGS

❖ SB 1104 REQUIRES THE STATE TO CONVENE PERIODIC MEETINGS WITH COUNTIES & PROGRAM STAKEHOLDERS TO:

➤ PROVIDE INFORMATION TO &

➤ RECEIVE INPUT FROM STAKEHOLDERS

ON THE REQUIRED IHSS QA, PROGRAM INTEGRITY & PROGRAM CONSISTENCY EFFORTS BEING DEVELOPED & IMPLEMENTED BY CDSS, CDHS & THE COUNTIES.

STAKEHOLDER MEETINGS *Continued.*

- ❖ **IHSS QA PROGRAM SUBJECT MATTER REQUIRED TO BE INCLUDED IN STAKEHOLDER MEETINGS:**
 - **VARIABLE ASSESSMENT INTERVALS.**
 - **HOURLY TASK GUIDELINES.**
 - **STANDARDIZED PROTECTIVE SUPERVISION MEDICAL CERTIFICATION FORM.**
 - **STATEWIDE COUNTY TRAINING PROGRAM,**
 - **VERIFICATION OF CLIENT RECEIPT OF SERVICES.**
 - **ALTERNATIVES TO A FULL REASSESSMENT FOLLOWING DISCHARGE FROM A MEDICAL FACILITY.**

SB 1104
QA PROJECT OBJECTIVES

IMPROVE THE QUALITY OF IHSS NEEDS ASSESSMENTS

- ❖ DEVELOP & PROVIDE ONGOING STATEWIDE TRAINING & FORMAL MONITORING AT THE STATE & LOCAL LEVEL.
- ❖ STATEWIDE TRAINING PROGRAM FOR COUNTY IHSS STAFF ON:
 - THE IHSS UNIFORMITY SYSTEM,
 - RELATED RULES & POLICY GOVERNING NEEDS ASSESSMENTS, &
 - EMERGING IHSS QA & PROGRAM INTEGRITY POLICIES & PROCEDURES.

IMPROVE THE QUALITY OF IHSS NEEDS ASSESSMENTS *Continued.*

- ❖ **COUNTIES REQUIRED TO PERFORM IHSS PROGRAM INTEGRITY CASE REVIEW ON A ROUTINE BASIS. STATE TO MONITOR COUNTY QA ACTIVITY.**
- ❖ **VARIABLE REASSESSMENT INTERVALS TO ALLOW COUNTIES TO BETTER FOCUS RESOURCES WHERE COSTS CAN BE AVOIDED, I.E., WAITING LONGER TO REASSESS STABLE CASES ALLOWING RESOURCES TO BE APPLIED TO CASES THAT MIGHT IMPROVE WITHIN 12 MONTHS.**

CREATE IHSS PROGRAM PROCESS CONSISTENCY

- ❖ **STANDARD STATEWIDE COUNTY IHSS STAFF TRAINING;**
- ❖ **DEDICATED, SPECIALIZED COUNTY QA & PROGRAM INTEGRITY UNIT OR FUNCTION.**
- ❖ **HOURLY TASK GUIDELINES;**
- ❖ **PROGRAM PROVIDER PARTICIPATION STANDARDS & ENROLLMENT PROCESS;**

CREATE IHSS PROGRAM PROCESS CONSISTENCY

Continued.

- ❖ STATEWIDE PROTECTIVE SUPERVISION MEDICAL CERTIFICATION FORM;
- ❖ CONSISTENT STATE/COUNTY QA & PROGRAM INTEGRITY PROTOCOLS & PROCEDURES;
- ❖ UPDATED PROGRAM REGULATIONS.

DETECT & PREVENT **IHSS PROGRAM FRAUD**

- ❖ **CDSS & COUNTIES REQUIRED TO PUBLICIZE AVENUES FOR REPORTING SUSPECTED FRAUD & ABUSE TO THE STATE.**
- ❖ **EACH COUNTY REQUIRED TO HAVE A DEDICATED IHSS QA FUNCTION & CARRY OUT SPECIFIED FRAUD DETECTION & PREVENTION ACTIVITIES.**

ASSURE IHSS PROGRAM INTEGRITY

- ❖ IHSS PROVIDER PARTICIPATION STANDARDS & REQUIREMENTS. ALL PROGRAM PROVIDERS REQUIRED TO ENROLL IN THE PROGRAM.
- ❖ STANDARD PROCEDURES TO IDENTIFY & RECOVER INAPPROPRIATE IHSS PROGRAM PAYMENTS WITH APPROPRIATE DUE PROCESS & CONSISTENT WITH APPLICABLE LABOR LAWS.

ASSURE IHSS PROGRAM INTEGRITY

Continued.

- ❖ STANDARD PROCESSES TO IDENTIFY & RECOVER IHSS PROGRAM PAYMENTS FROM LIABLE THIRD PARTIES.
- ❖ ROUTINE ERROR STUDIES & IHSS/MEDI-CAL PAID SERVICES DATA MATCHES TO IDENTIFY POTENTIALLY INAPPROPRIATE OR DUPLICATE PAYMENTS.
- ❖ 'OVERPAYMENT' LEGALLY DEFINED FOR PURPOSES OF IHSS. LEGAL AUTHORITY & STATE/COUNTY OBLIGATION TO RECOVER ESTABLISHED.

WORKGROUP/COMMITTEE REQUIREMENTS

IMPLEMENTATION MEETINGS

- ❖ **IHSS/MEDI-CAL CLAIMS DATA MATCHES**
- ❖ **ANNUAL ERROR RATE STUDY**
- ❖ **VARIABLE ASSESSMENT INTERVALS**

IMPLEMENTATION WORKGROUPS

- ❖ **STATEWIDE ASSESSMENT TRAINING PROGRAM.**
- ❖ **HOURLY TASK GUIDELINES.**
- ❖ **PROVIDER PARTICIPATION, INCLUDING ENROLLMENT FORM DEVELOPMENT, EXCLUSION RULES & PROCEDURES, REPORTING PROCESSES, NOTICE & DUE PROCESS.**
- ❖ **STANDARD PROTECTIVE SUPERVISION MEDICAL CERTIFICATION FORM.**
- ❖ ***IHSS REGULATIONS REVISION.***

ONGOING STATE/COUNTY OPERATIONS COMMITTEE

❖ FOR STATE/COUNTY METHODS, PROTOCOLS, PROCEDURES & INSTRUCTIONS:

- POLICIES & PROCEDURES GOVERNING STATE MONITORING OF COUNTY QA PROGRAMS.
- IHSS/MEDI-CAL DATA MATCH DEVELOPMENT; COUNTY ACTIONS ON DATA MATCH DISCREPANCIES.
- COUNTY IDENTIFICATION OF THIRD PARTY LIABILITY FOR IHSS.
- LOCAL PROGRAM MONITORING BY COUNTIES TO DETECT & PREVENT FRAUD & MAXIMIZE RECOVERY OF OVERPAYMENTS.

ONGOING STATE/COUNTY OPERATIONS COMMITTEE

Continued

- STATE/COUNTY INFORMING OF RECIPIENTS, PROVIDERS & THE GENERAL PUBLIC OF THE MEDI-CAL TOLL-FREE LINE & DHS WEBSITE FOR REPORTING SUSPECTED FRAUD.
- JOINT STATE/COUNTY CASE REVIEWS, INCLUDING RANDOM POST-PAYMENT CLAIMS REVIEWS.
- IDENTIFYING, REFERRING TO CDHS, & WORKING COLLABORATIVELY TO INVESTIGATE & TAKE ADMINISTRATIVE ACTIONS ON OR PROSECUTE FRAUD.
- OVERPAYMENT IDENTIFICATION, NOTICE, DUE PROCESS & RECOVERY.

STAKEHOLDER MEETING SUBCOMMITTEE

- ❖ **METHODS FOR VERIFYING RECIPIENT RECEIPT OF SERVICES.**
- ❖ **ALTERNATIVES TO A FULL REASSESSMENT TO AUTHORIZE A TEMPORARY SERVICE INCREASE FOLLOWING DISCHARGE.**
- ❖ **WEBSITE POSTINGS OF IHSS INFORMATION.**

PRIORITIES

- **STATEWIDE SOCIAL WORKER ASSESSMENT TRAINING PROGRAM.**
- **IHSS REGULATIONS REVIEW & REVISION**
- **HOURLY TASK GUIDELINES.**
- **PROVIDER PARTICIPATION STANDARDS & ENROLLMENT PROCESS.**
- **COUNTY QA EVALUATION & INTEGRITY CASE REVIEW PROCESS.**
- **ANTIFRAUD/OVERPAYMENT ACTIONS.**