

REPORT TO THE LEGISLATURE
PUBLIC AUTHORITIES AND NONPROFIT CONSORTIA
IN THE DELIVERY OF
IN-HOME SUPPORTIVE SERVICES

SFY 2006/2007



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REPORT MANDATE

Senate Bill 1780 (Chapter 206, Statutes of 1996) mandates this Report to the Legislature. Senate Bill 1780 enabled county boards of supervisors to establish a Public Authority (PA), by ordinance, or contract with Nonprofit Consortia (NPC) to provide for the delivery of In-Home Supportive Services (IHSS).

The Welfare and Institutions Code, Section 12301.6(o) requires that, commencing July 1, 1997, the California Department of Social Services (CDSS) provide annual reports to the appropriate fiscal and policy committees of the Legislature regarding the efficacy of enabling county boards of supervisors to establish a PA or contract with NPC to provide for the delivery of IHSS. CDSS' reports are required to include assessments of the quality of care provided following the implementation of this statute.

EXECUTIVE SUMMARY

The information provided in this Report to the Legislature is based almost entirely on the responses to a written survey sent by the CDSS to the 56 IHSS PA/NPCs that operate in California's counties. The survey asked for data relative to the 2006-2007 State Fiscal Year (SFY). Fifty-five of the PA/NPCs completed and returned the survey. IHSS registry provider applicants are being screened and their backgrounds are being checked. Generally, the reported standards and policies in place for enrolling registry providers and removing providers from registries, when continued participation could be detrimental to the health and safety of consumers or program integrity, appear reasonable and thorough. While there are differences among the standards they would apply to deny enrollment in the registry, in the absence of evidence that the differences are detrimental to the health and safety of IHSS consumers, it is reasonable to continue to allow community standards to prevail.

Registry provider orientations include reasonable and necessary information to prepare an individual to participate in the IHSS program as a provider.

IHSS providers and consumers are being offered and are attending a wide array of relevant training offered by the PA/NPCs. The PA/NPCs reported that in addition to orientation more than 124,000 hours of provider training classes and over 14,000 hours of one-on-one training were given to providers. Additionally, IHSS consumers received over 4,000 hours of training both in classes and one-on-one training.

The PA/NPCs reported providing more than 426,000 services to IHSS consumers and providers involving home visits, interview assistance, information and referral assistance, mentor assignments, problem-solving, advocacy, and consultations to consumers, providers and the public during the survey period.

During the survey period the PA/NPCs were continuing to make changes to their organizations to improve the quality of care and the effectiveness of their program administration. Forty-three (78 percent) of the responding PA/NPCs reported that they had made changes to their operational practices to improve quality of care. The most frequent examples provided related to enhancements or expansion of provider training and orientation activities, provider background checks, quality assurance surveys and back-up provider arrangements.

The PA/NPCs report that almost all PA/NPCs have IHSS providers on their registries that are available to work and a significant number of registry provider lists were furnished to recipients. Over 14,500 providers were on the PA/NPC registries and available to work as of June 30, 2007. PA/NPCs provided 49,638 lists of registry workers to IHSS consumers during the survey period.

The PA/NPCs report that the majority of them have procedures in place to assist program participants to find a provider in an emergency or urgent need basis.

IHSS providers are generally available to serve recipients in most counties. Thirty-nine (71 percent) of the PA/NPCs reported that there was not a general shortage of providers in their county. Some critical, but not unexpected, types of IHSS provider shortages continue to exist. Forty-three of the PA/NPCs reported that there was a critical shortage of available providers that affected a specific subpopulation of IHSS consumers. Forty-one of the 43 reported the critical shortage as the availability of IHSS providers available to serve IHSS

consumers in the more rural and remote areas of the state. Nineteen of the 43 respondents indicated that there was a shortage of providers willing and available to care for consumers with more difficult or complex health conditions. Lastly, seven of the respondents identified shortages of providers able to serve certain language groups. Farsi, Chinese, Russian and Assyrian were common to this group.

PA/NPCs generally reported low volumes of complaints from consumers and providers during the survey period. Forty-six (84 percent) of the responding PA/NPCs reported one or more complaints received during the survey period. The largest category (1,498) was complaints from IHSS consumers against registry providers. Fifty-three (96 percent) of the responding PA/NPCs reported that they actively provide intervention and resolution in issues/problems between individual providers and consumers. The responding PA/NPCs reported a combined total of only 144 complaints by providers and consumers against PA/NPC registry staff.

The PA/NPCs report that they have policies and procedures in place for handling complaints from IHSS consumers and providers about the PA/NPC, complaints by consumers about registry providers and complaints by registry providers about consumers. As noted above, complaints are generally few in number; however, in some cases relevant complaint policies and procedures are not being communicated in writing to consumers or providers.

Thirty-nine (71 percent) of the PA/NPCs reported IHSS providers enrolled in health benefits coverage during the 2006-07 SFY. A total of more than 71,400 IHSS providers were enrolled in health benefits coverage during the survey period.

Forty-five (82 percent) of the PA/NPCs reported that they surveyed IHSS consumers regarding satisfaction or quality of IHSS care and/or PA/NPC services. Nineteen (42 percent) report surveying all IHSS consumers and 26 (58 percent) report surveying only IHSS consumers that use the PA/NPC's registry. The IHSS consumers surveyed by the PA/NPCs rated the quality of their provider services and of registry services very highly. Thirty-four of the PA/NPCs reported that they asked consumers on their survey if IHSS services performed by their provider prevented a hospital admission. Twenty-three (67 percent) of those PA/NPCs reported a positive consumer response rate of 50 percent or higher. One PA noted that although its consumer response rate to this question was 49 percent positive, this was still a significant figure.

The average monthly IHSS paid cases increased by 5.5 percent in the survey year from the prior SFY. The percentage increase in PA/NPC costs from the prior year to the survey year was more than four times greater than the percentage growth in the average monthly IHSS paid cases. This reflects the combined effect of the nearly 16 percent average increase in the PA/NPC rate component for health benefits and the above-noted average monthly caseload growth during the survey period.

Most PA/NPCs (between 72 percent and 92 percent of the 55 PA/NPCs responding to the survey) report experiencing improvement in the areas they are most able to directly influence, i.e., orientation and providing training to providers; providing information to consumers and providers, intervening in consumer/provider problems, provider skill levels and assisting IHSS consumers to locate providers.

There is less, although still a significantly positive (between 59 percent and 66 percent of the PA/NPCs) evaluation by the PA/NPCs of improvement in areas that may be less amenable to direct influence by PA/NPCs, such as provider turnover and tenure and the qualifications of individuals presenting themselves for employment as an IHSS provider.

The most troubling aspect of the survey data is that slightly more than one-third of the PA/NPCs that responded to this survey question do not believe or do not know if improvement has occurred in the availability of emergency worker replacement services as a safety net for consumers.

The annual cost of PA/NPCs for the survey year (SFY 2006-07) was \$71,156,172, an increase of \$11.1 million from the prior SFY. State General Fund (SGF) costs for PA/NPCs for the survey year increased by \$3.6 million (18.5 percent) to \$23,125,756. County funding for PA/NPCs increased by nearly \$2 million (19 percent) for the survey year. Federal financial participation increased by \$5.6 million (18.5 percent) to \$35,578,086, which covers half the annual PA/NPCs program costs.

In conclusion, the information provided by the PA/NPCs in response to CDSS' survey suggests that many of the PA/NPCs have evolved into multi-faceted social service agencies that provide a wide and extensive program of services and advocacy to IHSS consumers and providers.

LEGISLATIVE HISTORY

Senate Bill 485 (Chapter 722, Statutes of 1992) added Section 12301.6 of the Welfare and Institutions Code, which allows a county to establish a PA/NPC for the delivery of IHSS.

Senate Bill 35 (Chapter 69, Statutes of 1993) added subdivision (k) to Welfare and Institutions Code Section 14132.95. Paragraph (3) of that subdivision authorized the State Controller to allocate funds to counties for the establishment of PA or NPC on a one-time basis.

Senate Bill 1780 (Chapter 206, Statutes of 1996) required CDSS to provide annual reports to the Legislature on the efficacy, and to include an assessment of the quality of care provided as a result, of county implementation of PA/NPC.

Senate Bill 710 (Chapter 91, Statutes of 1999) provides that the county shall use county only funds to fund both the county's share and the state's share, including employment taxes, of any increase in IHSS costs, except as otherwise provided in this bill.

Assembly Bill 1682 (Chapter 90, Statutes of 1999) requires each county to act as, or establish an, employer for the purposes of employee/employer relations for the delivery of IHSS by January 1, 2003. The legislation also required CDSS to develop a timeline for the implementation of this legislation as guidance to the counties. CDSS issued this timeline in All-County Letter 99-62 dated September 14, 1999.

Assembly Bill 1682 provided each county with the option to establish an employer of record for the purposes of employee/employer relations through either the establishment of a PA or NPC, contracting with an outside entity, direct county administration of the individual provider mode, county civil service, or a combination of the above options.

Senate Bill 288 (Chapter 445, Statutes of 2000) specifies the membership composition of the IHSS Advisory Committee, and excludes any county that has established a governing body for the provision of IHSS prior to July 1, 2000, from those composition requirements. The bill specifies that each county shall be eligible to receive state reimbursement of administrative costs for only one IHSS Advisory Committee and requires each county to comply with certain requirements.

PUBLIC AUTHORITY OVERVIEW AND REGULATORY REQUIREMENTS

A PA is a local agency established by an ordinance enacted by a county board of supervisors that is legally separate from the county. An NPC is an entity that has, among other things, a tax-exempt status.

As a local agency exercising public and essential governmental functions, a PA has all powers necessary or convenient to carry out the PA's responsibilities under the IHSS program. This includes the power to contract for services and to make or provide for direct payment to a provider chosen by the recipient of In-Home Supportive Services.

A PA is deemed the employer for the purposes of employee/employer relations for IHSS providers, including collective bargaining. Nevertheless, recipients retain the legal right to hire, supervise, and terminate the work of any IHSS provider providing services to them.

By law, any liability obligation of the PA or NPC, whether statutory, contractual, or otherwise, is the obligation solely of the PA or NPC and not the obligation of the county or the state.

A PA or NPC is not the legal employer for purposes of liability due to the negligence or intentional torts of an IHSS provider.

If a county elects to establish a PA, the enabling ordinance must specify the membership of the governing body, the qualifications for individual members, the manner of appointment, removal of members, tenure and other matters the board of supervisors deems necessary.

The county ordinance enabling the PA may designate the board of supervisors as the governing body of the PA. If the board of supervisors designates itself as the governing body of the PA, the ordinance requires the appointment of an advisory committee of no more than 11 members. No fewer than 50 percent of the advisory committee members must be persons who are current or past users of personal assistance services paid for through public or private funds. If the board of supervisors does not designate itself as the governing body, the board must specify the membership of the governing body. No fewer than 50 percent of the members of the governing body must be persons who are current or past users of personal assistance services paid for through public or private funds.

CHRONOLOGY OF ACTIONS

The emergency regulations to implement Senate Bill 1780 (Chapter 206, Statutes of 1996) became effective on June 4, 1997. CDSS distributed the following All-County Letters and All-County Information Notices to provide guidance to counties on implementation and compliance requirements:

All-County Letter 98-20, dated March 17, 1998, to all County Welfare Directors and IHSS Program Managers. The All-County Letter outlined necessary county activities, PA/NPC activities, and state activities for counties opting to use a PA/NPC to provide services under the IHSS program.

All-County Letter 99-62, dated September 14, 1999, provided instructions to the counties regarding Assembly Bill 1682 and the timetable to assist the counties in the implementation of the legislation.

All-County Letter 99-68, dated September 21, 1999, provided information on Senate Bill 710, which allowed the state to participate in the cost of wages for IHSS individual providers above minimum wage, including individual providers that are working under a PA.

All-County Letter 00-36, dated May 19, 2000, and **All-County Letter 00-68**, dated September 20, 2000, responded to county questions concerning the implementation of Assembly Bill 1682.

All-County Letter 00-81, dated December 4, 2000, required all 58 counties to provide the status of establishing an employer for the purposes of employee/employer relations to the department.

All-County Letter 00-87, dated December 28, 2000, required all 58 counties to provide a timetable for the implementation of Assembly Bill 1682.

All-County Information Notice I-27-02 dated April 4, 2002, provided additional guidance to counties on timeline requirements for meeting Assembly Bill 1682 requirements.

All-County Information Notice I-42-02 dated June 17, 2002, provided additional guidance to counties on additional Assembly Bill 1682 related questions raised by counties.

All-County Information Notice I-43-02 dated June 24, 2002, provided additional guidance to counties on Assembly Bill 1682 related fiscal and budget questions raised by counties.

All-County Letter 02-86 dated October 30, 2002, provided compliance guidance pursuant to Assembly Bill 2235.

All-County Information Notice I-02-03 dated January 8, 2003, provided counties with state wage sharing information for In-Home Supportive Services individual providers.

All-County Information Notice I-46-03 dated July 29, 2003, provided information about revisions to the claim for reimbursement for IHSS contract expenditures (SOC 432) and IHSS PA invoice administrative costs (SOC 448).

1. REPORT OVERVIEW

The data for the 2008 Report to the Legislature on IHSS PA/NPC were developed by surveying the PA/NPCs in the 56 California counties in which a PA/NPC operates. The survey asked PA/NPCs to report data relative to SFY 2006-2007.

Two counties, Sierra and Tuolumne, directly serve as the employer for the purposes of employee/employer relations for IHSS providers, including collective bargaining. As such, these counties were not surveyed.

CDSS received 56 responses to the survey and all but one PA (Trinity County) completed and returned the survey.

Data from the PA/NPC survey have been compiled and summarized in the body of the report along with relevant commentary. The report is organized, as follows:

- PROGRAM ADMINISTRATION
- PROVIDER AND CONSUMER TRAINING
- REGISTRY POLICIES AND PROVIDER AVAILABILITY
- PA/NPC RATES AND COSTS
- IHSS PROVIDER/CONSUMER SATISFACTION SURVEYS
- PROGRAM IMPROVEMENTS
- CONCLUSIONS

Detailed data compiled from the survey responses are included in the APPENDICES to the report.

2. PROGRAM ADMINISTRATION

PA/NPCs have specific statutory responsibilities under California Welfare and Institutions Code Section 12301.6(e).

Mandated Duties

The survey asked each PA/NPC if they performed all the statutory duties of a PA/NPC. The following table summarizes the survey responses.

Table 1

DURING THE SURVEY PERIOD, DID THE PA/NPC PERFORM THE DUTIES AND FUNCTIONS LISTED BELOW THAT ARE REQUIRED PURSUANT TO WIC 12301.6(e)?	YES	%	NO	%	DNR
N=55					
Provision of assistance to recipients in finding IHSS personnel through the establishment of a registry.	55	100%			
Investigation of the qualifications and background of potential personnel.	55	100%			
Establishment of a referral system under which IHSS personnel shall be referred to recipients.	55	100%			
Providing for training for providers and recipients.	55	100%			
Performing any other functions related to the delivery of IHSS.	48	87%	4	7%	3
Ensure that the requirements of the personal care services program (PCSP) are met.	40	72%	9	16%	6

The information submitted by the PA/NPCs and included in this report supports their responses to the first four categories above, which are the core functions of a PA/NPC relative to the delivery of services to IHSS consumers and providers.

The fifth and sixth items above are not well-defined, and a few responses indicated confusion about what “ensure that the requirements of the Personal Care Services Program (PCSP) are met” means.

Organizational Structure

The survey asked each PA/NPC if they made any significant changes to their organizational structure, staffing or services.

- Twenty-three (42 percent) PA/NPCs responded “YES”.
- Thirty-two (58 percent) PA/NPCs responded “NO”.

Operational Practices

The survey asked each PA/NPC if they made any changes to their operational practices in an effort to improve the quality of care.

A substantial number of the responding PA/NPCs reported that they had made changes to their operational practices to improve quality of care.

- Forty-three (78 percent) PA/NPCs responded “YES”.
- Twelve (22 percent) PA/NPCs responded “NO”.
- The most frequent examples provided related to enhancements or expansion of provider training and orientation activities, provider background checks, quality assurance surveys and back-up provider arrangements.

Contracting

The survey asked each PA/NPC if they contracted with outside agencies to provide IHSS services to consumers or providers. (See following table.)

- Fifty-two (95 percent) of the 55 respondents indicated that they contracted with one or more outside entities to provide or support services to IHSS consumers or providers.
- The nature of the contracting conducted by the PA/NPCs is consistent with their mission and responsibilities.
- Forty-eight (87 percent) of the respondents indicated that they contracted for registry software.
- Thirty (55 percent) of the respondents indicated that they contracted for labor relations services.
- Additionally, 32 (58 percent) contracted for health benefits and 23 (42 percent) contracted for IHSS provider training services.
- Notably, 11 (20 percent) contracted for substitute (emergency) provider services and four (seven percent) contracted for direct provision of IHSS services.

Table 2

DID YOUR PA/NPC CONTRACT WITH AN OUTSIDE ENTITY TO PROVIDE OR SUPPORT THE PROVISION OF SERVICES TO IHSS CONSUMERS OR PROVIDERS? N=55	YES	%	NO	%
		52	95%	3
If YES, for what services?	#		%	
Registry software	48		87%	
Benefits software	17		31%	
Transportation services	3		5%	
Labor relations	30		55%	
Health benefits	32		58%	
Fingerprinting	19		35%	
IHSS provider training	23		42%	
IHSS Consumer training	10		18%	
Provider drug and alcohol screening	2		4%	
Provider background checks	21		38%	
Substitute (emergency) provider services	11		20%	
CPR/first aid training	29		53%	
Transportation	2		4%	
Call Center	1		2%	
Financial Services/Bookkeeping	16		29%	
IT/Website	15		27%	
Retirement Plan Administration	7		13%	
Direct provision of IHSS	4		7%	
Other	15		27%	

PA/NPC Services

In fulfilling their statutory mission and responsibilities, PA/NPCs engage in a variety of relevant IHSS program activities. The survey asked the PA/NPCs to enumerate the extent of these activities.

- The PA/NPCs reported providing more than 426,000 services involving home visits, interview assistance, information and referral assistance, mentor assignments, problem-solving, advocacy, and consultations to consumers, providers and the public during survey period.
- Based on survey responses thirty-two (58 percent) of the PA/NPCs had emergency provider replacement services in place during SFY 2006-07.
- Fifty-three (96 percent) performed intervention and resolution in issues/problems between individual providers and consumers.
- Forty-four (80 percent) performed community outreach and education on IHSS/PA services and issues.
- Thirty-three (60 percent) of the responding PA/NPCs reported providing consumer or provider advocacy, and 36 (65 percent) reported providing consumer and/or provider education regarding state or local legislative, policy or budget actions, or proposals.

Table 3

DESCRIBE OTHER SERVICES PROVIDED BY THE PA/NPC DURING THE SURVEY PERIOD TO THE PUBLIC AND TO IHSS CONSUMERS AND PROVIDERS N=55	#	%
IHSS provider payroll	7	13%
IHSS provider enrollment	26	47%
Workers compensation	21	38%
Other typical county IHSS functions	18	33%
Advisory/governing board/committee support	52	95%
Community outreach and education on IHSS/PA services and issues	44	80%
Consumer and/or provider education regarding state or local legislative, policy or budget actions or proposals	36	65%
Consumer or provider advocacy	33	60%
Emergency provider replacement services	32	58%
Intervention and resolution in issues/problems between individual providers and consumers	53	96%
Peer mentoring of providers	15	27%
Other	20	36%

Special Services

The PA/NPCs were asked to describe any special services, accommodation or efforts made to reach or serve or enhance access by non-English speaking communities and/or people with special needs, e.g., translation, interpretation, outreach.

- Fifty-four PA/NPCs responded to this question.
- The responses indicate that the PA/NPCs understand this responsibility and have made provisions to accommodate the needs of non-English speaking persons.

PA/NPC Complaint Procedures

- PA/NPCs generally reported low volumes of complaints from consumers and providers during the survey period as reflected in the following table.
- Forty-six (84 percent) of the responding PA/NPCs reported one or more complaints received during the survey period.
- The largest category of complaints was from IHSS consumers against registry providers. However, a modest total of only 1,498 were reported for this category.
- The responding PA/NPCs reported a combined total of only 144 complaints by providers and consumers against PA/NPC registry staff.

Table 4

FOR THE SURVEY PERIOD, LIST THE NUMBER OF COMPLAINTS RECEIVED.	# complaints	# reporting	%
[46/55 -- 84% reporting one or more complaints]		46	84%
From IHSS consumers against registry providers	1,498	35	64%
From registry providers against registry consumers	843	20	36%
From registry providers against PA/NPC agency or staff	78	16	29%
From registry consumers against PA/NPC agency or staff	68	17	31%
From IHSS consumers against county IHSS staff	458	21	38%
From IHSS providers against county IHSS staff	294	17	31%

The PA/NPCs were asked in the survey about their procedures for responding to complaints.

- All of the 55 respondents reported that they had procedures in place for responding to complaints from consumers against PA/NPC staff. Twenty-three (42 percent) respondents reported that consumers were not informed in writing of the procedure.
- All of the respondents reported that they had procedures in place for responding to complaints by consumers against registry providers. Twenty (36 percent) respondents reported that consumers were not informed in writing of the procedure and nine (16 percent) respondents reported that providers were not informed in writing of the procedure.
- Fifty-four (98 percent) of the respondents reported that they had procedures in place for responding to complaints by registry providers against consumers. Nineteen (35 percent) of the respondents reported that consumers were not informed in writing of the procedure and 20 (37 percent) of the respondents reported that providers were not informed in writing of the procedure.

Table 5

	YES	%	NO	%
DO YOU HAVE A PROCEDURE FOR RESPONDING TO COMPLAINTS BY CONSUMERS AGAINST THE PA/NPC STAFF?	55	100%		
Are consumers informed in writing of the procedure?	32	58%	23	42%
DO YOU HAVE A PROCEDURE FOR RESPONDING TO COMPLAINTS BY CONSUMERS AGAINST REGISTRY PROVIDERS?	55	100%		
Are consumers informed in writing of the procedure?	35	64%	20	36%
Are registry providers informed in writing of the procedure?	46	84%	9	16%
DO YOU HAVE A PROCEDURE FOR RESPONDING TO COMPLAINTS BY CONSUMERS AGAINST THE PA/NPC STAFF?	54	98%	1	2%
Are consumers informed in writing of the procedure?	36	67%	19	35%
Are registry providers informed in writing of the procedure?	35	65%	20	37%

Responding to Reports of Elder/Dependent Adult Abuse

The survey asked if the PA/NPCs had a current policy and protocol for responding to reports of elder/dependent adult abuse.

- 100 percent of the PA/NPCs reported that they had a policy and protocol for responding to reports of elder/dependent adult abuse.
- High percentages (95 percent) of PA/NPCs inform their staff of their policy on reporting elder and dependent adult abuse. A similarly high percentage inform their registry providers, However, based on the survey responses reflected in the following table, not every county is informing all of the persons who might benefit from being informed of a PA/NPC’s policy in this area.
- The “Other” category in the table below most frequently identified the counties’ adult protective services agency, and IHSS consumers and their families, as recipients of notification of the policy and protocol.

Table 6

DO YOU HAVE A CURRENT POLICY AND PROTOCOL FOR RESPONDING TO REPORTS OF ELDER/DEPENDENT ADULT ABUSE?	YES	%
	55	100%
IF YES, WHO IS FORMALLY NOTIFIED OF THIS PROCEDURE?		
PA/NPC staff	52	95%
Registry providers	50	91%
Non-registry providers	32	58%
Contractor providing services to the PA/NPC	23	42%
Other	15	27%

3. PROVIDER AND CONSUMER TRAINING

IHSS Provider Orientation

PA/NPCs are required by statute to arrange for training of IHSS providers and consumers.

- All of the responding PAs/NPC reported that they provided orientation training to IHSS providers during the survey period.
- Thirty (55 percent) of the respondents report that they offer their orientation training to all IHSS providers. Twenty-five (45 percent) report that they offer their orientation training just to providers enrolling in their registries.
- 17,534 IHSS providers attended orientation training in SFY 2006-07.
- As noted in Table 2, 23 PA/NPCs contract for IHSS provider training. Ten PA/NPCs contract for IHSS consumer training.
- The topics offered by PA/NPCs during their orientation training are extensive. Aside from the core topics CDSS inquired about in the survey, many PA/NPCs offer additional relevant subject matter in their orientation training.

Table 7

TOPICS INCLUDED IN PROVIDER ORIENTATION N=55	#	%
IHSS Program Description	50	91%
PA Program Description	50	91%
Ethics And Professionalism	55	100%
Abuse	55	100%
Health, Safety, And Universal Precautions	53	96%
Registry	55	100%
Getting Paid	50	91%
Provider Benefits (If Applicable)	42	76%
Union Representation (If Applicable)	46	84%
Important Phone Numbers	52	95%
Other Topics	36	65%

OTHER TOPICS INCLUDED IN PROVIDER ORIENTATION cont.
Caregiver Tips of the Trade; i.e., Keeping Your Purse in Your Trunk, Always Providing a Receipt for Purchases, Keeping Track of Hours and Duties on a Separate Calendar, Never Giving Medication (only reminding), Not Accepting Gifts/Cash, Never Purchasing Alcohol for Recipient, and so on.
Worker's Compensation and Disability.
Elder Abuse & Mandated Reporting Responsibilities, Authorized/Unauthorized Tasks, Personal Care Video Presentation.
IHSS Advisory Committee, Authorization of Services, Services not Covered by IHSS, IHSS Consumer Responsibilities, IHSS Provider Responsibilities, Confidentiality, Mandated Reporting, Safe Money Handling Tips, Driving/Mileage Reimbursement, Workers Compensation, Share of Cost, IHSS Quality Assurance, and IHSS Fraud; Medi-Cal Fraud; Fraud Prevention; Understanding/Avoiding Fraud
Transportation Issues, Authorized Duties.
Dementia & Alzheimer's, Ambulation, Fall Prevention, Bed Mobility and Transfers.
Safety with Wheelchairs
IHSS Consumer and Service Provider Rights & Responsibilities; Services not Covered by IHSS; Taxes; Website; Available Training Presentation; Other Resources Available, i.e., Child Health & Disability Prevention Program, Healthy Families, Medi-Cal, CMSP, Mental Health
Various Training Videos
Disability Sensitivity; Understanding and Reporting Dependent/Elder Abuse; Child Abuse Reporting; What to Do in an Emergency; County Resources
Information on Available Trainings
Procedures for Handling Paperwork; Mandated Reporter Responsibilities; Confidentiality; Health and Safety in the Home of the Client; Career Development Opportunities (College Courses); Registry Policies and Procedures; Common Information Regarding the Care of the Aged Including Nutrition, Geriatrics, and Diseases and Medications Common to IHSS Clients.
Registry Expectations for Conduct
Communication, Time Management, Interview Techniques, Confidentiality, Finances, Driving/Auto Insurance, Fraud and Mandated Reporting.

OTHER TOPICS INCLUDED IN PROVIDER ORIENTATION cont.
Task and Job Specific Training
CPR and First Aid/Universal Precautions Training is offered six times per year to all providers and consumers.
Personal Care; Combative Consumers
Landing the Job (Phone Skills, Interview Tips); Job Descriptions; Communication Skills; Sensitivity, Respect & the Need for Confidentiality; Protecting Their Personal Identity
Direct Deposit; Medication Management
Fall Prevention
211 Info Line, Tips and Tools-Sign In Sheet, Cash Log, Transportation Expense Log, Transportation Resources, Educational/Vocational Resources, Workers Compensation, Provider Removal from Registry, Enrollment Process and Form, Maintaining Good Relationships, Confidentiality, Driving and Auto Insurance, Filling Out the Timesheet, Common Mistakes on Timesheets, Frequently Asked Questions About Timesheets
Current Pay Rate; Urgent Substitute Provider Program; Caregiver Training Opportunities; IHSS Consumer Characteristics; Other Local Agencies that May Be Involved with the Consumer; Notice of Action; Share of Cost; Do's and Don'ts; Rewards of the Job
Disability Awareness, CPR, Nutrition, Caring for the Caregiver
How to Interview
Unauthorized Tasks, Transportation

IHSS Consumer and Provider Training

- The responding PA/NPCs reported arranging for and providing significant amounts of training to IHSS providers and consumers.
- More than 124,000 hours of provider training classes were provided and over 14,000 hours of one-on-one training was provided to providers.
- The PA/NPCs distributed more than 16,000 provider handbooks.
- IHSS consumers received over 4,000 hours of training both in classes and one-on-one training.
- More than 350,000 newsletters were distributed to IHSS providers and consumers.

Table 8

TYPES OF TRAINING AND EDUCATIONAL MATERIALS PROVIDED AND/OR ARRANGED FOR PROVIDERS DURING THE SURVEY PERIOD. N=55	#	%	Total Hours	# Distributed
Classes	50	91%	124,133	
One-on-One Training	32	58%	14,404.25	
Handbooks	49	89%		16,635
Videos	20	36%		314
Newsletters	37	67%		369,848
Other educational materials	29	53%		29,872
TYPES OF TRAINING AND EDUCATIONAL MATERIALS PROVIDED AND/OR ARRANGED FOR CONSUMERS DURING THE SURVEY PERIOD. N=55	#	%	Total Hours	# Distributed
Classes	21	38%	4,221.75	
One-on-One Training	29	53%	4,413.5	
Handbooks	29	53%		6,733
Videos	8	15%		200
Newsletters	35	64%		355,868
Other educational materials	18	33%		17,527

4. REGISTRY POLICIES AND PROVIDER AVAILABILITY

The PA/NPCs reported that during the survey period 17,610 individuals applied for enrollment in their registries. For purposes of background, IHSS recipients are responsible to hire their own provider and often prefer to choose a relative, friend, or neighbor. Registries provide a potential source of providers for recipients who may have difficulty in finding their own provider. Registry providers can also be used to provide emergency services when a recipient’s regular provider is unavailable. Registries also ensure some level of training and varying degrees of background checks which may not exist for non-registry providers.

Provider Registry Applicant Screening

- PA/NPCs have a statutory responsibility to investigate the qualifications and backgrounds of potential registry providers.
- All respondents reported procedures for screening applicants for their provider registries.
- As the following table indicates, the methods used by the PA/NPCs to check the qualifications and backgrounds of provider registry applicants are often different from county to county.

Table 9

REQUIRED METHODS USED FOR SCREENING AND BACKGROUND CHECKS OF APPLICANTS FOR THE PROVIDER REGISTRY.		
N= 55		
	#	%
Fingerprinting	26	46%
Dept. of Justice check	27	49%
Reference check	52	93%
Local criminal records check	36	65%
Interview	43	78%
Background check (e.g. USA Facts)	6	11%
Other:	29	53%

- Although the question was not specifically asked on the survey, only six respondents specifically indicated that they check for eligibility to participate in the Medi-Cal Program during their registry applicant screening process. Similarly, only seven PA/NPCs gave a survey response that either specifically or indirectly indicated that eligibility to participate in the Medi-Cal Program was a criterion for denying a registry application.

Total Number of Registry Providers

The PA/NPCs reported that over 14,500 providers were on their registries and available to work as of June 30, 2007.

Table 10

PROVIDERS AVAILABLE TO WORK ON PROVIDER REGISTRIES AS OF JUNE 30, 2007			
Alameda	1013	Orange	223
Amador	51	Placer	36
Butte	164	Plumas (JPA)*	See Nevada
Calaveras	32	Riverside	796
Colusa	52	Sacramento	107
Contra Costa	496	San Benito	135
Del Norte	40	San Bernardino	1,075
El Dorado	65	San Diego	547
Fresno	430	San Francisco	334
Glenn	94	San Joaquin	293
Humboldt	421	San Luis Obispo	DNR
Imperial	647	San Mateo	177
Inyo (NPC)	20	Santa Barbara	232
Kern	339	Santa Clara	693
Kings	194	Santa Cruz	176
Lake	68	Shasta	58
Lassen	DNR	Sierra (JPA)*	See Nevada
Los Angeles	2006	Siskiyou	38
Madera	198	Solano	270
Marin	195	Sonoma	389
Mariposa	2	Stanislaus	172
Mendocino	184	Sutter	108
Merced	263	Tehama	421
Modoc (NPC)	25	Tulare	197
Mono (NPC)	7	Ventura	437
Monterey	238	Yolo	85
Napa	45	Yuba	122
Nevada(JPA)*	130	TOTAL	14,540

* One PA operating under a Joint Powers Agreement among three counties

Number of Provider Referrals Made During Survey Period

The PA/NPCs reported in response to the survey that 49,638 lists of registry workers were provided to IHSS consumers during the survey period.

Registry Management

- Most of the reporting PA/NPCs have well-developed policies and standards for the continuing participation of providers on their registry and taking action when a provider's continued participation on the registry threatens the health and safety of IHSS consumers or program integrity.
- PA/NPC policies for removing providers from their registries commonly include:
 - Criminal convictions
 - Sexual or physical abuse
 - Under the influence of, alcohol or any controlled substance while on duty
 - Possession of a firearm or other dangerous weapon while on duty
 - Refusal or knowing failure to perform work in accordance with PA, county, state, or federal requirements
 - Fraud
 - Theft
 - Knowingly putting the consumer in jeopardy
 - Unauthorized disclosure of confidential information
- Forty-four (80 percent) of the 55 PA/NPCs responding to the survey indicated that they also had policies and standards for denying registry services to IHSS consumers for such things as abusive or threatening behavior, theft, and unsafe environments. The following table displays this information on a county-by-county basis. For a county-by-county list of reasons for denying registry services to IHSS consumers, see Appendix 8. The denial of registry services to an IHSS consumer is a sensitive matter. Conversely, IHSS providers should be able to expect that they will be protected from inappropriate or dangerous situations while performing their duties.

Table 11

HAS A POLICY THAT ALLOWS DENIAL OF REGISTRY SERVICES TO A CONSUMER?					
	YES	NO		YES	NO
Alameda	X		Kern	X	
Amador	X		Kings	X	
Butte	X		Lake		X
Calaveras	X		Lassen	X	
Colusa	X		Los Angeles	X	
Contra Costa	X		Madera	X	
Del Norte	X		Marin	X	
El Dorado		X	Mariposa	X	
Fresno	X		Mendocino		N - Policy under review
Glenn	X		Merced		X
Humboldt	X		Modoc (NPC)	X	
Imperial	X		Mono (NPC)	X	
Inyo (NPC)	X		Monterey		X
Napa	X		Santa Clara	X	
Nevada (JPA)		X	Santa Cruz	X	
Orange	X		Shasta	X	X
Placer	X		Sierra (JPA)		
Plumas (JPA)		X	Siskiyou	X	
Riverside	X		Solano	X	
Sacramento	X		Sonoma	X	
San Benito	X		Stanislaus	X	X
San Bernardino		X	Sutter		
San Diego	X		Tehama	X	
San Francisco	X		Tulare	X	
San Joaquin		X	Ventura	X	
San Luis Obispo	X		Yolo	X	
San Mateo	X		Yuba	X	
Santa Barbara	X		TOTAL	44/80%	11/20%

Emergency Provider Services

During the survey period:

- Eleven PA/NPCs used contract agencies for emergency services.
- Eight PA/NPCs reported that they had implemented formal urgent backup care programs.
- Nine PA/NPCs reported that during the survey period they did not have arrangements for dealing with the emergency or urgent need for an IHSS provider.
- The remainder of respondents reported that they had emergency or on-call providers who could respond in an emergency.

Service Shortages

- Thirty-nine (71 percent) of the survey respondents reported that there was not a general shortage of providers in their county.
- Fourteen (25 percent) of the survey respondents reported that they periodically had a waiting list for providers wanting to enroll on their registry.
- Seven (13 percent) of respondents reported that they had at some point closed their registry to new applicants.
- Forty-three (78 percent) reported that there was a critical shortage of available providers that affected a specific subpopulation of IHSS consumers.
 - Forty-one of the 43 reported a critical shortage of providers for consumers in specific geographic regions of their county. Not surprisingly, these regions are typically remote, rural, mountainous and desert areas of the counties. This problem is being compounded by the high price of gasoline which discourages providers from traveling the distances often necessary to serve this subpopulation.
 - Nineteen of the 43 respondents indicated that there was a shortage of providers willing and available to care for consumers with the more difficult or complex health conditions.
 - Lastly, seven of the respondents identified shortages of providers able to serve certain language groups. Farsi, Chinese, Russian and Assyrian were common to this group.

Table 12

ARE THERE CRITICAL SHORTAGES OF AVAILABLE PROVIDERS THAT AFFECT SPECIFIC CONSUMER SUBPOPULATIONS? N=43 (55)	YES	%	NO	%
If YES,	43	78%	12	22%
Non-English speaking consumers?	7	16%		
Consumers in specific geographic regions of the county?	41	95%		
Consumers with certain types of medical or other care issues?	19	44%		
Other?	11	26%		
NON-ENGLISH SPEAKING CONSUMERS				
We have occasional difficulty finding bi-lingual speaking workers				
Spanish				
Chinese				
Russian				
Assyrian				
Farsi				
Some European countries				
Languages other than Spanish				
CONSUMERS IN SPECIFIC GEOGRAPHIC REGIONS OF THE COUNTY				
Remote, rural, sparsely populated areas				
Desert, mountain areas				

CONSUMERS WITH CERTAIN TYPES OF MEDICAL OR OTHER CARE ISSUES

Special physical and/or medical needs such as those persons requiring bladder/bowel care or other personal care needs.

Developmentally disabled adults who have full mobility and a history of combative behavior

Medical accompaniment (transportation) outside of county or for consumers who live in remote areas of county

Accompaniment to medical appointments in the winter months because of icy/snowy road conditions.

Consumers who require frequent lifting and transferring yet do not have the proper lifting equipment.

Infectious disease, mental health issues, Alzheimer's or dementia, need bowel and bladder care, bathing, paramedical services, need service providers all shifts and weekends, clients who need a lot of transportation to alternative or medical resources

The most critical service shortages are for high need clients who require multiple providers willing to work all shifts and weekends.

Consumers with paramedical needs

Significant medical disabilities

Significant numbers of consumers with mental health issues who have significant difficulty maintaining provider

Consumers with extensive paramedical needs

Consumers with infectious diseases (disclosed to provider by consumer); some consumers in wheel chairs because providers are unable to do transfers.

CONSUMERS WITH CERTAIN TYPES OF MEDICAL OR OTHER CARE ISSUES (cont.)

Communicable diseases, mental health or substance abuse problems, hoarders, sexually overactive/inappropriate consumers

High risk consumers with cognitive or physical difficulties which makes it difficult for them to serve as the “employer”

Caregivers who are skilled in providing personal care

Mental health clients

Consumers who have special needs

Consumers that have few total hours available for workers. Most workers are interested in a position that offers 30 or more hours per week. Many workers are unwilling to travel very far if job is less than 4 hours a day.

Transportation

Emergency need

Male consumers who smoke inside the home are hard to match providers with

There is also a shortage of workers interested in "living on the job" when the consumers do not have the maximum hours allowed by IHSS.

OTHER

“Difficult” consumers – providers begin working for them and then quit due to (verbal) abuse or just “too many issues” regarding consumer that cannot be resolved.

English speakers

There has been a shortage of male providers as well as enough on-call providers to meet the growing demand and diversity of San Francisco's population

Low hours

We have too many Spanish speaking caregivers on the Registry that we cannot place due to language

5. PA/NPC RATES

Rate Changes

PA/NPCs are funded on the basis of a monthly rate paid by the state. Payments are based on the number of IHSS consumers in the PA/NPC's county.

- The average monthly per capita rate paid by the state to PA/NPCs increased by slightly more than five percent over SFY 2006-07.
- The average hourly rate for administrative costs declined by slightly more than five percent. The average hourly rate for benefits increased by almost 16 percent as five PA/NPCs added a benefits component to their rate during SFY 2006-07.

Table 13

SUMMARY	AVG. PA/NPC RATE	AVG. PA/NPC ADMIN RATE	AVG. PROVIDER BENEFITS RATE
Average as of July 1, 2006	\$10.05	\$0.42	\$0.42
Average as of June 30, 2007	\$10.56	\$0.40	\$0.49
% change	5.13%	-5.06%	+15.98%

Annual Cost of Public Authorities/Nonprofit Consortia

PA/ NPC are funded by a combination of state, federal and county funds. (See following table.)

- The annual total funds cost of for the survey year (SFY 2006-07) increased by \$11.1 million from the prior SFY.
- State General Fund costs for PA/NPCs for the survey year increased by \$3.6 million (18.5 percent).
- County funding for PA/NPCs increased by nearly \$2 million (19 percent) for the survey year.

Table 14

	TOTAL FUNDS	STATE GENERAL FUND	FEDERAL FINANCIAL PARTICIPATION	COUNTY FUNDS
SFY 2005-06	\$60,004,436	\$19,501,442	\$30,002,218	\$10,500,777
SFY 2006-07	\$71,156,172	\$23,125,756	\$35,578,086	\$12,497,330
\$ Increase	\$11,151,736	\$3,624,314	\$5,575,868	\$1,996,553
% Increase	18.58%	18.58%	18.58%	19.01%

- Average monthly IHSS Paid Cases in SFY 2005-06: 352,026
- Average monthly IHSS Paid Cases in SFY 2006-07: 371,244
- Percentage increase in average monthly caseload: 5.46 percent
- The percentage change in PA/NPC costs from the prior year to the survey year was more than four times greater than the percentage growth in the average monthly IHSS paid cases. This reflects the combined effect of the nearly 16 percent increase in the PA/NPC rate component for benefits and the above-noted average monthly caseload growth during the survey period.

PA/NPC Rates as of the Beginning and End of the 2006-07 SFY

DNC= Rate did not change during SFY 2006-07

Table 15

County/ Effective Date	PA Rate	% Change	Total IP Wage	% Change	Admin Rate	% Change	Total Benefits	% Change
Amador								
DNC	\$10.07	DNC	\$8.00	DNC	\$0.83	DNC	\$0.00	DNC
Butte								
As of 7/06	\$7.90		\$7.11		\$0.15		\$0.00	
As of 6/07	\$9.59	21%	\$8.15	15%	\$0.10	-33%	\$0.60	
Calaveras								
As of 7/06	\$10.63		\$8.25		\$1.14		\$0.50	
As of 6/07	\$10.99	3%	\$8.50	3%	\$1.24	9%	\$0.48	-4%
Colusa								
As of 7/06	\$8.93		\$6.75		\$1.05		\$0.00	
As of 6/07	\$9.54	7%	\$7.50	11%	\$0.79	-25%	\$0.00	DNC
Contra Costa								
As of 7/06	\$12.67		\$10.06		\$0.28		\$1.31	
As of 6/07	\$13.30	5%	\$10.50	4%	\$0.28	DNC	\$1.33	2%
Del Norte								
As of 7/06	\$8.95		\$8.15		\$0.29		\$0.00	
As of 6/07	\$9.55	7%	\$8.15	DNC	\$0.29	DNC	\$0.60	

County/ Effective Date	PA Rate	% Change	Total IP Wage	% Change	Admin Rate	% Change	Total Benefits	% Change
El Dorado								
DNC	\$10.49	DNC	\$8.50	DNC	\$0.62	DNC	\$0.60	DNC
Fresno								
As of 7/06	\$9.64		\$8.15		\$0.11		\$0.60	
As of 6/07	\$10.78	12%	\$9.05	11%	\$0.11	DNC	\$0.75	25%
Glenn								
As of 7/06	\$8.55		\$7.11		\$0.78		\$0.00	
As of 6/07	\$9.22	8%	\$7.75	9%	\$0.77	-1%	\$0.00	DNC
Humboldt								
As of 7/06	\$7.52		\$6.75		\$0.24		\$0.00	
As of 6/07	\$8.26	10%	\$7.50	11%	\$0.23	-4%	\$0.00	DNC
Imperial								
As of 7/06	\$7.43		\$6.75		\$0.07		\$0.00	
As of 6/07	\$8.26	11%	\$7.50	11%	\$0.08	14%	\$0.00	DNC
Inyo (NPC)								
As of 7/06	\$8.49		\$6.75		\$1.13		\$0.00	
As of 6/07	\$8.80	4%	\$7.50	11%	\$0.56	-50%	\$0.00	DNC
Kern								
DNC	\$9.34	DNC	\$8.00	DNC	\$0.06	DNC	\$0.55	DNC
Kings								
As of 7/06	\$8.97		\$7.50		\$0.25		\$0.60	
As of 6/07	\$9.61	7%	\$8.00	7%	\$0.35	40%	\$0.60	DNC
Lake								
As of 7/06	\$7.63		\$6.75		\$0.12		\$0.00	
As of 6/07	\$8.44	11%	\$7.50	11%	\$0.11	-8%	\$0.00	DNC

County/ Effective Date	PA Rate	% Change	Total IP Wage	% Change	Admin Rate	% Change	Total Benefits	% Change
Lassen								
As of 7/06	\$7.71		\$6.75		\$0.49		\$0.00	
As of 6/07	\$8.49	10%	\$7.50	11%	\$0.44	-10%	\$0.00	DNC
Los Angeles								
As of 7/06	\$9.86		\$8.45		\$0.05		\$0.51	
As of 6/07	\$13.76	40%	\$12.00	42%	\$0.05	DNC	\$0.51	DNC
Madera								
As of 7/06	\$7.73		\$6.75		\$0.37		\$0.00	
As of 6/07	\$8.28	7%	\$7.50	11%	\$0.28	-24%	\$0.00	DNC
Mariposa								
DNC	\$9.53	DNC	\$7.75	DNC	\$1.00	DNC	\$0.00	DNC
Marin								
As of 7/06	\$12.33		\$10.50		\$0.41		\$0.60	
As of 6/07	\$12.44	1%	\$10.50	DNC	\$0.43	5%	\$0.69	15%
Mendocino								
As of 7/06	\$10.43		\$8.50		\$0.41		\$0.60	
As of 6/07	\$11.09	6%	\$9.00	6%	\$0.43	5%	\$0.60	DNC
Merced								
As of 7/06	\$9.18		\$7.50		\$0.33		\$0.00	
As of 6/07	\$9.71	6%	\$7.50	DNC	\$0.26	-21%	\$0.60	
Modoc (NPC)								
As of 7/06	\$8.27		\$6.75		\$0.91		\$0.00	
As of 6/07	\$8.89	7%	\$7.50	11%	\$0.64	-30%	\$0.00	DNC
Mono (NPC)								
As of 7/06	\$9.09		\$7.11		\$1.33		\$0.00	

County/ Effective Date	PA Rate	% Change	Total IP Wage	% Change	Admin Rate	% Change	Total Benefits	% Change
As of 6/07	\$9.58	5%	\$7.50	5%	\$1.45	9%	\$0.00	DNC
Monterey								
DNC	\$12.27	DNC	\$10.50	DNC	\$0.21	DNC	\$0.60	DNC
Napa								
DNC	\$12.03	DNC	\$10.50	DNC	\$0.51	DNC	\$0.60	DNC
Nevada (JPA)								
As of 7/06	\$9.09		\$7.11		\$0.67		\$0.60	
As of 6/07	\$10.24	13%	\$8.15	15%	\$0.67	DNC	\$0.60	DNC
Orange								
DNC	\$9.70	DNC	\$8.40	DNC	\$0.07	DNC	\$0.60	DNC
Placer								
As of 7/06	\$10.23		\$8.50		\$0.36		\$0.60	
As of 6/07	\$10.83	6%	\$9.00	6%	\$0.33	-8%	\$0.60	DNC
Plumas (JPA)								
As of 7/06	\$9.09		\$7.11		\$0.67		\$0.60	
As of 6/07	\$10.24	13%	\$8.15	15%	\$0.67	DNC	\$0.60	DNC
Riverside								
DNC	\$10.60	DNC	\$9.00	DNC	\$0.31	DNC	\$0.60	DNC
Sacramento								
As of 7/06	\$11.66		\$10.00		\$0.11		\$0.64	
As of 6/07	\$12.12	4%	\$10.40	4%	\$0.11	DNC	\$0.70	9%
San Benito								
DNC	\$10.97	DNC	\$9.50	DNC	\$0.67	DNC	\$0.00	DNC
San Bernardino								
As of 7/06	\$10.11		\$8.85		\$0.17		\$0.38	

County/ Effective Date	PA Rate	% Change	Total IP Wage	% Change	Admin Rate	% Change	Total Benefits	% Change
As of 6/07	\$10.32	2%	\$9.05	2%	\$0.17	DNC	\$0.32	-16%
San Diego								
As of 7/06	\$10.60		\$9.00		\$0.17		\$0.44	
As of 6/07	\$10.93	3%	\$9.25	3%	\$0.20	18%	\$0.46	5%
San Francisco								
As of 7/06	\$13.65		\$10.65		\$0.17		\$1.65	
As of 6/07	\$13.95	2%	\$10.95	3%	\$0.17	DNC	\$1.65	DNC
San Joaquin								
As of 7/06	\$10.24		\$8.50		\$0.15		\$0.65	
As of 6/07	\$10.70	4%	\$8.95	5%	\$0.15	DNC	\$0.61	-6%
San Luis Obispo								
DNC	\$9.64	DNC	\$8.25	DNC	\$0.40	DNC	\$0.25	DNC
San Mateo								
DNC	\$12.81	DNC	\$10.50	DNC	\$0.25	DNC	\$0.88	DNC
Santa Barbara								
DNC	\$11.95	DNC	\$10.00	DNC	\$0.54	DNC	\$0.60	DNC
Santa Clara								
As of 7/06	\$14.52		\$11.50		\$0.12		\$1.80	
As of 6/07	\$15.28	5%	\$11.75	2%	\$0.10	-17%	\$2.33	29%
Santa Cruz								
DNC	\$12.22	DNC	\$10.50	DNC	\$0.27	DNC	\$0.60	DNC
Shasta								
As of 7/06	\$7.74		\$6.75		\$0.18		\$0.00	
As of 6/07	\$8.40	9%	\$7.50	11%	\$0.23	28%	\$0.00	DNC

County/ Effective Date	PA Rate	% Change	Total IP Wage	% Change	Admin Rate	% Change	Total Benefits	% Change
Sierra (JPA)								
As of 7/06	\$9.09		\$7.11		\$0.67		\$0.60	
As of 6/07	\$10.24	13%	\$8.15	15%	0.67	DNC	\$0.60	DNC
Siskiyou								
As of 7/06	\$7.82		\$6.75		\$0.46		\$0.00	
As of 6/07	\$8.43	8%	\$7.50	11%	\$0.32	-30%	\$0.00	DNC
Solano								
As of 7/06	\$13.26		\$10.50		\$0.22		\$0.60	
As of 6/07	\$13.27	0.08%	\$10.50	DNC	\$0.23	5%	\$0.60	DNC
Sonoma								
DNC	\$12.44	DNC	\$10.50	DNC	\$0.29	DNC	\$0.60	DNC
Stanislaus								
DNC	\$9.69	DNC	\$8.25	DNC	\$0.20	DNC	\$0.60	DNC
Sutter								
As of 7/06	\$9.68		\$8.00		\$0.42		\$0.60	
As of 6/07	\$10.22	6%	\$8.25	3%	\$0.69	64%	\$0.60	DNC
Tehama								
As of 7/06	\$7.55		\$6.75		\$0.37		\$0.00	
As of 6/07	\$9.04	20%	\$7.50	11%	\$0.19	-49%	\$0.60	
Trinity								
As of 7/06	\$8.18		\$6.75		\$0.82		\$0.00	
As of 6/07	\$8.93	9%	\$7.50	11%	\$0.82	DNC	\$0.00	DNC
Tulare								
As of 7/06	\$8.46		\$7.50		\$0.25		\$0.00	
As of 6/07	\$9.06	7%	\$7.50	DNC	\$0.25	DNC	\$0.60	

County/ Effective Date	PA Rate	% Change	Total IP Wage	% Change	Admin Rate	% Change	Total Benefits	% Change
Ventura								
As of 7/06	\$10.73		\$9.00		\$0.28		\$0.60	
As of 6/07	\$11.11	4%	\$9.50	6%	\$0.26	-7%	\$0.60	DNC
Yolo								
As of 7/06	\$12.59		\$10.25		\$0.61		\$0.60	
As of 6/07	\$12.72	1%	\$10.50	2%	\$0.52	-15%	\$0.60	DNC
Yuba								
As of 7/06	\$10.14		\$8.50		\$0.33		\$0.57	
As of 6/07	\$10.58	4%	\$8.50	DNC	\$0.28	-15%	\$0.60	5%

IHSS Provider Wages

As the statutory employer for purposes of employer/employee relations with IHSS providers, PA/NPCs are empowered to collectively bargain for wages and benefits with organizations representing IHSS providers.

As the following table indicates:

- The average hourly wage paid to individual providers in PA/NPC counties increased by 5.32 percent.
- By the end of SFY 2006-07, IHSS providers in 43 (77 percent) of the 56 PA/NPCs were earning more than the state minimum wage of \$7.50 per hour.

Table 16

IHSS PROVIDER WAGE CHANGE SUMMARY		IP WAGE
Average as of July 1, 2006		\$8.40
Average as of June 30, 2007		\$8.84
percent increase		5.32%
# of counties at minimum wage	13	23%
# of counties above minimum wage	43	77%

IHSS Provider Health Benefits

- Thirty-nine (71 percent) of the PA/NPCs reported IHSS providers enrolled in health benefits coverage during the 2006-07SFY.
- More than 71,422 IHSS providers were enrolled in health benefits coverage.
- Fourteen (36 percent) of the 39 PA/NPCs offering health benefits reported a waiting list for health benefits coverage. A total of 3,839 providers were on a waiting list.
- All PA/NPCs offering health benefits offer medical coverage and most offer dental. Vision and prescription coverage are also widely offered either as part of the medical coverage or as a separate benefit.
- Provider eligibility for health coverage in most cases is tied to the hours a provider works over a specific time period. The required number of hours worked ranged from a low of 25 hours to a high of 87 hours per month. Eighty hours per month was the most frequent time requirement. The time periods in which the required hours must be worked varied, with the most frequent time period being hours worked in two consecutive months.

Table 17

HEALTH BENEFITS AVAILABLE TO IHSS PROVIDERS N=55	#	% of all PAs
Medical	39	71%
Dental	36	65%
Vision	30	54%
Prescriptions	35	63%
Other	2	4%
OTHER		
Patient Advocacy services, diagnostic		
Chiropractic, Acupuncture included with medical		

Table 18

ELIGIBILITY CRITERIA FOR MEDICAL COVERAGE N=39	#	%
Longevity, e.g., how long the provider has worked under the PA/NPC.	4	10%
Hours worked over a specific time period.	35	90%
Total wages earned over a specific time period.	0	
Other	0	
ELIGIBILITY CRITERIA FOR DENTAL COVERAGE (One PA has two criteria)		
Same as for Medical coverage.	33	87%
Longevity, e.g., how long the provider has worked under the PA/NPC.	1	3%
Hours worked over a specific time period.	1	3%
Total wages earned over a specific time period.		
Other: Union membership; commencement of union dues	2	5%
ELIGIBILITY CRITERIA FOR VISION CARE COVERAGE		
Same as for Medical coverage.	30	77%
Longevity, e.g., how long the provider has worked under the PA/NPC.		
Hours worked over a specific time period.		
Total wages earned over a specific time period.		
Other		
ELIGIBILITY CRITERIA FOR PRESCRIPTION COVERAGE		
Same as for Medical coverage.	37	95%
Longevity, e.g., how long the provider has worked under the PA/NPC.		
Hours worked over a specific time period.		
Total wages earned over a specific time period.		
Other		

ELIGIBILITY CRITERIA FOR OTHER HEALTH CARE BENEFITS COVERAGE		
Same as for Medical coverage.	3	8%
Longevity, e.g., how long the provider has worked under the PA/NPC.		
Hours worked over a specific time period.		
Total wages earned over a specific time period.		
Other	1	3%

6. IHSS PROVIDER/CONSUMER SATISFACTION SURVEYS

IHSS Consumer Surveys

- Forty-five (82 percent) of the PA/NPCs reported that they surveyed IHSS consumers regarding satisfaction or quality of IHSS and or PA/NPC care. Nineteen (42 percent) report surveying all IHSS consumers and 26 (58 percent) report surveying only IHSS consumers that use the PA/NPC's registry.
- 10,839 (25 percent) of the 43,586 consumer survey forms were completed and returned.

Table 19

DO YOU SURVEY IHSS CONSUMERS REGARDING SATISFACTION OR QUALITY OF IHSS AND/OR PA/NPC SERVICES? IF YES: N=55	YES	%	NO	%
	45	82%	10	18%
HOW OFTEN DO YOU DO SO?	#	%		
Quarterly	3	7%		
Semi-annually	10	22%		
Annually	11	24%		
Other	23	51%		
HOW ARE THE SURVEY FORMS COMPLETED?				
Mailed or handed out to consumers to complete and return	33	73%		
Completed by surveyor through telephone or face-to face contact with consumer	16	36%		
Other	7	16%		

- Not every survey subject listed in the following table was included in every PA/NPC's consumer survey, nevertheless the results of the consumer surveys conducted by the PA/NPCs were highly favorable and significant.
- Thirty-four of the PA/NPCs reported that they asked consumers on their survey if IHSS performed by their Provider prevented a hospital admission. Twenty-three (67 percent) of those PA/NPCs reported a positive consumer response rate of 50 percent or higher. One PA noted that although its consumer response rate to this question was 49 percent positive, this was still a significant figure.

Table 20

BASED ON THE MOST RECENT IHSS CONSUMER SURVEY: PLEASE INDICATE WHICH OF THE FOLLOWING TOPICS WERE COVERED IN YOUR SURVEY AND THE APPLICABLE FINDINGS.										
	# Reporting N=45		Less than 50% Positive		50% to 70% Positive		71% to 85 Positive		Over 85% Positive	
	#	%	#	%	#	%	#	%	#	%
Quality of Provider's work	35	78%	0	0%	1	3%	7	20%	27	77%
Registry services	43	96%	0	0%	0	0%	6	14%	37	86%
Provider is on time:	37	82%	1	3%	0	0%	12	32%	24	65%
Provider performs all authorized services	36	80%	0	0%	2	6%	5	14%	29	81%
IHSS performed by the provider prevented a hospital admission	34	76%	11	32%	4	12%	9	26%	10	29%
TOTAL	185	100%	12	6%	7	4%	39	21%	127	69%

IHSS Provider Surveys

- Twenty-one (38 percent) of the PA/NPCs reported that they surveyed IHSS providers regarding satisfaction or quality of IHSS and or PA/NPC care.
- 2,043 (nine percent) of the 23,446 provider survey forms were completed and returned.

Table 21

DO YOU SURVEY IHSS PROVIDERS REGARDING SATISFACTION OR QUALITY OF IHSS AND/OR PA/NPC SERVICE? IF YES: N=55	YES	%	NO	%
Overall	21	38%	34	62%
How often do you do so?	#	%		
Quarterly	0			
Semi-annually	2	10%		
Annually	7	33%		
Other	13	62%		
To whom are the IHSS Provider surveys sent?				
All IHSS providers	8	38%		
IHSS registry providers	11	52%		
Other	2	10%		
How are the survey forms completed?				
Mailed or handed out to consumers to complete and return	12	57%		
Completed by surveyor through telephone or face-to face contact with consumer	8	38%		
Other	2	10%		

- Not every PA/NPC that surveyed its providers asked the questions our survey posed. The results of the PA/NPC provider surveys relative to the survey question are displayed below.
- To the extent that provider satisfaction was measured, it was found in all cases to be “fair” or better.

Table 22

BASED ON THE MOST RECENT IHSS PROVIDER SURVEY:				
How did your providers generally rate their satisfaction with their employment as an IHSS Provider?	#	% of 21		
1 - Poor	0			
2	0			
3 - Fair	4	19%		
4	7	33%		
5 - Excellent	1	5%		
How did your Providers generally rate their satisfaction with the quality of the services provided by the PA/NPC?	#	%		
1 - Poor	0			
2	0			
3 - Fair	1	5%		
4	6	29%		
5 - Excellent	11	52%		
# PA/NPCs REPORTING AN AREA IDENTIFIED AS NEEDING IMPROVEMENT	12			
	YES	%	NO	%
Has the PA/NPC taken action to address any of the areas rated unfavorably or needing improvement?	11	92%	1	8%

7. PROGRAM IMPROVEMENTS

CDSS' survey asked the PA/NPCs to respond to a series of questions about whether program improvement had occurred in twelve specified areas of the IHSS program that would be expected to be influenced by the role and mission of the PA/NPCs.

The survey also asked that the PA/NPCs identify the basis for their response to an item.

- Between zero and 25 percent of the responses to the 12 questions were based on PA/NPC survey or other data.
- Between 52 percent and 73 percent of the responses to the 12 questions were based on PA/NPC operational experience/opinion.
- Between 21 percent and 34 percent of the responses to the 12 questions were based on both PA/NPC survey or other data and operational experience/opinion.

The following table displays the PC/NPC responses from the highest percentage of positive responses to the lowest.

- The responses to this survey item suggest that:
 - Most PA/NPCs (between 72 percent and 92 percent) are experiencing improvement in the areas they are most able to directly influence, i.e., providing orientation and training to providers; providing information to consumers and providers; intervening in consumer/provider problems; Provider skill levels and assisting IHSS consumers to locate providers.
 - There is less, although still significantly positive (between 59 percent and 66 percent), evaluation of improvement in areas that may be less amenable to direct influence by PA/NPCs such as, provider turnover and tenure and the qualifications of individuals presenting themselves for employment as an IHSS provider.
 - Slightly more than one-third of the PA/NPCs that responded to this survey question do not believe or do not know if improvement has occurred in the availability of emergency worker replacement services as a safety net for consumers.

Table 23

BASED ON OPERATIONAL EXPERIENCE AND THE RESULTS OF THE PROVIDER AND CONSUMER SURVEYS YOU HAVE CONDUCTED HAS IMPROVEMENT OCCURRED?								
N=55	# of PA/NPCs Responding	%	YES	%	NO	%	Unknown or No Opinion	%
Understanding by providers of their responsibilities	51	93%	47	92%	0	0%	4	8%
Availability of PA/NPC resource materials (handbooks, videos, answers to questions)	49	83%	45	92%	0	0%	4	8%
Availability of information & referral services	49	89%	45	92%	0	0%	4	8%
Availability of problem resolution by PA/NPC for problems between consumer/provider and with IHSS	51	93%	46	90%	1	2%	4	8%
Ease of locating and hiring a provider for the consumer	49	89%	41	84%	2	4%	6	12%
Knowledge regarding IHSS and authorized services	52	95%	43	83%	1	2%	8	15%
Provider availability (more providers interested in IHSS work and more available on registry)	50	91%	39	78%	3	6%	8	16%
Provider skill levels	50	91%	36	72%	1	2%	13	26%
Provider turnover (providers stay longer with consumer)	50	92%	33	66%	4	8%	13	26%

BASED ON OPERATIONAL EXPERIENCE AND THE RESULTS OF THE PROVIDER AND CONSUMER SURVEYS YOU HAVE CONDUCTED HAS IMPROVEMENT OCCURRED?

N=55	# of PA/NPCs Responding	%	YES	%	NO	%	Unknown or No Opinion	%
Provider qualifications (more educated, trained, skilled, experienced, more CNA, etc.)	50	91%	31	62%	6	12%	13	26%
Availability of emergency worker replacement services as a safety net for consumers	50	91%	31	62%	6	12%	13	26%
Provider tenure (IHSS providers remain IHSS workers longer)	51	93%	30	59%	5	10%	16	31%

CONCLUSIONS

The state spent more than \$23 million SGF in the survey year for the cost of the PA/NPCs. California counties spent nearly \$12.5 million in county funds. The federal share was \$35.6 million. Much of the information about the PA/NPCs is anecdotal. However, this data suggests that there is value added to the IHSS program in return for these expenditures.

PA/NPCs are carrying out their statutory responsibilities. Many PA/NPCs exhibit sophisticated administrative operations relative to their training programs, provider background checks, registries, provider services and consumer services. It is recommended, however, that the PA/NPCs assure that all registry providers and registry consumers are informed of the PA/NPC's formal provisions for making complaints and having them resolved. PA/NPCs are having a substantial number of contacts with IHSS consumers and providers and delivering a significant number of services to these groups.

The PA/NPCs continued during the survey period to make changes to their operational practices in an effort to improve the quality of care. Forty-three (78 percent) of the reporting PA/NPCs reported that they had made such changes.

Registries are in place and operating and IHSS consumers are being assisted to find IHSS providers. In the majority of counties, arrangements for emergency provider back-up are in place. Two-thirds of the PA/NPCs responding to the question of whether the availability of emergency provider services had improved replied in the affirmative.

Orientation and training is being arranged or provided for both consumers and providers. The diversity of training opportunities in many counties is impressive.

Many PA/NPCs regularly survey their consumers and some (fewer) survey their providers about the PA/NPC's services and the quality of care. The results of these surveys reported by the PA/NPCs indicate that there is a high level of consumer satisfaction with the PA/NPCs and the care that the consumers receive. Notably, although anecdotal, the PA/NPCs report that their consumers indicate through the survey process that IHSS services have prevented hospitalizations. For specific survey questions and responses, refer to Section 6 of this report "IHSS Provider/Consumer Satisfaction Surveys."

All PA/NPCs perform some form of check on prospective registry providers. Many of the background check provisions are very extensive. There are differences among the standards they would apply to deny enrollment in their registry. In the absence of evidence that the differences are detrimental to the health and safety of IHSS consumers, it is reasonable to continue to allow community standards to prevail. The only individuals that can be legally precluded from being IHSS providers are those on Medi-Cal's Suspended and Ineligible (S&I) List. County staff are responsible for checking the S&I List when they enroll any provider in the program. The S&I List is maintained on the Department of Health Care Services' website.

In most cases, PA/NPC policies governing the removal of a provider from the registry are very comprehensive and appear adequate to protect the health and safety of consumers and the integrity of the IHSS and Medi-Cal Programs. However all PA/NPCs should begin to obtain and routinely check the Medi-Cal suspended and ineligible provider listing.

Forty-four (80 percent) of the 55 PA/NPCs responding to the survey indicated that they also had policies and standards for denying registry services to IHSS consumers for such things as abusive or threatening behavior, theft, and unsafe environments. (See Appendix 8 for a county-by-county list of reasons.) The denial of registry services to an IHSS consumer is a sensitive matter. Conversely, IHSS providers should be able to expect that they will be protected from inappropriate or dangerous situations while performing their duties. Based on the relatively extensive criteria that most PA/NPCs reportedly apply in making a determination to deny services to a consumer, it appears that the proper attention is being paid by the PA/NPCs to the sensitivity of this action.

Lastly, the difficulties that many PA/NPCs share in trying to locate IHSS providers for IHSS consumers who live in remote areas of the state are symptomatic of the difficulty that persons who live in such areas experience in general in obtaining other types of social and health care services.

The primary premise behind the establishment of the PA/NPCs was to allow IHSS providers to organize and then have someone with whom to collectively bargain for improved wages and benefits. The enabling legislation also established that PA/NPCs would have provider registries for use by IHSS consumers and required PA/NPCs to provide for training of providers.

The information provided by the PA/NPCs in response to CDSS' survey suggests that many of the PA/NPCs have evolved into multi-faceted social service agencies that provide a wide and extensive program of services and advocacy to IHSS consumers and providers. Many contract out for these services. Others employ trainers, social workers and other staff to directly provide their services.

2005-2006 Report Errata

CDSS' July 2007 Report to the Legislature on PA/NPC should have included the following information from the Sonoma County PA:

1. Registry Requirements (Table 4, page 28)

The Report should have reflected that the Sonoma County PA requires:

- *Written application*
- *Face-to-face interview*
- *Orientation*
- *I-9 verification*
- *Social Security number verification*
- *Local criminal background check*
- *Three (3) work references (of which two must be positive)*
- *Two (2) personal, non-family references (of which one must be positive)*
- *Department of Justice criminal history investigation.*

2. Provider Referral Process and Availability (Table 5, page 56)

a. Process to locate and match provider with consumers.

The Sonoma County PA's response was truncated and should have read:

The Registry staff interview each provider and consumer in order to make the best match based on individual preferences. Their responses are entered into a computerized consumer and provider profile. Prior to making a referral, the Registry staff conducts an initial search on CareTracker, a computerized software program that maintains consumer's requested needs and details provider's work preferences (i.e., hours available, duties willing to perform, geographic work interests, and other specific preferences). After obtaining a list of possible matches, the Registry staff will add other possible matches based on their extensive experience working in their geographical areas of responsibility. Then the staff will telephone the prospective providers to explain the available job and determine their interest in being referred to the consumer. The Registry staff then calls the consumer. The consumer is given the choice of contacting the referred providers, or to have the providers contact them. The consumers and/or referred providers are provided the names and telephone numbers to proceed with an interview. Referrals are made until a match has been made. The Registry then supports the process of enrolling the caregiver onto IHSS payroll. Initially most consumer requests for providers are generated by the IHSS Social Workers.

b. Types of service shortages caused by the unavailability of providers.

The Sonoma County PA's response should have read:

Typically, shortages are the county's geographical peripheries, with areas around the towns of Sonoma and Petaluma being the most serious.

3. Provider and Consumer Training (Table 6, page 84)

The Sonoma County PA's response should have read:

Providers

Classes: Total Person-Hours = 864

Handbooks: Total Distributed = 155

Newsletters: Total Distributed = 13,000

Monthly three-hour training sessions are offered by the PA for IHSS providers and consumers. Topics include:

- *Nutrition*
- *Complementary and Alternative Medicine*
- *Understanding AIDS/HIV and Other Communicable Diseases*
- *Basic First Aid and Home Safety*
- *End of Life Care*
- *Preventing Back Injuries: Lifting Techniques and Transfers*
- *Managing Lower Back Pain, Arthritis, and Fibromyalgia*
- *CPS*

Consumers

Classes: Total Person-Hours = 60

Newsletters: Total Distributed = 15,000

Consumers are invited to attend monthly training classes described in E-2. We generally have two or three consumers attend each training.

REPORT TO THE LEGISLATURE

PUBLIC AUTHORITIES AND NONPROFIT CONSORTIA IN THE DELIVERY OF IN-HOME SUPPORTIVE SERVICES

SFY 2006/07

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APPENDIX 1 SIGNIFICANT CHANGES TO PA/NPC ORGANIZATIONAL STRUCTURE, STAFFING, OR SERVICES DURING THE SURVEY PERIOD		YES	%	NO	%
		N=55		23	42%
Alameda	None Reported				
Amador	None Reported				
Butte	A new PA Manager was appointed in January 2007.				
Calaveras	None Reported				
Colusa	None Reported				
Contra Costa	The PA added one Rapid Response Registry Specialist and two Registry Specialists to the organization bringing the total count of PA staff to 14 for 2006-2007.				
Del Norte	IHSS Coordinator spot was vacant for approximately four months, hired new IHSS Coordinator. Went into MOU with CUHW with effective date of 09/12/06 through 06/30/09.				
El Dorado	None Reported				
Fresno	None Reported				
Glenn	One added Registry Specialist one lost clerical support.				
Humboldt	None Reported				
Imperial	None Reported				
Inyo/Modoc/Mono (NPC)	None Reported				
Kern	None Reported				
Kings	PA relocated to the Armona Senior Center to establish a one-stop service center with Kings County Public Health (IHSS Provider and Consumer training), Kings County Behavior Health (senior mental health program called SAFE funded with new mental health Prop 63 dollars) and the Kings County Commission on Aging.				

APPENDIX 1 SIGNIFICANT CHANGES TO PA/NPC ORGANIZATIONAL STRUCTURE, STAFFING, OR SERVICES DURING THE SURVEY PERIOD		YES	%	NO	%
		N=55	23	42%	32
Lake	Lake County added one Supervisor position and one Specialist position. These positions will be filled as we develop enhancements to the Registry including a Provider Backup system and other enhanced services to be determined.				
Lassen	None Reported				
Los Angeles	During the survey period, the Personal Assistance Services Council (PASC) hired one new employee bringing its total to 23 full-time employees. Also, PASC began a Backup Attendant Program Pilot to refer temporary emergency replacement workers to severely disabled IHSS Consumers when their regular IHSS workers are unexpectedly unable to work. The Pilot Program resulted in changes to PASC's organizational structure, staffing, and hours of operation. To operate the Backup Program 12 hours a day, seven days a week, certain PASC staff were assigned additional responsibilities with the Backup Program and three additional temporary staff were hired to assist with program intake, requests, and matching. The Backup Program began services in 4/07 operating 6:00 am to 6:00 p.m., seven days a week (including holidays) through the remainder of the survey period.				
Madera	None Reported.				
Marin	The PA of Marin implemented an Urgent Backup Care Program.				
Mariposa	Some staff changes were made. Registry incentives put in place and 2008 training schedule began.				
Mendocino	None Reported.				
Merced	None Reported.				
Monterey	None Reported.				
Napa	None Reported.				
Nevada / Plumas / Sierra (JPA)	Our satellite office was relocated from Truckee to Quincy to better serve Plumas and Sierra Counties. Both Western and Eastern Nevada County are now served out of the Grass Valley office.				
Orange	None Reported.				

APPENDIX 1 SIGNIFICANT CHANGES TO PA/NPC ORGANIZATIONAL STRUCTURE, STAFFING,OR SERVICES DURING THE SURVEY PERIOD		YES	%	NO	%
		N=55		23	42%
Placer	None Reported.				
Riverside	The changes made to our organization included filling the following positions: senior administrative analyst, administrative analyst and two social services assistants. See Attachment 1 for organizational chart ending June of 2007.				
Sacramento	Four new positions were added to support planned program needs. Added one full-time Administrative Services Officer I, to function as a CMIPS liaison between Sacramento County IHSS and the PA. The position is an IHSS position, funded by the PA. This person will act as a central point for PA staff to obtain information necessary to carry out their mandates while maintaining appropriate IHSS client confidentiality. This shared position also provides additional PA administrative support beyond accessing CMIPS information. Added one human services Specialist and one Senior Office Assistant to provide support in the Registry due to program growth. As the Registry Social Worker became the central point of contact for the new Urgent In-Home Care Program, and Consumer requests for hiring assistance expanded to include In-Home facilitation for the education and protection of Registry Consumers, the shift in workload created a need for additional support for basic Registry services. Added one Health Educator to expand and improve educational offerings by analyzing existing classes to identify new course content and alternative program delivery. This position brings skills specific to adult education and techniques for providing the best learning opportunities for both Providers and Consumers.				
San Benito	None Reported.				
San Bernardino	None Reported.				
San Diego	None Reported.				

APPENDIX 1 SIGNIFICANT CHANGES TO PA/NPC ORGANIZATIONAL STRUCTURE, STAFFING, OR SERVICES DURING THE SURVEY PERIOD		YES	%	NO	%
		N=55	23	42%	32 58%
San Francisco	<p>During the 2006-2007 survey year, the San Francisco Public Authority (SFPA) underwent an internal programmatic and organizational review to assess existing program services resulting in the development of an Agency Logic Model (ALM). The ALM will be utilized as a programmatic and operational blueprint to assess, enhance and expand services offered through the SFPA. Two immediate outcomes of our programmatic review was the hiring of an additional Registry Counselor to assist with the growing demands of our On-Call (OC) services and a full-time receptionist to assist the Registry with increasing information and referral requests. An increased interest in our Worker Training Program (WTP) prompted us to schedule additional training classes in English, Spanish, Chinese and Russian. Our goal was to offer training to as many IHSS Providers as possible. Additionally, we implemented continuing education workshops to enhance Providers training. Workshop topics have covered Alzheimer's, Vital Signs and Cultural Diversity. On September 27, 2006 we received final approval from the Department of Justice (DOJ) to secure criminal background checks for our OC Providers in order to meet insurance requirements. In addition to criminal background checks, OC Providers are required to participate in our WTP classes and must have current CPR/First Aid certification and TB test clearance. OC Providers are our most skilled and experienced workers taking care of our most vulnerable Consumers in need of immediate or urgent care. In May 2007 we implemented a new worker application process to screen potential workers wanting to join our Registry. We require a current TB test clearance, three work and/or personal references and participation in a personal interview to assess personal interest in the field and to verify stated experience. The new application process has resulted in more reliable people on our Registry, increased Consumer satisfaction and less workforce turnover.</p>				
San Joaquin	None Reported.				
San Luis Obispo	Our Adult Services Division Manager retired in 12/07, as did our Adult Services Program Manager. The Division Manager position is not being filled, due to budget cuts; DSS Senior Division Manager is taking over the duties of the previous Manager.				
San Mateo	During the survey period we added one full-time Supervisor of the PA and one full-time office Specialist.				
Santa Barbara	We negotiated a \$25 stipend (in addition to the IHSS hourly pay) for IPS who respond within two hours for an IHSS Consumer with an urgent need for Caregiver replacement, i.e. A Consumer who needs personal care services that same day, and whose regular IP was unable to come to work or did not report for work.				
Santa Clara	None Reported.				

APPENDIX 1 SIGNIFICANT CHANGES TO PA/NPC ORGANIZATIONAL STRUCTURE, STAFFING, OR SERVICES DURING THE SURVEY PERIOD		YES	%	NO	%
		N=55		23	42%
Santa Cruz	A Social Worker 1 was hired in 11/06 to specifically assist Consumers and Providers with specialized needs/barriers to hiring and keeping Providers.				
Shasta	None Reported.				
Siskiyou	None Reported.				
Solano	A new interview and scoring process was implemented for acceptance of Providers to the IHSS PA Registry. Each question is scored along with general scores for punctuality, appearance, accuracy and attention to detail on application. Providers must score 80 or more to be eligible to proceed with their application for the Registry.				
Sonoma	None Reported.				
Stanislaus	Added one additional staff person, who handles reception, scheduling of orientations and trainings, updates Registry Provider information and assists our Registry Specialist. Now require that all Registry Providers be CPR/First Aid certified prior to becoming active on our Registry. If Registry Providers are not CPR/First Aid certified we provide training, through a contract vendor, to get them certified. If the Registry Provider has recently attended CPR/First Aid we will waive the requirement provided they have at least one year remaining on their CPR/First Aid certification. Now provide through a contract vendor, Disability Awareness training for all Registry Providers. The training examines the special needs of the disabled population. Removed the fee for background checks (DOJ) for Registry Providers. Added vision coverage to the Provider health benefits package; Reduced the co-pay for formulary prescription drugs by five dollars (\$5). Began offering quarterly CPR/First Aid training for non-Registry IHSS Providers.				
Sutter	None Reported.				
Tehama	None Reported.				
Tulare	None Reported.				
Ventura	Due to the increase in caseloads three staff were reassigned to provide Registry assistance, freeing two other staff to provide administration support and Provider/Consumer training. Added an additional staff as general support, hired two student workers to provide clerical support.				
Yolo	Classification of Executive Director to Director. Classification of Program Manager to Analyst.				
Yuba	None Reported.				

APPENDIX 2 CHANGES TO PA/NPC OPERATIONAL PRACTICES TO IMPROVE THE QUALITY OF CARE		YES	%	NO	%
		43	78%	12	22%
Alameda	During 06-07, PA reached approximately 5,000 potential and current IHSS Consumers and Providers through participation in community outreach events, fairs and presentations. From July 06 - June 07 we had tables or attended and provided information at a multitude of community information fairs, presented at senior/disabled housing residences, and recruited homecare workers at career fairs and adult school classes. We also presented information on PA services to IHSS Social Workers so they could assist in connecting Consumers to our Registry, training and worker replacement services.				
Amador	During this time-frame, we significantly improved the time and content of our orientation training. As a result, we to have fewer follow up questions, and have found that Caregivers appear to more readily understand what a notice of action is, as well as what duties they can and cannot perform. We note this primarily when we go out for our home visit within the first several weeks they begin working for a new Recipient/Consumer.				
Butte	We implemented training for Providers beyond the orientation training, effective 6/07. In late spring 07 we sent out a Consumer survey which was tabulated in July and August 07.				
Calaveras	Development of an "Authorized Task" letter to notify Providers of Consumers' needs. These are mailed to IPS in addition to the pre-referral phone calls made to them. This effort has enabled prospective Providers to better prepare themselves for interviews, and essentially, for job performance. Two PA staff joined County F.A.S.T. (Financial Abuse Specialist Team), and work closely w/law enforcement, D.A., Ombudsman and APS to quickly identify/act on cases of financial abuse. Our PA also personally called Consumers and Providers who responded to the "Additional Comments" section of both surveys to address concerns not covered by the survey in an effort to better serve them.				
Colusa	None Reported.				
Contra Costa	Rapid Response Program was designed to ensure that IHSS Consumers who were unexpectedly without a Caregiver due to Provider illness or vacation have access to help.				
Del Norte	None Reported.				
El Dorado	None Reported.				

APPENDIX 2 CHANGES TO PA/NPC OPERATIONAL PRACTICES TO IMPROVE THE QUALITY OF CARE		YES	%	NO	%
		43	78%	12	22%
Fresno	The PA continues to review Quality Assurance surveys and processes utilized in other counties. The PA Executive Director is an active member of CAPA serving in the past fiscal years as that organization's Vice President. The PA also completed a Quality Assistance survey and continues to do follow-up checks on all Provider lists sent out to Recipients to help assure that their needs are met.				
Glenn	Updates to software to allow notification to hired Providers of allowed services and time given to accomplish the tasks they have agreed to perform. Notification of trainings available to update skills. Added another Registry position and adjusted our introductory session to include known client issues.				
Humboldt	Outreach efforts to potential Providers were re-doubled, which resulted in an over 20 percent increase of Providers accepted onto the Registry compared to the previous year's survey period.				
Imperial	Gave more classes for the Providers. Began a new timesheet information class with Consumers.				
Inyo / Modoc / Mono (NPC)	We have been making more personal calls to Providers & Consumers so that we can meet their needs more appropriately.				
Kern	None Reported.				
Kings	Additional training classes for Providers to include cooking for diabetics, which will help improve diets.				
Lake	The PA added an additional PA Specialist position and created a PA Supervisor position. Additional staff will enable the PA to offer enhanced Registry services, such as; In-Home Consumer orientation, more Provider training, home visits and to develop other services as needed.				
Lassen	New Registry Provider Orientation presentation which was helpful to the Provider applicants in their increasing their understanding of the IHSS and PA Programs and their roles and enabled the PA staff to consistently provide a more complete and comprehensive presentation.				

APPENDIX 2 CHANGES TO PA/NPC OPERATIONAL PRACTICES TO IMPROVE THE QUALITY OF CARE		YES	%	NO	%
		43	78%	12	22%
Los Angeles	<p>PASC implemented a Backup Attendant Pilot Program to refer temporary emergency replacement IHSS Providers to severely disabled Consumers when their regular IHSS Providers are unexpectedly unable to work. The program was designed for severely disabled Consumers because they are at greater health risk when their Providers are not available to help them. By providing Backup Attendant services, these Consumers are able to "remain safely in their homes" when their regular Providers are not able to work and this reduces the need to call 911 or utilize other costly services. Backup Providers are required to complete a 12-hour training course or pass a proficiency exam before being allowed to go on a Backup assignment.</p>				
Madera	<p>Offered video training to both Registry and non-Registry Providers on a variety of care give topics throughout the year. Certificates given to those Providers who passed a written test subsequent to video viewing and if Registry Provider, added training to profile.</p>				
Marin	<p>The Marin PA implemented one major change in the past year, and received approval for another change which was implemented in the current fiscal year. In April 2007, the Marin PA launched an Urgent Backup Care (UBC) program to serve IHSS Consumers whose regular Provider unexpectedly isn't available, and whose health and wellbeing would be impacted without the help of a care Provider The Marin PA requested and received approval for an additional staff person to provide Administrative Services and Registry assistance. The county of Marin approved this increased funding for an Administrative Services and Registry Assistant position in the fiscal year 2007-2008.</p>				
Mariposa	<p>Established CPR/First Aid requirement and promoted monthly training schedule. Enhanced the credibility of the Preferred Provider Registry.</p>				
Mendocino	<p>In consultation with the IHSS Advisory Committee a Backup plan and Substitute Provider process was developed for normal business hours, utilizing a combination of Registry Providers who have agreed to provide short term care and a county employee Vocational Assistant. A fully operational after-hours Rapid Response program has been developed and should be operational in 2008.</p>				
Merced	<p>None Reported.</p>				
Monterey	<p>Reviewed structure of Payroll Unit and re-clarified job functions, resulting in improved customer service.</p>				
Napa	<p>Registry Providers complete a DOJ criminal background.</p>				

APPENDIX 2 CHANGES TO PA/NPC OPERATIONAL PRACTICES TO IMPROVE THE QUALITY OF CARE		YES	%	NO	%
		43	78%	12	22%
Nevada / Plumas / Sierra (JPA)	Group orientations were implemented which provides greater consistency in delivery of material as well as opportunities for interaction and peer support between Provider applicants. Improvements were made to workflow to increase responsiveness to Consumer needs. Return calls to Consumers are assured within 24 hours.				
Orange	Added CPR/First Aid Training to all IHSS Providers. Started a 6-week Quality Care Provider Training Series. Conducted IHSS Consumer training workshops on managing IHSS Provider & timesheets. Increased staff to better assist IHSS Consumers needing a lot of "hand holding" in order to work with a Government System that they don't understand. Problem solving is perhaps one of the most critical components on a PA's services to Consumers and it is essential that those having difficulty be given the time they deserve to understand the "how to" of IHSS. Giving front line staff additional time to work with these Consumers in need has paid great dividends in that Consumers learn how to deal with system and avoid areas where they use to make mistakes that delayed the whole process.				
Placer	None Reported.				
Riverside	In an effort to improve the quality of care, the following changes were made to our operational practices: A strategic plan was created and implemented. In addition to the CAPA survey, an in-house survey was sent to Consumers on the Registry to inquire about effectiveness of PA services and additional training services needed.				

APPENDIX 2 CHANGES TO PA/NPC OPERATIONAL PRACTICES TO IMPROVE THE QUALITY OF CARE		YES	%	NO	%
		43	78%	12	22%
Sacramento	<p>The PA made the following changes this year in order to improve the quality and availability of care for IHSS Consumers.</p> <p>1. On May 1, 2007, after a lengthy search for a home healthcare Provider with whom to partner, the PA instituted the Urgent In-Home Care Program. The program provides non-paramedical personal care services for IHSS Consumers who are at risk or in grave danger when their regular Caregivers unexpectedly do not report to work and the Consumer's need cannot wait until the next business day, AND there is no one else to provide their care (i.e. Neighbor, relative, friend). The program offers temporary relief to stabilize a Consumer until a regular Caregiver can return to work, or a new Caregiver can be found. 2. During the year, PA staff completed a profile review of all Registry Caregivers to ensure that all profiles met the criteria for Registry participation revised in September 2006. Staff completed local background checks for all Registry Providers who had not yet completed a DOJ background check, contacted those who did not meet the new screening criteria, and established a new process for reinstating inactive Caregivers to the Registry only after the new background screening process was completed and Caregivers were approved for reinstatement. 3. Several new training options were offered in order to improve the skill levels of Providers. Family Orientation classes were offered to Providers other than those listed on our Caregiver Registry. A new skills improvement offering, "Coming Clean with Ruthie," focuses on the importance of providing a clean environment, and methods for doing so efficiently. Some classes improved by adding components ; "Personal Points for Providing Care" added a component for providing care for wheelchair users, and participation in the class increased significantly. 4. A survey was undertaken by PA interns to determine what barriers are preventing care Providers from attending the classes for which they are registering. It was discovered that while 86 percent were happy with the times that classes are offered, and 100 percent of those surveyed believed that the topics offered are helpful to care Providers, 43 percent were too busy providing care to attend, and 19 percent reported having difficulty obtaining transportation. A Health Educator position was added to develop training via additional venues for delivery of Provider training, including the internet, in an effort to overcome these identified obstacles. 5. Development of a Consumer Handbook used to educate first time Registry users during an In-Home visit was begun. PA staff will be implementing In-Home Consumer education during fiscal year 2007-2008.</p>				
San Benito	Timesheet orientations, fraud education, assistance in fraud investigations. (Decreased over all unintentional fraud, more timely paychecks).				
San Bernardino	Developed and implemented an Internal Outcomes Management System.				

APPENDIX 2 CHANGES TO PA/NPC OPERATIONAL PRACTICES TO IMPROVE THE QUALITY OF CARE		YES	%	NO	%
		43	78%	12	22%
San Diego	Mandatory orientation for all Registry Providers was implemented during the month of April 2007. Prior to this date, participation in the orientation was optional and was not a requirement to be added to the Registry.				
San Francisco	During Fiscal Year 2006-2007, the SFPA continued to refine and expand its services to enhance the quality of care being offered to Consumers. Some of the more impacting changes included: Expansion of WTP hours to offer more in-depth training to Providers. Expanding the training program allows for in-depth coverage of training areas and more time for hands-on experience such as participation in "bed lab" exercises where each worker has the opportunity to participate in exercise activities on how to move or transfer someone on bed rest. The implementation of our On-Call (OC) database has assisted Counselors in expediting and tracking Consumer/Provider matches and maintaining more accurate service requests. Demand for OC services has continually increased requiring a database system that could keep accurate information on both Consumer requests and Providers' assignments. During the survey year over 480 Consumers received OC assistance for a total of 5,939 service hours. This data system has also facilitated the tracking of hours worked by Providers to assist in the payroll process.				
San Joaquin	In March 2007, we began the DOJ screening for all Registry Providers. We began by screening all new applicants and gradually sending all "previously active Providers" to get their Live scan f/p. We completed this process within six months. Approximately 30 percent of current Registry Providers either failed the DOJ or did not complete the process, and were removed from the Registry.				
San Luis Obispo	In March 2007, we began the DOJ screening for all Registry Providers. We began by screening all new applicants and gradually sending all "previously active Providers" to get their Live scan f/p. We completed this process within six months. Approximately 30 percent of current Registry Providers either failed the DOJ or did not complete the process, and were removed from the Registry.				
San Mateo	We hired a Supervisor to enhance the effectiveness of operations and to work more closely with IHSS to provide a cohesive program. We also hired an additional staff person to help with the increased workload. This position is responsible for employment verifications, answering telephone calls, data entry, Provider enrollment, payroll, trainings, Tagalog translation and immediate intervention with share-of-cost errors. We believe this additional position has increased our ability to provide quality service to our Providers.				
Santa Barbara	Finalized the urgent need Caregiver Replacement Program.				

APPENDIX 2 CHANGES TO PA/NPC OPERATIONAL PRACTICES TO IMPROVE THE QUALITY OF CARE		YES	%	NO	%
		43	78%	12	22%
Santa Clara	Instituted mandatory participation in IHSS orientation and fingerprint (DOJ) back ground check for all individuals applying to join the Registry. The impact has been fewer issues for staff to resolve with Providers since Providers are more knowledgeable about completing timesheets, enrollment forms, expected tasks, how IHSS works.				
Santa Cruz	Hired Social Worker in November 2006 devoted to providing assistance to hard-to-serve Consumers (high level of care, barriers, etc.), providing calendaring assistance to Consumer and overall assistance to maintain matches.				
Shasta	None Reported.				
Siskiyou	None Reported.				
Solano	In an effort to improve the quality of Registry Providers, we implemented a new interviewing process that scores the applicant on answers and other related activities. A minimum score of 80 must be achieved before the applicant is allowed to continue the qualifying process. The PA renewed the effort to eliminate non-responsive Providers from the Registry. Between the two actions the total number of Providers on the Registry dropped, but there is much more confidence that the names that are being sent to the Consumers are qualified and responsive.				
Sonoma	None Reported.				
Stanislaus	New policy allowing Providers to appeal if they were declined as Registry Providers. One Provider was allowed on the Registry after review of her case by the IHSS Advisory Committee. New Provider training began in Jan. 2007. New class topics included CPR certification, disability sensitivity, nutrition, taking care of the Caregiver, and safety. Feedback on class evaluations showed these topics were very helpful for the Providers. We use the state Provider handbook as the basis of training and provide a copy to all Registry Providers along with additional materials and books to improve the Registry Provider's knowledge in the area of personal care. We have structured our training in such a way to make the training more interactive and use various types of media and presenters to hold the Providers interest. The PA also began paying for fingerprinting of Providers in Jan. 2007 - this allowed more Providers to apply for the Registry, and we saw an immediate increase in overall applications. Community CPR class (open to all Providers working for IHSS) began in April of 2007. Community CPR classes are offered quarterly				
Sutter	None Reported.				

APPENDIX 2 CHANGES TO PA/NPC OPERATIONAL PRACTICES TO IMPROVE THE QUALITY OF CARE		YES	%	NO	%
		43	78%	12	22%
Tehama	Implementation of CRP/First Aid requirement for all Providers.				
Tulare	None Reported.				
Ventura	Centralized a number of the staff to increase the availability of assistance and support.				
Yolo	None Reported.				
Yuba	We are conducting more thorough local criminal back ground checks which ultimately results in having more quality Caregivers, free from past criminal activity.				

APPENDIX 3**SPECIAL SERVICES, ACCOMMODATION OR EFFORTS MADE TO REACH OR SERVE OR ENHANCE ACCESS BY NON-ENGLISH SPEAKING COMMUNITIES AND/OR PEOPLE WITH SPECIAL NEEDS, E.G., TRANSLATION, INTERPRETATION, OUTREACH.**

Alameda	PA translates most outreach, letters, health benefits, Registry and training documents and materials into three to five languages and conducts training in non-English languages in senior housing, community centers, etc. PA contracts with agency serving Asian community to provide Registry services. PA uses Language Line for interpretation on phone calls and hires interpreters for community meetings.
Amador	PA translates most outreach, letters, health benefits, Registry and training documents and materials into three to five languages and conducts training in non-English languages in senior housing, community centers, etc. PA contracts with agency serving Asian community to provide Registry services. PA uses Language Line for interpretation on phone calls and hires interpreters for community meetings.
Butte	Translators are provided by the families, or when not available, phone translation services remain accessible. This was not an issue during this reporting period. We do maintain a TDD accessible phone for the hearing impaired which is utilized on occasion.
Calaveras	Calaveras County has a small non-English-speaking population. In instances where a language barrier exists, a bi-lingual Social Worker has been asked to assist. Other times, a Consumer's family member is available for translation assistance.
Colusa	Our agency has translators that the PA and Social Workers use we also have materials in Spanish and English. Our agency works very closely with the other agencies in our county and uses each resource for our clients.
Contra Costa	Spanish speaking translation.
Del Norte	Interpreter on site.
El Dorado	PA will arrange for translation services if needed.
Fresno	The PA had a grant to a non-profit Hmong organization and recruited a Hmong Provider to the advisory committee. All materials are in at least four language formats. Annually a contract for translation services is provided and utilized.
Glenn	Use of language line when necessary. Use of interpreters when performing introductory sessions or assisting clients. Handbook and paperwork translations.

APPENDIX 3 SPECIAL SERVICES, ACCOMMODATION OR EFFORTS MADE TO REACH OR SERVE OR ENHANCE ACCESS BY NON-ENGLISH SPEAKING COMMUNITIES AND/OR PEOPLE WITH SPECIAL NEEDS, E.G., TRANSLATION, INTERPRETATION, OUTREACH.	
Humboldt	The AT&T Language Line is available for staff use. Match lists for Braille reading Consumers are created in Braille.
Imperial	Because of our county's demographics, our paperwork is translated in both English and Spanish. All trainings are conducted in English and Spanish via interpretation. All our staff is bilingual in English and Spanish. Our outreach efforts in the community are attended by our staff that is bilingual.
Inyo / Modoc / Mono (NPC)	Specific advertising to non-English population in their native language.
Kern	Orientations/trainings and literature are offered in Spanish. There is a written policy for securing other interpreters. Trainings are offered at accessible locations.
Kings	DNR.
Lake	The position that was added to PA staff is a Bi-lingual Registry Specialist.
Lassen	Lassen County Adult Services utilizes a county approved Spanish-speaking interpreter and Language Line Services. Adult Services also works routinely with the outreach Coordinator at Lassen Indian Health to provide IHSS services and to locate Providers for members of the Susanville Indian Rancheria. We also have a close working relationship with other county departments i.e., public guardian, mental health, child protective service, AOD, and public health.
Los Angeles	PASC routinely conducts various trainings, meetings, and presentations in both English and Spanish and publishes all outreach and Registry-related materials in both English and Spanish. PASC also makes all of its materials available in alternative formats such as large print and Braille upon request and provides accommodation for sign-language interpretation. Additionally, PASC's website can be viewed in several formats including large font or text only. Furthermore, PASC's staff members are multilingual, covering six threshold languages and several dialects spoken in the county. Finally, PASC works with several vendors including LLE, Inc. (a translation service) and the Greater Los Angeles Agency on Deafness (GLAD) to assist in translations over the phone, in person, and of written materials. This allows PASC to communicate to constituents who speak a variety of languages including ASL.

APPENDIX 3 SPECIAL SERVICES, ACCOMMODATION OR EFFORTS MADE TO REACH OR SERVE OR ENHANCE ACCESS BY NON-ENGLISH SPEAKING COMMUNITIES AND/OR PEOPLE WITH SPECIAL NEEDS, E.G., TRANSLATION, INTERPRETATION, OUTREACH.	
Madera	The IHSS PA is co-located with IHSS. The IHSS staff advise their clients who are both English and non-English speaking of the Registry services. The predominant language other than English in Madera Co. Is Spanish. The Registry has an ample number of bi-lingual Providers to meet the request of the Consumers. The Registry also has a staff member who is bi-lingual in Spanish.
Marin	We tried to always have at least one bi-lingual staff person which represented 20 percent of our office staff. We have all letters available in English and Spanish. The bi-lingual staff person helps Providers complete the Registry and Provider benefits applications. We offer most training classes in Spanish. We did extensive outreach into the Spanish speaking communities.
Mariposa	Translators available, Social Workers always available to respond to special needs.
Mendocino	Bilingual staff at each PA office, a dedicated bilingual PA staff person available to any Consumer or Provider, and access to Language Line.
Merced	DNR.
Monterey	Use Language Line for translation services when needed; will make home visits as necessary.
Napa	Our PA is very small, consisting of the Manager, the Registry Specialist and an Administrative Assistant. The Registry Specialist and Admin Assistant are both cross-trained in order to provide backup coverage for each other. In addition, both are bi-lingual (Spanish). They provide services (including orientation sessions) to Providers in Spanish. In addition, they interact with Spanish speaking Consumers regarding their requests for the PA Registry. The PA staff also assist the Social Workers with translation and interpretation for Consumers, including attending home visits.
Nevada / Plumas / Sierra (JPA)	Translation services have been identified in the community and are available to provide services when needed. A TTY is used to provide telephone access to callers with speech and or hearing disabilities. Both office facilities and all training sites provide wheelchair access in accordance with state and federal law.
Orange	All documents are translated into three languages. We use Tele-language live caller translations for numerous languages not in-house, i.e., Farsi, Chinese, Italian etc. The PA has staff who speaks English, Spanish, Vietnamese, and Tagalog.

APPENDIX 3**SPECIAL SERVICES, ACCOMMODATION OR EFFORTS MADE TO REACH OR SERVE OR ENHANCE ACCESS BY NON-ENGLISH SPEAKING COMMUNITIES AND/OR PEOPLE WITH SPECIAL NEEDS, E.G., TRANSLATION, INTERPRETATION, OUTREACH.**

Placer	Consumer and Provider materials will be provided in English and other appropriate languages and will be provided in accessible formats upon request. In addition, we use the AT&T translation service as needed. We have Consumer and Provider handbooks in Russian.
Riverside	All Registry staff and additional staff that deal with customers are bilingual (English/Spanish). All events such as introduction meetings (orientations), Provider recruitments and trainings are offered in both English and Spanish. Translations and interpretations in other languages are available through county independent contractors upon request. All written materials are also provided in Spanish.
Sacramento	The PA employs a Spanish language Registry Specialist to facilitate successful completion of the Provider application process for the many Spanish-speaking Provider applicants we see each week. In addition, this Spanish language Specialist provides match lists for Consumers whose primary language is Spanish. In addition, staff proficient in Hmong, Bulgarian, and Romanian assist with translation when necessary. For those Consumers and Providers calling in who speak other language, staff use the AT&T language line translation services in order to better serve our diverse population. PA education staff arrange for translation of written materials and coordination of interpretation for classes that draw a large number of non-English speakers. During this reporting period, the 10 classes were offered to Consumers with translation services in Spanish, Russian, Mandarin, and Cantonese.
San Benito	Interpretations, home visits, training In-Homes.
San Bernardino	PA uses translation services that are available through a contract county has with translator service, and covering virtually any language spoken. We also have 75 percent of staff certified as bilingual English/Spanish. Additionally, we use local CFLIC and other resources when we need special services for the blind/deaf. All surveys are bilingual Eng/Spanish.
San Diego	Fifty-six percent of the PA staff members are bilingual, primarily in Spanish, which enables us to effectively communicate with Consumers and Providers. In addition to our staff, the PA also utilizes the services of AT & T's Language Line for languages that are not spoken by our staff. This service enables us to speak communicate with Consumers and Providers in over 140 languages through a Language Line representative who serves as an over-the phone interpreter. Our printed literature is also available in various languages in an effort to make our material available to the diverse population we serve.

APPENDIX 3**SPECIAL SERVICES, ACCOMMODATION OR EFFORTS MADE TO REACH OR SERVE OR ENHANCE ACCESS BY NON-ENGLISH SPEAKING COMMUNITIES AND/OR PEOPLE WITH SPECIAL NEEDS, E.G., TRANSLATION, INTERPRETATION, OUTREACH.**

San Francisco	The SFPA conducts outreach and provides presentations to non-English speaking communities. Service information is translated in Spanish, Russian and Cantonese. In order to address the needs of the gay, lesbian, bisexual and transgender communities, we have made presentations to agencies traditionally serving these communities. Efforts are also made to disseminate information to agencies and support groups serving children with disabilities. In an effort to reach a higher number of individuals, we publish a quarterly newsletter which is mailed out to over 30,000 IHSS Consumers and Providers.
San Joaquin	We have a Spanish speaking staff member at the PA and also work closely with the Social Workers who speak other languages as well for translation and assistance.
San Luis Obispo	Provider and Consumer handbooks available in a variety of languages. Other brochures and informational materials available in Spanish. Bilingual employees available to speak with clients and Providers in person or over the phone. Referrals to services such as Braille Institute.
San Mateo	To meet the needs of our non-English speaking communities, the PA provides translation in Spanish, Cantonese, Mandarin, Arabic and Tagalog. All of our trainings are offered in English and Spanish. Individuals on our Advisory Committee with special needs are provided accommodations to enable their participation. Accessible transportation passes are provided, tape recordings of minutes and agendas are provided for the blind.
Santa Barbara	All Registry Specialists and clerical staff are bilingual (English and Spanish). All materials are produced in both languages. We have access to a language line in the event we are dealing with a person who is monolingual in a language other than English or Spanish.
Santa Clara	The PA hires multilingual staff as much as possible, most documents are translated into Spanish, Vietnamese and Chinese which are the predominant non-English languages in the community. The PA provides orientation sessions, training and support groups in these languages as well as using the AT&T Language Line for languages staff do not speak.
Santa Cruz	Clerical support and PA Social Worker 1 assistance available for translation/interpretation at Provider orientations. Written materials produced by the PA are all translated to Spanish. PA Social Worker 1 assistance available to Consumer willing to hire a limited English speaking, skilled Provider.
Shasta	The PA utilizes "Tele-Interpreters" services for non-English speaking Providers or Recipients. We also utilize "Norcal Center on Deafness" when dealing with individuals who are deaf or have a hearing loss.

APPENDIX 3 SPECIAL SERVICES, ACCOMMODATION OR EFFORTS MADE TO REACH OR SERVE OR ENHANCE ACCESS BY NON-ENGLISH SPEAKING COMMUNITIES AND/OR PEOPLE WITH SPECIAL NEEDS, E.G., TRANSLATION, INTERPRETATION, OUTREACH.	
Siskiyou	The PA currently has two Spanish speaking Social Workers and conducts orientations for Spanish speaking applicants on a one to one basis as needed. PA Registry forms are translated into Spanish as is the handbook. Currently there is no need to recruit more Spanish-speaking Providers.
Solano	The PA currently has two Spanish speaking Social Workers and conducts orientations for Spanish speaking applicants on a one to one basis as needed. PA Registry forms are translated into Spanish as is the handbook. Currently there is no need to recruit more Spanish speaking Providers.
Sonoma	One of the Registry Coordinators is Spanish bilingual/bicultural and she performs a variety of functions to support and assist monolingual Spanish-speaking Caregivers and Consumers. Several Spanish-language based Caregiver orientations are provided. There is a language interpretation telephone service available for staff use. For hearing impaired Consumers or Providers, use of California Relay system and/or e-mail are regularly used. Sign language interpreters are used during Orientations and one-on-one interviews when requested.
Stanislaus	Spanish orientations, training classes and CPR classes are made available.
Sutter	The PA has hired a Spanish-speaking Office Assistant as an effort to enhance access by non-English speaking Consumers and Providers.
Tehama	Staff is bilingual (Spanish).
Tulare	Bilingual services provided by Registry staff.
Ventura	All program staff are bi-lingual (Spanish), recruitment.
Yolo	Provides Spanish and Russian Trainings as well as Sign Language Interpreters.
Yuba	We have Spanish, Hmong, Tagalog, Punjabi, Hindi interpreters available in Adult Services to assist as needed. We also have a person who is certified in American Sign Language within the Health & Human Services Department. We have a close relationship with FREED Independent Living Center for assistance with persons with special needs/disabilities.

**APPENDIX 4
MOST FREQUENTLY RECEIVED COMPLAINTS AGAINST PA/NPC STAFF**

Alameda	Rare. Some complain that health benefits should begin sooner or that a phone call was not returned within one day.
Amador	We have had no complaints against PA staff during the reporting period.
Butte	None received.
Calaveras	No complaints this reporting period.
Colusa	During this report no complaints have been received.
Contra Costa	Voice Mail is always full (holds up to 20) messages.
Del Norte	Have not had any reported/filed complaints against PA staff during this evaluation period.
El Dorado	There were no complaints against PA staff during the 06-07 FY. The PA Program Manager tries to resolve all conflicts against PA staff by Recipients, care Providers, or general public at the lowest level when possible. Formal complaints and grievances must be submitted in writing. The issue will be investigated for review and findings will be in writing.
Fresno	There are no recurring complaints received against the PA staff. There have been incidents in which a Provider gets upset over the PA's policy to not accept a Provider enrollment packet without their original SSN card and government issued identification. In cases such as this, Supervisory staff explains our policy to the individual and the reasons behind the policy if they feel such an explanation is needed.
Glenn	Unanswered calls. Monitored for appropriateness of absence causing calls to enter into voicemail.
Humboldt	No complaints were received against staff during the survey period.
Imperial	The staff do not listen/care about what the IHSS Consumer's needs are. The Director discusses the issue with the staff to verify the allegations and what steps were taken to inform the caller of the process to address their need if it was within the PA's capacity.
Inyo / Modoc / Mono (NPC)	Not able to contact immediately, conflict of personality, not able to match up immediately. The Program Manager contacts the complainant and explains the process to the person and we generally find that the complaint is not as serious as it seemed and the problem is resolved. Otherwise the Director contacts the person and resolves the issue.

**APPENDIX 4
MOST FREQUENTLY RECEIVED COMPLAINTS AGAINST PA/NPC STAFF**

Kern	There were two complaints filed during this period. One was unfounded and the other involved a defective head set for the phone, disconnecting calls. The head set was replaced.
Kings	Complaints are very rare.
Lake	Reported complaints against Providers not PA.
Lassen	Consumers frustrated with trying to locate a Provider, Providers believing they should receive their check either the same day or in the same number of days after they submit it each month.
Los Angeles	The most common complaints received against PASC staff were related to Consumers' dissatisfaction with having to be placed on hold for what they considered a long period of time, staff's failure to "listen" carefully to them, and messages not returned as fast as the callers wish. As a matter of policy, PASC staff tries to return all calls within a matter of hours.
Madera	None received
Marin	In the SFY 2006/07, we received complaints about staff not being available to receive calls or not returning calls quickly enough. We have addressed this issue in the current fiscal year by hiring a new staff person, answering all calls as received and reallocating duties between staff members.
Mariposa	Not applicable as not yet a viable list of qualified Providers.
Mendocino	No complaints were received.
Merced	Have not received complaints.
Monterey	The most frequent complaints from Providers relate to: Consumers asking for services that are not authorized or disputes regarding time sheets and hours worked. Consumers and Providers are counseled about these issues.
Napa	We did not receive any complaints against the PA staff during the survey period.
Nevada / Plumas / Sierra (JPA)	During the reporting period three complaints were received about PA staff. All were from Consumers complaining of delay in getting phone calls returned. The Registry Manager responded to each Consumer and the Registry Specialist followed up to make sure each request was met. Modifications were made to workflow to ensure that calls are returned in a timely fashion.

APPENDIX 4**MOST FREQUENTLY RECEIVED COMPLAINTS AGAINST PA/NPC STAFF**

Orange	PA Staff did not return call: Spoke to Consumer/Provider first to determine what took place. Spoke to staff and determined what happened. Resolved issue, by having PA staff put specific messages on the recorder when they will be available and when callers may expect to receive a return call. PA staff are no help: Spoke to staff to determine why the caller thinks we are no help. Spoke to caller and explained limitations of our systems and/or limitations they may be imposing on themselves that results in them feeling like no help is being given. Resolved issue with compromising day, time, duties etc.
Placer	Fortunately, we have not had many complaints; as indicated by the Consumer satisfaction survey 98 percent favorable response regarding Registry services. We have had a few complaints from Providers that have been removed from the Registry; in these cases we recommend they file an appeal. Occasionally, we get a complaint regarding PA staff not returning phone calls within a 24 hour period (this is very rare). These complaints are addressed directly with staff by the Manager or Supervisor.
Riverside	The complaint most frequently received against PA staff includes not answering the phone on a timely basis. The changes made to improve Registry coverage included the implementation of a Registry Staff Coverage.
Sacramento	Customer service; Length of match list process.
San Benito	Refusal to list on Registry. Inform potential Providers of our policies and their rights.
San Bernardino	Not responsive, not "nice"; usually investigation reveals that staff were unable to provide what complainer wanted b/c request was inappropriate or not allowed. All are reviewed by Management and Director; if appropriate, disciplinary action is taken; depending on complaint, information may be tracked in Outcomes Management system for review of trends/patterns and assessment of program changes that might reduce the frequency of complaints. These trends are reviewed at annual strategic planning sessions during Management Retreat normally, however if significant are addressed at monthly management and staff meetings.
San Diego	During the survey period the PA received a minimal number of formal written complaints from Consumers against a Providers or PA staff members. The Registry routinely handles complaints which are typically resolved at the lowest level possible and generally do not result in formal written complaints.
San Francisco	There were no complaints against either Program or Administrative SFPA staff recorded during the survey year.
San Joaquin	The most common complaint is the wait time for timesheets and return calls from IHSS staff and PA. We continually check our voice mail throughout the day, we have created many form letters and information mailers to assist Providers and Consumers with frequently asked questions. We also put useful and FAQ in our quarterly newsletter.

**APPENDIX 4
MOST FREQUENTLY RECEIVED COMPLAINTS AGAINST PA/NPC STAFF**

San Luis Obispo	Complaints about Social Workers when Consumer perceives that Social Worker is not meeting their needs; Supervisor calls Consumer, listens to their complaint, clarifies any misunderstandings about the program or the Social Worker's role, reviews the services that we can provide, answers any questions; if Consumer remains unable or unwilling to continue in a working relationship with the Social Worker, Supervisor has the option of assigning Consumer to a different Social Worker.
San Mateo	The most common complaint is frustration of Providers who are not able to immediately reach their payroll Specialist due to our high call volume. We are addressing this complaint through voice messages that answer common questions and how calls are answered in the order they are received.
Santa Barbara	No formal complaints were received during the reporting period. Most often heard "informal" complaint is "not returning phone calls".
Santa Clara	Most complaints against PA staff are due to Providers being terminated from health benefits. Staff explains why they were terminated, remind them of the warning letters and provide opportunity for the Provider to file a formal complaint. The Benefits Coordinator talks with the individual and provides a written response to a formal complaint. The Provider can then appeal the decision and it goes to the PA Director who provides a written response with a final decision.
Santa Cruz	Nothing reported.
Shasta	Most complaints against PA staff are due to Providers being terminated from health benefits. Staff explains why they were terminated, remind them of the warning letters and provide opportunity for the Provider to file a formal complaint. The Benefits Coordinator talks with the individual and provides a written response to a formal complaint. The Provider can then appeal the decision and it goes to the PA Director who provides a written response with a final decision.
Siskiyou	No complaints have been received against PA staff.
Solano	Did not receive any complaints against PA staff.

APPENDIX 4**MOST FREQUENTLY RECEIVED COMPLAINTS AGAINST PA/NPC STAFF**

Sonoma	There are occasional complaints regarding unsatisfactory, inappropriate, low quality, limited availability, or non-English speakers referred by the Registry. In general, the Registry responds to these situations by engaging in more intensive work in identifying appropriate Caregivers to refer in an expanded search for a match. Often newly enrolled Registry Caregivers are eager to work and referred to these more difficult care situations. The Registry cannot discriminate according to race, ethnicity, or religion, but recognizes that clear English is important in the success of the Caregiver, particularly with cognitively impaired Consumers. When lack of Caregivers is the issue, particularly in the county's geographical peripheries, the Registry often provides a safety net through the referral of a home care aide or immediate care Provider during the search for a regular Caregiver. The Registry regularly engages in recruitment in our geographic peripheries. When the complaints are invalid, but indicate that the Consumer is having problems in interviewing, employing, or maintaining Caregivers, the Registry will provide advice, clarification of tasks needed, and often contact the IHSS or MSSP/LINKAGES Social Worker/Supervisor for additional support for the Consumer. Often Consumers need an explanation of how the Registry works and is only a referral, but not an employment agency.
Stanislaus	We have not had a serious complaint against any PA staff. Our most frequent complaint has been: "You (the PA) do not find me enough work." There have been no formal complaints against a particular PA staff member.
Sutter	The PA has received two complaints during this survey period. Unable to send out additional Registry Providers. Consumers who are difficult to serve typically request new Providers two to three times a month. These Consumers exhaust the Registry referral list and complain that the PA staff will not send out new Registry Providers. The PA Manager explains to the Consumer that referrals are based on matching criteria and not all Providers are appropriate to be referred to all Consumers. The issue is resolved by sending out a previously sent list. The PA also received a complaint regarding the requirement to provide documentation to work in the US and completing the payroll paperwork. The PA has worked to ensure that all Providers have proof they are eligible to work in the US and have proper identification. This includes Providers who have been working prior to the establishment of the PA.
Tehama	Union dues being taken out of Providers pay checks when we are not represented by a union at this time. (Explain problem and give Providers union phone number.
Tulare	Did not receive complaints against staff this survey period.
Ventura	Regional Registry worker does not answer phone, they do not give me enough referrals, not friendly. Each case is unique and is treated as so, administrator investigates and implements corrective action when appropriate.
Yolo	Benefit eligibility waiting list placement questions
Yuba	We did not receive any complaints against the PA staff during this report period.

APPENDIX 5	<u>Who handles complaints by Consumers against PA/NPC staff?</u>	<u>Who handles complaints by Consumers against Registry Providers?</u>	<u>Who handles complaints by Registry Providers against Consumers?</u>
Alameda	Chain of command up to Executive Director.	Registry staff, Manager & Registry Review Panel.	Registry staff, Manager & Registry Review Panel.
Amador	PA Director; with referrals to other agencies or Social Services Staff/Director, as needed.	PA staff; with referrals to other Agencies as needed, depending on severity and type of complaint.	PA staff; with referrals to other Agencies as needed, depending on severity and type of complaint.
Butte	PA Manager.	Staff and PA Manager.	Staff and PA Manager.
Calaveras	PA Manager.	PA staff, with report to PA Manager.	PA staff, with report to PA Manager and assigned Social Worker.
Colusa	PA.	PA.	PA.
Contra Costa	Program Manager.	Initially, Registry, then Program Manager.	Initially, Registry, then Program Manager.
Del Norte	Director.	IHSS Coordinator.	IHSS Coordinator.
El Dorado	The PA Program Manager tries to resolve all conflicts against PA staff by Recipients, care Providers, or general public at the lowest level when possible. Formal complaints and grievances must be submitted in writing. The issue will be investigated for review and findings will be in writing.	PA staff, and if needed, APS is informed.	PA staff, and if needed referrals Are made to APS or fraud investigation.

APPENDIX 5	<u>Who handles complaints by Consumers against PA/NPC staff?</u>	<u>Who handles complaints by Consumers against Registry Providers?</u>	<u>Who handles complaints by Registry Providers against Consumers?</u>
Fresno	Anytime a complaint on a staff member is received, management makes every attempt possible to resolve the matter at that time. After the issue is resolved, the complaint is logged in their personnel file. After Supervisory staff reviews the situation and the complaint is legitimate and/or the staff person did not follow proper procedures, a one-on-one meeting will be held with the staff person to go over the issue and policies and procedures guide to make sure they understand the proper procedures so that the situation doesn't happen again.	Registry Staff after notifying Supervisor; Supervisor sends out letter to Registry Provider notifying them of complaint.	Registry Staff after notifying Supervisor.
Glenn	PA Manager.	PA Staff.	PA Staff.
Humboldt	In the following order: 1) Caregiver Services Registry Manager, Area 1 Agency on Aging, 2) Director of Agency Services, Area 1 Agency on Aging, 3) Executive Director, Area 1 Agency on Aging.	In the following order: 1) Caregiver Services Registry Resource Specialist, Area Agency on Aging, 2) Caregiver Services Registry Manager, Area 1 Agency on Aging, 3) Director of Agency Services, Area 1 Agency on Aging.	In the following order: 1) Caregiver Services Registry Resource Specialist, Area Agency on Aging, 2) Caregiver Services Registry Manager, Area 1 Agency on Aging, 3) Director of Agency Services, Area 1 Agency on Aging.
Imperial	Director.	First it goes to the Screener. If it is not resolved then it goes to the Director.	Screener, then if further action is necessary it is then addressed by the Director.
Inyo / Modoc / Mono (NPC)	The Registry Coordinator, the Program Manager and the Executive Director.	The Registry Coordinator, the Program Manager and the Director.	The Registry Coordinator, the Program Manager and the Director.

APPENDIX 5	<u>Who handles complaints by Consumers against PA/NPC staff?</u>	<u>Who handles complaints by Consumers against Registry Providers?</u>	<u>Who handles complaints by Registry Providers against Consumers?</u>
Kern	Program Director.	PA Social Worker.	PA Social Worker.
Kings	Director.	PA.	PA.
Lake	PA staff.	PA staff.	PA staff.
Lassen	Registry Manager/Adult Services Supervisor.	Registry Manager/Adult Services Supervisor.	Registry Manager/Adult Services Supervisor.
Los Angeles	When a Consumer files a complaint against the PA/NPC staff, the complaint is immediately routed to a Supervisor. The Supervisor is responsible for gathering all complaint-related data from all those involved in the complaint. Once the information is gathered and reviewed, a decision is made as to the course of action to be taken (i.e., staff retraining or Consumer education) and the parties involved are notified by phone and/or in writing.	When a Consumer files a complaint against a Provider, the complaint is immediately routed to a Supervisor. The Supervisor is responsible for gathering all complaint-related data from all those involved in the complaint. Once the information is gathered and reviewed, a decision is made as to the course of action to be taken. Depending upon the nature of the complaint, the matter may be resolved by a simple telephone call or by an immediate suspension or termination from the Registry. If a Provider is suspended or terminated, he or she is notified in writing of the decision and the reason for it.	When a Provider files a complaint against a Consumer, the complaint is immediately routed to a Supervisor. The Supervisor is responsible for gathering all complaint-related data from all those involved in the complaint. Once the information is gathered and reviewed a decision is made as to the course of action to be taken. Depending upon the nature of the complaint, the matter may be resolved by a simple telephone call Social Worker or PASC's IHSS Liaison. Most of these complaints are resolved with a phone call, but there are those (i.e., repeated demand for non IHSS-related tasks or incidences of sexual harassment which require notification in writing to the Consumer's Social Worker and/or PASC IHSS liaison.
Madera	Immediate Supervisor.	Registry Staff.	Registry staff.

APPENDIX 5	<u>Who handles complaints by Consumers against PA/NPC staff?</u>	<u>Who handles complaints by Consumers against Registry Providers?</u>	<u>Who handles complaints by Registry Providers against Consumers?</u>
Marin	The Executive Director receives complaints lodged against all staff with the exception of the Executive Director. The Chairman of the Board receives complaints lodged against the Executive Director.	All complaints about IHSS Providers referred by the PA are reviewed by Registry staff and if appealed, by the Executive Director.	All complaints about IHSS Consumers by Providers are reviewed by Registry staff and if appealed, the Executive Director.
Mariposa	Immediate Supervisor.	PPR Coordinator and Adult Services/PA Supervisor.	PPR Coordinator and Adult Services/PA Supervisor.
Mendocino	Supervisors and Managers.	PA.	IHSS Social Workers and/or SIPP staff.
Merced	Program Manager.	Registry Staff.	Program Manager & Registry staff.
Monterey	The Registry Social Worker or Supervisor.	Registry Social Worker.	Registry Social Worker.
Napa	If a Consumer could not satisfactorily address the issue directly with the PA staff person, the Consumer would be placed in touch with the PA Manager who would hear the issue and respond accordingly.	Registry/Training Specialist (and Manager if necessary).	Registry/Training Specialist (and Manager if necessary).
Nevada / Plumas / Sierra (JPA)	The complaint is investigated and resolved by the Registry Manager and, if necessary or if the complaint is about the Registry Manager, Executive Director investigates and resolves the complaint.	Registry Specialist and the Registry Manager.	Registry Specialists and the Registry Manager.
Orange	Program Manager, Executive Director.	Registry Training Specialist, Program Manager, Executive Director.	Registry Training Specialist, Program Manager, Executive Director.

APPENDIX 5	<u>Who handles complaints by Consumers against PA/NPC staff?</u>	<u>Who handles complaints by Consumers against Registry Providers?</u>	<u>Who handles complaints by Registry Providers against Consumers?</u>
Placer	PA Manager or Supervisor.	PA Manager, Supervisor & staff.	PA Manager, Supervisor & staff.
Riverside	The Registry's Administrative Services Manager and/or the Executive Director handle these complaints.	The Community Program Specialist assigned to that area and/or the Registry's Administrative Services Manager.	The Community Program Specialist assigned to that area and/or the Registry's Administrative Services Manager.
Sacramento	The staff Supervisor handles complaints against a particular staff. There is a Supervisor assigned over each of the four units of the PA: Administration/Health Benefits/Caregiver Registry/Education. The staff person's Supervisor investigates any such complaints, institutes changes and/or education, and reports findings to the PA Director.	Informal complaints are handled by the staff person receiving the call, if the complaint is within the scope and authority of the staff person's responsibilities. If the staff cannot resolve the complaint, or the complaint is beyond the scope or authority of the staff, the staff takes the complaint to his or her Supervisor for review and action. The Supervisor may resolve the complaint or forward it to the Social Worker Supervisor for assignment. The complaint is assigned to a Social Worker to conduct an in-depth investigation, interviews, home visits, and facilitate a resolution, with the assistance of the Social Worker Supervisor.	Informal complaints are handled in the same manner as informal complaints by Consumers against Providers. If the complaint cannot be resolved through the informal process, the Provider is advised of the formal complaint process. The Provider makes his or her concerns known in writing to the PA. Formal complaints from Caregivers are handled according to the procedures established in the labor agreement with SEIU- Healthcare Workers West.
San Benito	Manager.	Manager.	Manager.
San Bernardino	Tiered grievance: Staff, Management, Director.	Tiered grievance: Staff, Management, Director.	Staff, Management, Director.

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San Diego	The appropriate person's Supervisor.	The assigned Registry Coordinator attempts to resolve at the lowest level possible. When appropriate, Registry staff will refer incidents of major offenses to the IHSS Social Workers. If the offense seems to cause "imminent harm" to the welfare and safety of the Consumer, an APS report must be made within 48 hours of discovering the offense. During the course of the internal investigation, the Registry Coordinator will consult with their Registry Team Lead (and Registry Manager when appropriate) to determine the validity of the complaint and then take the appropriate action based on the Registry Rules of Use. The complaint is then reviewed by Registry Manager and Executive Director as needed, and they will continue to investigate when appropriate.	The assigned Registry Coordinator attempts to resolve at the lowest level possible. When appropriate, Registry staff will refer incidents of major offenses to the IHSS Social Workers. If the offense seems to cause "imminent harm" to the welfare and safety of the Consumer, an APS report must be made within 48 hours of discovering the offense. During the course of the internal investigation, the Registry Coordinator will consult with their Registry Team Lead (and Registry Manager when appropriate) to determine the validity of the complaint and then take the appropriate action based on the Registry Rules of Use. The complaint is then reviewed by Registry Manager and Executive Director as needed, and they will continue to investigate when appropriate.
San Francisco	Program Manager, with right of appeal to the Executive Director.	The complaint is received by either a Registry Counselor or the Program Manager. First time minor offenses requiring only a verbal warning are addressed by Registry Counselors. All other complaints are investigated by the Program Manager. If not satisfied, there is a right of appeal to the Executive Director.	The complaint is received by either a Registry Counselor or the Program Manager. The Program Manager investigates the complaints with right of appeal to the Executive Director.

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San Joaquin	Program Manager	Registry Specialist is the first contact, if necessary, the Program Manager and Social Worker will be contacted for assistance.	Registry Specialist is the first contact, if necessary, the Program Manager and Social Worker will be contacted for assistance.
San Luis Obispo	DSS Civil Rights and Complaint Investigator	Registry Supervisor and Social Workers	Registry Supervisor and Social Workers
San Mateo	PA Supervisor, Manager	Registry Specialist, PA Supervisor	Registry Specialist, Social Worker
Santa Barbara	Registry Manager and/or PA Director	Registry Specialists handle the first step. If no resolution is reached, the complaint goes to the Registry Manager and then to the PA Director.	Registry Specialists
Santa Clara	Registry Coordinator or PA Director depending on the complaint and who it is regarding.	Registry Coordinator	Registry Coordinator
Santa Cruz	PA Manager	PA Manager and Registry Contractor Director	PA Manager; IHSS Program Manager
Shasta	Immediate Supervisor of staff member	Registry Specialist documents complaints, informal appeals are decided by Program Manager, formal appeals are decided by Advisory Committee subcommittee	Registry Specialist documents complaints, informal appeals are decided by Program Manager, formal appeals are decided by Advisory Committee subcommittee
Siskiyou	PA Staff will address the complaint initially; if it is not resolved it then is forwarded to the Director of Human Services. The last step is for the complaint to go before the PA Governing Board.	PA Administrator	PA Administrator

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Solano	Executive Director	Initially the Registry SW, ultimately the Executive Director	Initially the Registry SW, ultimately the Executive Director
Sonoma	Registry Supervisor	Registry Supervisor	Registry Supervisor
Stanislaus	They can discuss complaints with the PA Director, IHSS Managers or APS Managers. Consumers are informed at the time of assessment if they have concerns about staff to request to speak to a Manager or Supervisor.	PA staff, IHSS Managers, APS Managers.	PA staff, IHSS Managers, APS Managers.
Sutter	PA Manager.	PA Manager.	PA staff, IHSS Managers, APS Managers
Tehama	County Director	Registry Manager. If there is a lack of resolution, complaint is then handled by PA Director.	Registry Manager. If there is a lack of resolution, complaint is then handled by PA Director.
Ventura	Administrator.	Ombudsman Social Worker, Registry Manager and Administrator.	Ombudsman Social Worker, Registry Manager and Administrator.
Yolo	PA Director.	PA Director.	PA Director.
Yuba	Program Manager.	PA Program aide staff.	PA Program Aide staff.

APPENDIX 6

REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING DENIED ENROLLMENT ON THE REGISTRY

Note: Counties were asked to list the reasons that would result in a registry Provider being denied enrollment on the registry but they were not asked to provide an exhaustive list of reasons. Just because there isn't an X next to a particular county does not necessarily mean that they would not deny a Provider enrollment for that particular reason, it just means that they did not specifically list that reason in their response.

	Inability to complete all tasks needed to join the Registry in a timely manner; incomplete application	Fails to complete application or application process	Lying on the application; falsifying documentation; making false statements	Does not complete, or fails, in-person interview	Shows up at interview intoxicated, inappropriate conduct during interview	The applicant has no relevant experience; or self -disclosed inappropriate background; Qualifications/ References do not meet the standards of the Registry
Alameda	X	X		X	X	
Amador				X		
Butte			X		X	
Calaveras	X	X	X	X		X
Colusa						
Contra Costa		X				
Del Norte						
El Dorado						
Fresno						
Glenn	X					X
Humboldt		X		X		

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Imperial						
Inyo (NPC)				X		
Modoc (NPC)				X		
Mono (NPC)				X		
Kern						
Kings					X	
Lake						
Lassen						
Los Angeles		X				
Madera						
Mariposa						

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Marin						
Mendocino		X		X		
Merced						
Monterey						X
Napa				X		
Nevada (JPA)			X		X	
Plumas (JPA)			X		X	
Sierra (JPA)			X		X	
Orange						
Placer		X				
Riverside	X					

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	Inability to complete all tasks needed to join the Registry in a timely manner; incomplete application	Fails to complete application or application process	Lying on the application; falsifying documentation; making false statements	Does not complete, or fails, in-person interview	Shows up at interview intoxicated, inappropriate conduct during interview	The applicant has no relevant experience; or self -disclosed inappropriate background; Qualifications/ References do not meet the standards of the Registry
Sacramento	X	X	X	X	X	X
San Benito						
San Bernardino	X	X	X		X	
San Diego						
San Francisco						
San Joaquin				X		
San Luis Obispo			X		X	
San Mateo						
Santa Barbara						
Santa Clara				X	X	
Santa Cruz						

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Shasta		X				
Siskiyou						
Solano				X		
Sonoma		X		X		
Stanislaus						
Sutter						
Tehama						X
Tulare						
Ventura						
Yolo						X
Yuba			X			

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	Does not provide or has negative employment or personal references	Fails to Attend Orientation	Fails to provide a valid Social Security number or proof of eligibility to work in the USA or photo identification; does not have legal right to work in USA	Does not provide a valid and current CA. Driver's License or ID	Failure to provide current insurance and drivers license; Failure to provide DMV Vehicle Code Violation History Printout	Failure to complete or pass criminal background check(s); Sexual or physical abuse of child or elder	Failure to pass Megan's Law Website or other sex offender check
Alameda	X	X	X	X		X	
Amador	X	X	X			X	
Butte	X					X	
Calaveras	X	X	X	X	X	X	
Colusa						X	X
Contra Costa	X	X	X				
Del Norte	X					X	X
El Dorado	X					X	
Fresno						X	
Glenn	X					X	
Humboldt	X		X		X		X

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Imperial							
Inyo (NPC)	X				X	X	X
Modoc (NPC)	X				X	X	X
Mono (NPC)	X				X	X	X
Kern	X						
Kings						X	
Lake						X	
Lassen	X					X	
Los Angeles	X		X			X	
Madera						X	
Mariposa						X	
Marin							

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Mendocino	X		X			X	
Merced							
Monterey						X	
Napa	X	X				X	
Nevada (JPA)	X					X	
Orange	X			X		X	
Placer						X	
Riverside							
Sacramento	X	X	X	X		X	X
San Benito	X					X	
San Bernardino	X	X	X	X		X	X
San Diego						X	

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	Does not provide or has negative employment or personal references	Fails to Attend Orientation	Fails to provide a valid Social Security number or proof of eligibility to work in the USA or photo identification; does not have legal right to work in USA	Does not provide a valid and current CA. Driver's License or ID	Failure to provide current insurance and drivers license; Failure to provide DMV Vehicle Code Violation History Printout	Failure to complete or pass criminal background check(s); Sexual or physical abuse of child or elder	Failure to pass Megan's Law Website or other sex offender check
San Francisco						X	
San Joaquin	X	X	X	X		X	
San Luis Obispo	X						
San Mateo	X		X			X	
Santa. Barbara	X	X				X	
Santa. Clara	X					X	
Santa Cruz	X					X	
Shasta	X	X				X	
Sierra(JPA)	X					X	
Siskiyou	X					X	
Solano		X					
Sonoma	X	X	X		X	X	

APPENDIX 6

REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING DENIED ENROLLMENT ON THE REGISTRY

Note: Counties were asked to list the reasons that would result in a registry Provider being denied enrollment on the registry but they were not asked to provide an exhaustive list of reasons. Just because there isn't an X next to a particular county does not necessarily mean that they would not deny a Provider enrollment for that particular reason, it just means that they did not specifically list that reason in their response.

	Does not provide or has negative employment or personal references	Fails to Attend Orientation	Fails to provide a valid Social Security number or proof of eligibility to work in the USA or photo identification; does not have legal right to work in USA	Does not provide a valid and current CA. Driver's License or ID	Failure to provide current insurance and drivers license; Failure to provide DMV Vehicle Code Violation History Printout	Failure to complete or pass criminal background check(s); Sexual or physical abuse of child or elder	Failure to pass Megan's Law Website or other sex offender check
Stanislaus						X	
Sutter						X	
Tehama						X	X
Tulare	X	X				X	
Ventura			X			X	
Yolo	X					X	
Yuba						X	

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	Unauthorized disclosure of confidential information	Negative-Registry Provider history	Stated unwillingness to follow Program rules	Unwillingness to do personal care services	Inability to converse in English	Failing to provide the Public Authority with a valid Tuberculosis Skin Test; Not passing the TB test result standards	Not returning Registry phone calls and/or notices within a reasonable amount of time; Unable to reach the Provider multiple times	Repeated complaints from Recipients (prior IHSS work)
Alameda		X						
Amador								
Butte								
Calaveras	X							
Colusa								
Contra Costa								
Del Norte							X	X
El Dorado								
Fresno								
Glenn								
Humboldt								

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	Unauthorized disclosure of confidential information	Negative-Registry Provider history	Stated unwillingness to follow Program rules	Unwillingness to do personal care services	Inability to converse in English	Failing to provide the Public Authority with a valid Tuberculosis Skin Test; Not passing the TB test result standards	Not returning Registry phone calls and/or notices within a reasonable amount of time; Unable to reach the Provider multiple times	Repeated complaints from Recipients (prior IHSS work)
Imperial								
Inyo (NPC)								
Modoc (NPC)								
Mono (NPC)								
Kern								
Kings	X							
Lake								
Lassen								
Los Angeles								
Madera								
Mariposa		X						
Marin								

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	Unauthorized disclosure of confidential information	Negative-Registry Provider history	Stated unwillingness to follow Program rules	Unwillingness to do personal care services	Inability to converse in English	Failing to provide the Public Authority with a valid Tuberculosis Skin Test; Not passing the TB test result standards	Not returning Registry phone calls and/or notices within a reasonable amount of time; Unable to reach the Provider multiple times	Repeated complaints from Recipients (prior IHSS work)
Mendocino								
Merced								
Monterey								
Napa								
Nevada (JPA)								
Plumas (JPA)								
Sierra (JPA)								
Orange								
Placer								
Riverside								
Sacramento			X				X	X
San. Benito								

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REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING DENIED ENROLLMENT ON THE REGISTRY

Note: Counties were asked to list the reasons that would result in a registry Provider being denied enrollment on the registry but they were not asked to provide an exhaustive list of reasons. Just because there isn't an X next to a particular county does not necessarily mean that they would not deny a Provider enrollment for that particular reason, it just means that they did not specifically list that reason in their response.

	Unauthorized disclosure of confidential information	Negative-Registry Provider history	Stated unwillingness to follow Program rules	Unwillingness to do personal care services	Inability to converse in English	Failing to provide the Public Authority with a valid Tuberculosis Skin Test; Not passing the TB test result standards	Not returning Registry phone calls and/or notices within a reasonable amount of time; Unable to reach the Provider multiple times	Repeated complaints from Recipients (prior IHSS work)
San Bernardino		X	X				X	
San Diego								
San Francisco								
San Joaquin								
San Luis Obispo			X					
San Mateo								
Santa Barbara								
Santa Clara				X	X			
Santa Cruz								
Shasta								
Siskiyou								
Solano								

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REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING DENIED ENROLLMENT ON THE REGISTRY

Note: Counties were asked to list the reasons that would result in a registry Provider being denied enrollment on the registry but they were not asked to provide an exhaustive list of reasons. Just because there isn't an X next to a particular county does not necessarily mean that they would not deny a Provider enrollment for that particular reason, it just means that they did not specifically list that reason in their response.

	Unauthorized disclosure of confidential information	Negative-Registry Provider history	Stated unwillingness to follow Program rules	Unwillingness to do personal care services	Inability to converse in English	Failing to provide the Public Authority with a valid Tuberculosis Skin Test; Not passing the TB test result standards	Not returning Registry phone calls and/or notices within a reasonable amount of time; Unable to reach the Provider multiple times	Repeated complaints from Recipients (prior IHSS work)
Sonoma								
Stanislaus								
Sutter								
Tehama								
Tulare								
Ventura								
Yolo						X	X	
Yuba								

APPENDIX 6

REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING DENIED ENROLLMENT ON THE REGISTRY

Note: Counties were asked to list the reasons that would result in a registry Provider being denied enrollment on the registry but they were not asked to provide an exhaustive list of reasons. Just because there isn't an X next to a particular county does not necessarily mean that they would not deny a Provider enrollment for that particular reason, it just means that they did not specifically list that reason in their response.

	Failure to pass OIG or GSA check	Self-disclosure of a criminal history or Failing to report misdemeanor or felony convictions on application		Failure to pass OIG or GSA check	Self-disclosure of a criminal history or Failing to report misdemeanor or felony convictions on application
Alameda		X	Mono (NPC)		
Amador			Kern		
Butte			Kings		
Calaveras		X	Lake		
Colusa			Lassen		
Contra Costa			Los Angeles		
Del Norte			Madera		
El Dorado			Mariposa		
Fresno			Marin		
Glenn			Mendocino		
Humboldt			Merced		
Imperial			Monterey		
Inyo (NPC)			Napa	X	X
Modoc (NPC)			Nevada (JPA)		

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REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING DENIED ENROLLMENT ON THE REGISTRY

Note: Counties were asked to list the reasons that would result in a registry Provider being denied enrollment on the registry but they were not asked to provide an exhaustive list of reasons. Just because there isn't an X next to a particular county does not necessarily mean that they would not deny a Provider enrollment for that particular reason, it just means that they did not specifically list that reason in their response.

	Failure to pass OIG or GSA check	Self-disclosure of a criminal history or Failing to report misdemeanor or felony convictions on application		Failure to pass OIG or GSA check	Self-disclosure of a criminal history or Failing to report misdemeanor or felony convictions on application
Plumas (JPA)			S. Clara		
Sierra (JPA)			S. Cruz		
Orange		X	Shasta		
Placer			Siskiyou		
Riverside			Solano		
Sacramento		X	Sonoma		
San Benito			Stanislaus		
San Bernardino		X	Sutter		
San Diego			Tehama		X
San Francisco		X	Trinity		
San Joaquin			Tulare		
San Luis Obispo			Ventura		
San Mateo			Yolo		X
Santa Barbara			Yuba		

APPENDIX 7

REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING REMOVED FROM THE REGISTRY

Alameda

A Provider may be removed for Minor or Major offenses. Minor offenses include but are not limited to: Not appearing at scheduled interviews without advance notice; Arriving late for work without reasonable cause and advance notice; Repeated and/or excessive discourtesy, rudeness toward Recipient, Recipient family, his/her authorized representative, and/ or Registry Staff; Refusal to do the authorized tasks agreed upon at time of hire; not performing requested and/or authorized tasks during working hours; inadequate job performance (including but not limited to poor quality, refusal to complete agreed upon tasks, etc.) Not returning Recipient or Registry phone calls; Failure to update Registry files as required/requested; Performing and/or claiming pay for non-IHSS authorized tasks with the expectation that s/he be paid with IHSS funds; Performing services for anyone other than the authorized Consumer, such as other family members; Taking care of pets, such as shampooing, making special food, exercising, taking for walks except for service animals authorized by IHSS; Cleaning whole house when Recipient lives with own family; Doing yard work, such as cutting the lawn, trimming the roses, weeding the flower beds; Washing the car; Unauthorized heavy cleaning, moving furniture, climbing ladders; Driving to other than medical appointments, essential shopping or errands.

Major offenses include but are not limited to: *Theft (PA Staff must report to APS &/or Law enforcement per *W&IC §15630*); *Abuse, assault, and/or harassment including but not limited to physical, sexual, emotional, or financial abuse or exploitation. (PA Staff must report to APS &/or Law enforcement per *W&IC §15630*);*Neglect, including but not limited to absence from or leaving the job without notice to Recipient. (PA Staff must report to APS &/or Law enforcement per *W&IC §15630*);*Knowingly putting the Recipient in jeopardy (PA Staff must report to APS &/or Law enforcement per *W&IC §15630*);*Possession and/or use of a firearm or other dangerous weapon while on duty (PA Staff must report to APS &/or Law enforcement per *W&IC §15630*);*Fraud, forgery, dishonesty or misrepresentation related to being the Provider of the Recipient, e.g., signing time card and keeping money; insisting Recipient sign off on time sheets when the Provider works less hours than approved/agreed upon, “splitting the check”, being paid for time off, providing services to non IHSS Recipients living in the house, providing false employment history, application materials, etc. (PA Staff must report to APS &/or Law enforcement per *W&IC §15630*);Dishonesty or misrepresentation of related job duties; Unauthorized disclosure of confidential Recipient information; Being intoxicated or being under the influence or possession of any illegal substance while working; Asking Recipient to supplement the allowable IHSS wages for providing IHSS authorized work; Inappropriate social, physical, and/or sexual contact with Recipient’s family and or house-mates, etc; Remarks, behavior, or actions toward a Recipient that generally could be considered threatening, intimidating, racist, offensive, and/or unwanted; Conviction for a crime which indicates unfitness for the job as well as being convicted of any felony crime; *Providers will be terminated from the PA Registry if convicted of welfare fraud or the abuse of elders, dependent adults or children per W&I § 12305.81. Providers terminated from the Registry for violation of W&I §12305.81 may request, through the appeal process, reinstatement to the Registry no earlier than 10 years from the date of conviction.*

APPENDIX 7

REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING REMOVED FROM THE REGISTRY

Amador	<p>Major offenses Fraud. Neglect of duty: Includes but is not limited to: Taking the Provider’s money, goods or property. Failure to Provide Adequate Care to a Recipient; Absence from duty without authorized leave: Fraud in securing employment; Dishonesty. Breach of confidentiality of any Recipient’s affairs, condition, or records. Use of, or being under the influence of, alcohol or any controlled substance as defined by California Health and Safety Code 11007 or its successors while on duty. Refusal or knowing failure to perform work in accordance with PA, county, state, or federal requirements; Inability or incapacity to perform assigned job duties. Inappropriate Sexual Contact of any kind. Including, but not limited to: Sexual harassment, indecent exposure, touching in a sexual manner, obscene language, the display of pornographic materials and any actions that can be reasonably construed as sexual in nature. Harassment. Obscene language, yelling, insults, verbal abuse, threats; Conviction of any felony or misdemeanor; Accepting a plea of nolo contendere or diversion to any felony or misdemeanor. Insubordination or willful disobedience; Discourteous treatment of a Recipient, another care Provider, member of the Registry staff, or a member of the public. Intentionally claiming inaccurate hours on timecards, splitting check with Recipient, repeatedly asking Provider to perform tasks not on NOA, including but not limited to: Performing services for other than authorized Recipient, i.e. Other family members. Pet care, i.e. Shampooing, special food prep, exercising, walking – unless service animal authorized by IHSS. Heavy house cleaning when Recipient lives with own family. Yard work, cutting lawn, trimming roses, weeding flower beds. Washing the car. Unauthorized cleaning, moving furniture, climbing ladders, etc. Driving to other than medical appointments, essential shopping or errands. Misuse, malicious damage, or theft of PA or Recipient property. Minor Offenses: Evident Unfitness or Unsuitability for Service; Incompetence; Inefficiency; Improper political activity.</p>
Butte	<p>After one valid complaint of a major offense, such as Theft; Sexual/physical abuse; Neglect; Dishonesty or misrepresentation related to job duties; Unauthorized disclosure of confidential information; Being intoxicated or being under the influence or possession of any illegal substance while on duty; Asking the Consumer to supplement the allowable IHSS wage for authorized IHSS services; Absence from or leaving the job without notice; Knowingly putting the Consumer in jeopardy; Possession of a firearm or other dangerous weapon while on duty; Conviction of a crime which indicates unfitness for the job; After two valid complaints of minor offenses that have been reported by one or more sources within a 90-day period, such as: Failure to appear at scheduled interviews without notice; Being late for work without reasonable cause; Discourtesy, rudeness or inappropriate behavior toward Consumer or Consumer’s representatives or PA staff; Inadequate job performance; Not performing requested and authorized tasks during work hours. Refusal to do the authorized tasks agreed to upon hire; Not returning Registry or IHSS-related Consumer phone calls within a reasonable amount of time; Failure to update Registry files; Quitting Registry assignment (without a good reason) without a two-week notice.</p>

APPENDIX 7 REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING REMOVED FROM THE REGISTRY	
Calaveras	One major offense: fraud; abuse; dishonesty; breach of confidentiality; substance abuse; no-show to work, late to work quitting w/o notice; excessive absences; inadequate performance; knowingly putting Consumer in jeopardy ; inappropriate behavior; possession of firearm/dangerous weapon on duty; conviction of a crime. Two valid complaints of minor offenses w/in a 90-day period
Colusa	Theft; sexual and or verbal abuse; intoxicated or possess of any illegal substance while on duty; putting the Recipient in danger; conviction of a crime that indicates unfitness for the job
Contra Costa	The PA will remove a care Provider from the Registry after one complaint of a major offense that has been determined to be valid by PA staff: theft; Sexual/physical abuse; Dishonesty or misrepresentation related to job duties; Unauthorized disclosure of confidential information; Being intoxicated, being under the influence, or in possession of any illegal substance while on duty; Asking the Consumer to supplement the allowable IHSS wage ; Absence from or leaving the job the job without notice; Neglect; knowingly putting the Consumer in jeopardy; Possession of a firearm or other dangerous weapon while on duty; Conviction for a crime which indicates unfitness for the job. The IHSS PA will remove a care Provider from the Registry after two valid complaints of minor offenses that have been reported by one or more sources within a two-year period : Not appearing at scheduled interviews without notice; being late for work without reasonable notice or cause; discourtesy, rudeness or inappropriate behavior toward Consumer or Consumer's relatives or PA staff; not performing requested and authorized tasks during work hours; refusal to do the authorized tasks agreed upon at time of hire; Inadequate job performance; not returning Consumer phone calls ; not returning Registry phone calls ; failure to update Registry files; quitting Registry assignment (without good reason) without a two-week notice; Quitting Registry assignment (without a good reason) without at least a two-week notice.
Del Norte	Certain convictions acquired during Provider being on Registry, Consumer complaints, not reliable.
El Dorado	The PA will remove a care Provider from the Registry after one complaint of a major offense that has been determined to be valid by PA staff: Stealing from the client, client's family, or friends (will be reported to APS- Adult Protective Services); Any mistreatment or abuse (sexual, physical, verbal, etc.) Of the client (will be reported to APS- Adult Protective Services); Negligence of client ; Falsely claiming hours on timesheet ; Sharing confidential information about the client with an unauthorized person ; Being intoxicated, being under the influence, or in possession of any illegal substance while on duty; Quitting, or not reporting to work, without prior notice to the client knowing that this action will endanger the health and safety of the client (will be reported to APS- Adult Protective Services); Knowingly putting the client in jeopardy; Possession of a firearm or other dangerous weapon while at work; Conviction for a crime which indicates unfitness for the job. The IHSS PA will remove a care Provider from the Registry after two valid complaints of minor offenses that have been reported by one or more sources within a 12 month period.

APPENDIX 7**REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING REMOVED FROM THE REGISTRY**

Fresno	A validated series of complaints: a felony conviction.
Glenn	The PA will suspend a Provider from the Registry after one valid complaint of a major offense or two valid complaints of minor offenses in a one year period. Fraud; Theft; Sexual/physical abuse; Neglect; Dishonesty or misrepresentation of job duties; Not performing requested authorized tasks during work hours; Unauthorized disclosure of confidential information; Under the influence of alcohol or illegal substance while on duty; Asking the Recipient to supplement the allowable IHSS wage; Being late for work without reasonable notice or cause; Quitting Registry assignment (without good cause) without a two week notice; Leaving the job without notice, excessive absence or tardiness; Knowingly putting the Recipient in jeopardy; Refusal to do the authorized task agreed to upon hire by Recipient; Inadequate job performance; Possession of a firearm or dangerous weapons while on duty; Conviction of a crime which indicates unfitness for the job; Failure to disclose previous criminal conviction on their application; Not returning Recipient phone calls within a reasonable amount of time. Not returning Registry phone calls within a reasonable amount of time. Failure to update Registry files monthly; Discourtesy toward Recipient or Recipient's representatives or PA staff.
Humboldt	Verification of abuse/neglect toward client(s). Providing false information to staff. Discovery of any felony or misdemeanor that would have a bearing on the Provider's suitability as an In-Home worker. Failure to respond to staff's attempts to contact Provider. Series of complaints from Recipients or agents of Recipients. Not showing up for work or a scheduled interview without prior notification; Not returning IHSS Recipient's phone calls or messages when called from a referral list Arriving late to work without a valid excuse Discourtesy, rudeness or inappropriate behavior toward client or client's representatives (e.g., guardians or conservators), or In-Home Support Network staff; Failure to perform IHSS authorized tasks that have been agreed upon with the client Poor quality of work, including excessive absences; Asking client for a cash advance on their IHSS paycheck; Quitting a Registry client assignment without giving client two weeks' notice (without a good reason).
Imperial	Proven abuse; Failure to notify Consumer they will not be going to work (more than once); Felony conviction.
Inyo / Modoc / Mono (NPC)	Using drugs or alcohol on the job; continuing complaints from the Consumers; failure of Provider to comply with improvement standards.
Kern	Major offenses have more immediate consequences and would include theft; abuse; neglect; unauthorized disclosure of confidential information; intoxication or possession of illegal drugs; asking for money or loans; absence without notice, putting the client in jeopardy; conviction of a crime against the client; Certain number of complaints within a year involving tardiness, discourtesy, refusal to do authorized tasks, quitting without proper notice.

APPENDIX 7**REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING REMOVED FROM THE REGISTRY**

Kings	Not appearing at scheduled interviews without notice; Being late for work without reasonable cause; Not performing requested authorized tasks during work hours; Being late for work without reasonable cause; Quitting Registry assignment (without a good reason) without a two week notice; Inadequate job performance; Not returning IHSS related Consumer phone calls within a reasonable amount of time; Not returning Registry phone calls within a reasonable amount of time; Failure to update Registry files.
Lake	Two minor offenses within a 90-day period, or a major offense (theft, abuse, dishonesty, conviction of specified crimes, etc...) at any time, will constitute grounds for removal if the complaint is determined to be valid by the PA.
Lassen	Fraud; Theft; Conviction for Child or Elder/Dependent Adult Abuse; Demonstration of a pattern of substantiated or suspected child or elder/dependent adult abuse. Dishonesty; Unauthorized disclosure of confidential information; Under the influence of drugs or alcohol while on duty; Leaving a job without reasonable notice; excessive absences or tardiness; Knowingly placing a Consumer in jeopardy; Neglect; Possession of a firearm or dangerous weapon while on duty; Conviction for a violent felony or criminal violation that the PA determines represents a threat to the health or safety of the Consumer or is otherwise job related; Three complaints regarding the Provider's performance and/or behavior.
Los Angeles	Reference checks, employment history, conduct on the job, and/or his/her dealings with the Registry indicate that the person may not be suitable for hire in this particular line of work. Be a habitual substance abuser.
Madera	One major offense (i.e. - abuse of Consumer; unauthorized disclosure of confidential info etc.) Two minor offenses in a 90 day period (i.e. - being late to work w/o cause; discourteous or rude behavior, etc.).

APPENDIX 7**REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING REMOVED FROM THE REGISTRY**

Marin	<p>The Marin PA will remove a Provider from the Registry for one major offense which has been reported by one source and determined to be valid by Marin PA staff. Major offenses include: Theft; Sexual/physical abuse; Dishonesty or misrepresentation related to job duties; Unauthorized disclosure of confidential information; Being intoxicated or being under the influence or possession of any illegal substance while on duty; Asking the Consumer to supplement the allowable IHSS wage for authorized IHSS services or to falsify time sheets in order to raise the allowable IHSS wage; Absence from or leaving the job without notice; Neglect; Possession of a firearm or other dangerous weapon while on duty; Conviction of a crime which indicates unfitness for the job; The Marin PA will remove a Provider from the Registry for three (3) minor offenses which have been reported by one or more sources within a six-month period and determined to be valid by Marin PA staff. Minor offenses include: Not appearing at scheduled interviews without prior notice; Being late for work without reasonable cause; Discourtesy, rudeness or inappropriate behavior toward Consumer or Consumer's representatives (e.g. Guardians or conservators) or PA staff; Refusal to do the authorized tasks agreed at time of hire; Not performing requested and authorized tasks during work hours; inadequate job performance; Failure to give a two-week notice. Failure to update Registry files; Not returning IHSS-related Consumer phone calls within a reasonable amount of time; Not returning Registry phone calls within a reasonable amount of time.</p>
Mariposa	Fraud; Theft; fiduciary abuse of Consumer or child; Physical abuse of Consumer or child.
Mendocino	<p>If a Provider has one sustained major offense, they may be removed from the Registry. Major offenses include, but are not limited to: fraud (including time sheet fraud); theft; robbery; forgery; embezzlement, extortion; financial exploitation; elder or dependent adult abuse including physical or sexual abuse, rape, assault, neglect, abandonment, abduction, isolation, or mental abuse; child abuse or sexual offenses against children; being intoxicated or being under the influence or possession of any illegal substance while on duty; Asking the Recipient to supplement the allowable IHSS wage for authorized IHSS services; failure to report to work or leaving the job without notice, especially if the absence puts a vulnerable Recipient at risk; knowingly putting the Recipient in jeopardy; conviction of a crime that indicates unfitness for the job; homicide; suspension from the federal Medicare Program; If a Provider has three sustained minor offenses in one 12-month period, they may be removed from the Registry. Minor offenses include, but are not limited to: failure to appear at scheduled interviews without notice; being consistently late for work without reasonable cause; discourteousness, rudeness or inappropriate behavior toward a Recipient or Recipient's representative, guardian, or family member; refusal to do the authorized tasks; not performing requested and authorized tasks during work hours; breaching confidential information regarding the Recipient; refusal to follow IHSS Program responsibilities; failure to fulfill responsibilities as a mandated reporter; quitting a Registry job assignment, which endangers client safety, without notice; not returning IHSS-related client phone calls within two calendar days; refusal to accept six consecutive referrals without reasonable cause.</p>

APPENDIX 7**REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING REMOVED FROM THE REGISTRY**

Merced	One complaint of a major offense that has been determined to be valid by PA staff. Fraud. Theft; Abuse: sexual, physical, fiduciary, mental, verbal and neglect; Dishonesty or misrepresentation related to job duties; Unauthorized disclosure of confidential information; Being intoxicated or being under the influence or possession of any illegal substance while on duty; Asking the Consumer to supplement the allowable IHSS wage for authorized IHSS services; Absence from or leaving the job without notice; Knowingly putting the Consumer in jeopardy; Possession of a firearm or other dangerous weapon while on duty; Conviction of a crime which indicates unfitness for the job; two complaints of minor offenses that have been reported by one or more sources within a 90-day period and have been determined to be valid by PA staff. Such as Failure to appear at scheduled interviews without notice; Being late for work without reasonable and acceptable cause; Discourtesy, rudeness or inappropriate behavior toward Consumer or Consumer's representatives (e.g., guardians or conservators) or PA staff; Refusal to do the authorized tasks agreed to upon hire; Not performing requested and authorized tasks during work hours; Inadequate and deficient job performance; Not returning IHSS-related Consumer phone calls within a reasonable amount of time; Not returning Registry phone calls; Failure to update Registry files; Quitting Registry assignment (without a good reason) without a two-week notice.
Monterey	Violation of Registry Policy -such as using the Consumer's resources for personal use or gain; receiving two warnings/complaints for failure to show; any conduct that places the Consumer at risk. Not returning phone calls; failure to maintain contact with the PA; failure to update records -such as driver's license, DMV printout; bringing kids to the Consumers home.
Napa	Abuse; Neglect; Dishonesty related to job duties; falsification of timesheets falsification of timesheets; unauthorized disclosure of confidential information; intoxication while on duty; asking a Consumer to supplement IHSS wage; knowingly putting a Consumer in jeopardy; possession of a weapon while on duty; Criminal record "wrap back" received with new criminal information that is incompatible with PA policy will result in immediate removal. The following offenses could result in removal if they occur more than once within a 90 day period: not appearing at scheduled interviews without notice, being late for work without cause, discourtesy, rudeness or inappropriate behavior toward a Consumer, Consumer's relatives/representative or to PA staff, refusal to do authorized tasks, not performing authorized tasks during work hours, inadequate job performance, not returning Consumer or PA staff phone calls, failure to update Registry files and quitting without providing adequate notice.
Nevada / Plumas / Sierra (JPA)	One instance of a major offense including: fraud; theft; breach of confidentiality; not showing up for work; possession of a weapon; two minor offenses within a 90 Day period, including: failure to perform agreed-upon IHSS tasks; taking family or friends to the job; not returning phone calls to Consumers, or Registry staff within two days.
Orange	

APPENDIX 7

REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING REMOVED FROM THE REGISTRY

Placer	After one valid complaint of a major offense, such as: Abuse: sexual, physical, fiduciary, mental and neglect; Falsifying information on the Registry application; dishonesty or misrepresentation related to job duties ; Unauthorized disclosure of confidential information; Being intoxicated or under the influence or possession of any illegal substance while on duty; Asking the Consumer to supplement the allowable IHSS wage for authorized IHSS services; Absence from or leaving the job without notice; Knowingly putting the Consumer in jeopardy; Possession of a firearm or other dangerous weapon while on duty; Conviction of felony/felonies; Discrimination of any kind; After two valid complaints of minor offenses (one minor offense if on probation) within a 90-day period, or after three valid complaints of minor offenses within a one-year period; such as: failure to appear at scheduled interviews without notice; Being late for work without reasonable cause; Discourtesy, rudeness or inappropriate behavior toward Consumer or Consumer’s representatives (e.g., guardians or conservators) or PA staff, or verbal abuse of any kind; Refusal to do the authorized tasks agreed to upon hire; Not performing requested and authorized tasks during work hours; Inadequate job performance; Not returning IHSS-related Consumer phone calls within a reasonable amount of time; Quitting Registry assignment (without a good reason) without a two-week notice; Not returning Registry phone calls within a reasonable amount of time; Failure to update Registry files Quitting Registry assignment (without a good reason) without a two-week notice
Riverside	Fraud. Theft occurring at the Consumer's or Consumer's family's home (an Adult Protective Services (APS) report will be made). Sexual/physical abuse of a Consumer (an APS report will be made). Neglect of a Consumer (an APS report will be made). Dishonesty or misrepresentation related to job duties. Unauthorized disclosure of confidential information related to IHSS Consumer. Appearing intoxicated, being under the influence or in possession of any illegal substance while on duty. Asking the Consumer to supplement the allowable IHSS wage. Absence from or leaving the job without notice if it would result in putting the Consumer in jeopardy of their health and safety (an APS report will be made). Excessive absence or tardiness; Possession and/or use of firearms or other dangerous weapons while on duty. Not passing the annual background check; Conviction for a crime, which indicates lack of fitness for the job as well as being convicted of any felony crime. Not returning the Registry update forms; After two valid complaints of minor offenses have been reported by one or more sources within a twelve month period and have been determined to be valid by PA staff. Minor offenses may include, but are not limited to: Not appearing at scheduled interviews without notice; Arriving late for work without reasonable cause; Discourtesy, rudeness or inappropriate behavior toward the Consumer, their family or Registry staff; Refusal to do IHSS authorized tasks agreed upon at hiring by the Consumer; Inadequate job performance; Not returning Consumer phone calls within a reasonable amount of time; Not returning Registry phone calls within a reasonable amount of time; Failure to update Registry files; Quitting Registry assignment (without good cause) without a two week notice.

APPENDIX 7

REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING REMOVED FROM THE REGISTRY

<p>Sacramento</p>	<p>Problem Level One – Egregious, Illegal, Threatening or Violent Behavior, Conditions or Activities--Substantiated complaints at level one may result in immediate ineligibility of a Caregiver from registry participation. These represent a high level of future risk to Consumers, their family members/representatives and IHSS/PA staff, such as egregious, illegal or violent behavior, conditions or activities including, but not limited to the following against a Consumer or other person: Physical abuse, assault or battery of a Consumer, family member or staff; Attempted assault or battery of a Consumer, family member or staff; Displaying a firearm or other dangerous weapon in a threatening manner; Sexual assault or sexual abuse; Dealing drugs or other illegal activity in the home; Theft or forgery related to status as employee of Consumer; Alcohol abuse or illegal drug consumption in the home while IHSS services are being delivered; Extortion of Consumer; Threats of violence against Consumer, family members, IHSS/PA staff or others involved in the Consumer’s care; Racist or hate speech</p> <p>Problem Level Two – Hostile or Unsafe Working Conditions or Activities, two or more substantiated complaints at level two may result in a Caregiver being ineligible for registry participation. Hostile or unsafe working conditions or activities may include, but are not limited to: Sexual harassment; Threats toward others in the home or family; Knowingly putting a Consumer in jeopardy; Incidents of verbal abuse; Repeated discourtesy, rudeness, or inappropriate behavior toward Consumers, family members, IHSS/PA staff or other related individuals; Repeated pattern of quitting without valid work-related reasons; Hostile work environment</p> <p>Problem Level Three – Administrative Issues--Two or more complaints at level three may result in being ineligible for registry participation. Administrative transgressions may include, but are not limited to, tasks, authorization, and payroll issues such as: Arriving late to work without notice or cause; Failing to show up for work without notice or cause; Refusing to perform IHSS authorized services; Inappropriate revision of hours approved by the Consumer; Coercing Consumers to approve inappropriate timesheets; Insisting that the Consumer pay for tasks not authorized by the IHSS Social Worker; Insisting that the Consumer inappropriately pay a pay additional amounts to the Caregiver or any other person; Dishonesty or misrepresentation related to status as employee of a Consumer</p>
<p>San Benito</p>	<p>Too many Consumer complaints; criminal acts; mistreatment of PA staff.</p>
<p>San Bernardino</p>	<p>After one major offense. Fraud; Theft; Sexual/physical abuse; Neglect ; Unauthorized disclosure of confidential information; Working under the influence of alcohol or other drug; Subsequent arrest and conviction; After two valid reported minor offenses that include: not appearing at scheduled interviews with the Consumer, being late for work, inappropriate behavior, inadequate job performance, failure to update personal information, etc. In addition, a Provider will be removed from the Registry.</p>

APPENDIX 7**REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING REMOVED FROM THE REGISTRY**

San Diego	Although Consumers are not permanently removed from the Registry, some of the reasons that they can be denied Registry services for a given time period (One year, two years, three years, etc.) Includes but is not limited to the following: Theft, forgery, dishonesty or misrepresentation related to being the employer of Provider, for example, insisting the Provider work less hours than they are authorized then claiming the total hours in order to “split the check.” Inappropriate contact with the Provider. Sexual harassment or sexual abuse. Physically abusing or assaulting Provider or knowingly putting the Provider in jeopardy of physical danger. Displaying a firearm or other dangerous weapon in a threatening manner. Possession, usage and/or offering of illegal substances. Repeated and/or excessive discourtesy, rudeness or inappropriate behavior toward the individual Provider (IP) or Registry staff. Making inappropriate remarks or actions towards a Provider that may be considered racist or sexual in nature. Failure to abide by IHSS Hiring Process (for example, not requesting IP Paperwork that allows or enables the Provider to get paid).
San Francisco	Substantiated theft occurring at the Consumer's home. Committing any offense such as sexual, physical, mental and financial abuse. Acts of neglect. Unauthorized disclosure of confidential information related to IHSS Consumer. Evidence of intoxication, being under the influence or in possession of any illegal substance while on duty. Absence from or leaving the job without notice if knowingly placing the Consumer in jeopardy of their health and safety. Possession and/or use of a firearm or other dangerous weapon while on duty. Self-reported and/or DOJ conviction of a crime which indicates unfitness for the job as well as being convicted of any crime as stated in WIC Section 15660(a) 2.
San Joaquin	One complaint of a major offense that has been determined to be valid by PA staff Major Offenses include, but are not limited to: Fraud; Theft ; Sexual/physical abuse; Neglect ; Dishonesty or misrepresentation of job duties; Unauthorized disclosure of confidential information; Under the influence of alcohol or illegal substance while on duty; Asking the Recipient to supplement the allowable IHSS wage; Leaving the job without notice; excessive absence or tardiness; Any reason we believe the Recipient may be at risk; A second complaint for a minor offense within one year that has been determined valid. Minor offenses include: not returning calls in a timely manner, being continually late to work without cause, not conducting themselves in a professional manner (being rude to clients or PA staff).
San Luis Obispo	Serious violation of Program rules; Abuse or mistreatment of client; Time card fraud; Poor boundaries resulting in inappropriate interactions with client.

APPENDIX 7**REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING REMOVED FROM THE REGISTRY**

San Mateo	Two valid reports of not appearing at scheduled interviews without notice; One valid report of theft; One valid report of sexual/physical abuse; One valid report of neglect; One valid report of dishonesty or misrepresentation; One valid report of unauthorized disclosure of confidential information; One valid report of being intoxicated or under the influence or possession of illegal substances while on duty ; Two valid reports of asking the Consumer to supplement IHSS wage; One valid report of absence from or leaving a job without notice; Two valid reports of being late for work without reasonable cause; One valid report of knowingly putting the Consumer in jeopardy; One valid report of possession of a firearm or other dangerous weapon while on duty; One valid report of conviction of or arrest pending trial for a crime which indicated unfitness for the job; Two valid reports of not updating their Registry files; Two valid reports of refusal to do authorized tasks agreed to upon hire; Two valid reports of rude and inappropriate behavior; Two valid reports of discourtesy toward Consumer or relatives; Two valid reports of Inadequate job performance; Two valid reports of not performing requested and authorized tasks during work hours; Two valid reports of not returning Consumer or PA phone calls; Two valid reports of quitting without at least a two week notice.
Santa Barbara	Repeated failure to abide by rules of the Registry including not being dependable; missing interview appointments or work); falsification of time sheet. Not maintaining a professional relationship with the Consumer, including confidentiality; not giving sufficient notice of absence from work for planned vacations or other absences; not notifying Consumer if unable to work; not calling in monthly to update availability; not having a reliable phone with answering machine; any unprofessional or abusive conduct toward the Consumer or Registry staff; not returning PA or Consumer phone calls within 24 hours.
Santa Clara	Fraud; Stealing; Any form of abuse; Unreliability; DOJ report which indicates history listed in policies as precluding from being on Registry; Rude and inappropriate behavior toward IHSS Consumer or Registry staff; Poor work performance.
Santa Cruz	Committing a major offense such as: being intoxicated (under the influence) while on duty. Knowingly putting a Consumer in danger. Committing repeated minor offenses such as habitual tardiness.

APPENDIX 7

REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING REMOVED FROM THE REGISTRY

<p>Shasta</p>	<p>Complaints of a heinous nature shall result in immediate suspension and if verified by staff’s investigation, shall result in termination. Heinous nature” includes but is not limited to: theft; sexual harassment; assault, battery; Any other conduct, whether criminal or not, that endangers the health or safety of the Recipient; Conviction for abuse of elders, dependent adults or children per W & I Code, Section 12305.81; convicted of welfare fraud ; Kidnapping; Providers can be suspended, restricted or terminated if complaint from the same category is received from three different sources, or if PA staff receive a total of five complaints from five different sources, within one year.</p> <p>Category 1 – No Show or Tardiness by Provider Includes, but is not limited to: being late or missing scheduled work without calling (call must be made before scheduled start of shift), or leaving before a shift is complete.</p> <p>Category 2 - Provider Behavior. Includes, but is not limited to: Unprofessional behavior; demanding loans; bringing children, friends or relatives to work; excessive use of the phone; borrowing Recipient’s items; personal use of Recipient’s things; displaying erratic behavior (for example acting drunk, intoxicated or psychotic); imposing personal or religious beliefs on a Recipient and failure to give notice upon quitting without cause.</p> <p>Category 3 – Harassment by Provider. Includes, but is not limited to: Yelling, insults, verbal abuse, threats, withholding Recipient’s possessions, teasing, ignoring Recipient and any other behavior that demeans the Recipient.</p> <p>Category 4 – Inappropriate Sexual Behavior by Provider. Includes, but is not limited to: Indecent exposure, sexual touching, obscene or sexually suggestive language, display of pornographic materials and any other action that can reasonably be construed as sexual in nature.</p> <p>Category 5 – Theft or Fraud by Provider. Includes, but is not limited to: Taking or borrowing money, goods or property, claiming excessive hours on timecards, and any other action that results in loss of property of any kind of the Recipient.</p> <p>Category 6 – Non-performance by Provider. Includes, but is not limited to: Not completing agreed upon tasks and any action that results in a task not being performed as instructed and pursuant to IHSS regulations.</p> <p>Category 7 – Non-responsive Provider. Includes, but is not limited to: failure of Provider to return calls relating to the PA Registry, missed training, excessive re-scheduling of appointments or training, and failure to respond to verbal or written communication relating to the PA Registry. A Provider can be suspended from the Registry for six weeks for failing to attend PA training.</p>
<p>Siskiyou</p>	<p>Valid complaint of: theft; abuse (sexual, physical, psychological); falsifying information, dishonesty or misrepresentation of related job duties; being intoxicated or being under the influence or possession of any illegal substance while on duty; Asking Consumer to supplement allowable IHSS wages; knowingly putting the Consumer in jeopardy; borrowing money from a Consumer, purchasing or selling items or property/to Consumer. Possession of a firearm or other dangerous weapon while on duty. Conviction of a crime that indicates unfitness for the job.</p>

APPENDIX 7**REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING REMOVED FROM THE REGISTRY**

Solano	Violation of two minor or one major complaint categories from a list which is not all inclusive. Conviction of a crime; Failure to check in on a monthly basis for three consecutive months.
Sonoma	Not giving notice when you do not show up at scheduled interview; Late for work without reasonable cause; Discourtesy, rudeness, or inappropriate behavior toward Consumer or Consumer's relatives or IHSS PA staff; Refusing to do the authorized tasks agreed to when hired; Not performing requested and authorized tasks during working hours; Not returning Consumer phone calls; Not returning Registry phone calls; Failure to update Registry files; Not following up with Registry or Consumer with referrals; Quitting the Registry assignment without a good reason or without at least a two-week notice to the Consumer/Registry; Taking family members (including children) or friends to work; Theft; Sexual / physical abuse; Neglect, dishonesty, or misrepresentation related to job duties; unauthorized disclosure of confidential information; Intoxication or under the influence/ possession of any illegal substance while on duty; Asking the Consumer to supplement the allowable IHSS wage; Absence from or leaving the job without notice; possession of a firearm or other dangerous weapon while on duty; - conviction for a crime which indicated unfitness for the job; knowingly of putting the Consumer in jeopardy.
Stanislaus	One major complaint will result in a Provider being suspended and possibly removed pending the results of the investigation. Theft; abuse; Complaint of an action that puts the health or well being of the Consumer at risk; Three minor complaints within two years results in a Provider being removed for six months. Minor complaints include being late for work, having a poor attitude (i.e. Arguing with Recipient), no call/no show, etc.
Sutter	Convicted of any of the following violations at any time, including pleas of no contest; Penal Code 243-4; Penal Code 273a; Penal Code 273d; offenses against property, including but not limited, theft, robbery, burglary, embezzlement or extortion; offenses where inclusion or continued participation on the Registry who present harm or danger to an IHSS Consumer or otherwise undermine the functioning of the Registry. Failed to disclose any previous criminal conviction on their application.
Tehama	Validated complaints from the Consumer; theft; abuse; harassment; repeated 'no shows"; sexual misconduct; welfare fraud.
Tulare	Theft; abuse; neglect; dishonesty; fraud; unauthorized disclosure of confidential information; Being intoxicated or under the influence of, or possession of illegal substance while on duty; absence or quitting without notice or good cause; knowingly putting the Consumer in jeopardy; possession of a firearm or weapon while on duty; conviction of a crime which indicates the Provider is unfit for the job.

APPENDIX 7**REASONS THAT WOULD RESULT IN A REGISTRY PROVIDER BEING REMOVED FROM THE REGISTRY**

Ventura	Provider engages in certain conduct that comes within the Registry Removal criteria ; theft; abusive, aggressive, intimidating, hostile, or offensive behavior towards the Recipient Any form of elder abuse; falsification of time card; drug or alcohol abuse that interferes with work; documented instances of being unreliable; Convicted of certain criminal offenses while on the Registry. Personal problems that interfere with work.
Yolo	Major Offenses - (One valid complaint) ; Theft; sexual, physical, financial or emotional abuse; neglect; dishonesty related to job duties; unauthorized disclosure of confidential information; intoxication or under the influence or possession of any illegal substance while on duty; asking Recipient to supplement allowable IHSS wages; asking for vacation pay or benefits; absence from or leaving the job without notice; failure to show; knowingly placing the Recipient in jeopardy or risk; possession of a firearm or other dangerous weapon while on duty; conviction of a crime which indicates unfitness for the job; Minor Offenses (two+ valid complaints within a 90-day period; No-show for interview; late for work; rude or inappropriate behavior; refusal to perform authorized tasks; inadequate job performance; not returning Recipient calls reasonably; failure to update Registry files; quitting assignment without two-week notice.
Yuba	One major offense such as but not limited to: theft; abuse, sexual, physical, financial, mental ; neglect; dishonesty or misrepresentation related to IHSS employment; unauthorized disclosure of confidential information; being intoxicated or being under the influence or possession of any illegal substance while on duty; absence from or leaving the job without notice; knowingly putting the Consumer in jeopardy; possession of a firearm or other dangerous weapon while on duty; conviction of a crime which indicates unfitness for the job; Two minor offenses such as but not limited to: failure to appear at scheduled interviews without notice, being late for work without reasonable cause, verbal abuse or inappropriate behavior toward Consumer or Consumer's representatives or PA staff, refusal to do the authorized tasks agreed to upon hire, not performing requested and authorized tasks during work hours, inadequate job performance, not returning Registry phone calls within a reasonable amount of time, failure to update Registry files, quitting Registry assignment (without a good reason) without a two week notice.

APPENDIX 8

REASONS THAT WOULD RESULT IN AN IHSS CONSUMER BEING DENIED SERVICES FROM THE REGISTRY

Alameda	<p>Minor offenses include but are not limited to: Repeated discourtesy, rudeness or inappropriate behavior toward Provider(s) or Registry staff including but not limited to yelling, insults, verbal abuse, threats, teasing, ignoring Provider, and/or demeaning treatment of Provider; Repeated pattern of not following through with Registry processes, e.g., not calling Providers on list in a timely manner, not being available for scheduled interviews, canceling interviews without notifying scheduled Providers; not updating Registry files as requested; Repeated pattern of hiring and then discharging Registry Providers without valid, work-related justification; Major offenses include but are not limited to: Theft, forgery, dishonesty or misrepresentation related to being the employer of the Provider, e.g., taking Provider's goods or money, requesting that the Provider surrender any of his/her wages, "splitting the check", or any action that is deemed to be IHSS fraud, etc. Withholding Recipient signature on valid Provider timesheets; Refusal to pay required share of cost; Sexual harassment or abuse of Provider including but not limited to: indecent exposure, touching in a sexual fashion, obscene language, display of pornographic materials and any action that can be construed as sexual in nature; Displaying a firearm or other dangerous weapon in a threatening manner and/or knowingly placing the Provider in jeopardy; Not being available when Provider arrives for scheduled work; not informing Provider of change in plans; Remarks, behavior, or actions toward a Provider that would generally be considered threatening, intimidating, racist, offensive, inappropriate, and/or unwanted; Sexual harassment or sexual abuse of Provider; Inappropriate social, sexual and/or physical contact with Provider's family; Physically abusing or assaulting Provider; Insisting that Provider perform tasks not authorized by IHSS ; Insisting that the Provider "wait" for Recipient at appointments or shopping; Insisting that Provider stay late, i.e. To run an errand or take shopping.</p>
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APPENDIX 8**REASONS THAT WOULD RESULT IN AN IHSS CONSUMER BEING DENIED SERVICES FROM THE REGISTRY**

Amador	<p>Minor Offenses: Behavior. Demanding loans or donations, borrowing Provider's items, displaying erratic behavior, making personal demands on Provider, excessive calling of Provider at home, failure to inform Provider of any information necessary for the Provider to do his/her job, or non-consensual touching. Discourteous, rude or inappropriate behavior (including name calling, racist remarks, etc.) Toward PA staff, IHSS Social Worker or IHSS care Provider. Asking care Provider to perform unusual tasks, i.e. Cleaning fork tines with toothbrush, using toxic chemicals of any kind to clean, perform any duty that would be considered illegal, immoral or unsafe.</p> <p>Unavailability. Repeated pattern of not following through, including but not limited to: not available for scheduled interviews without notice to prospective care Provider; not being at home on scheduled day of service without contacting care Provider; not informing care Provider of schedule changes in advance or leaving home before Provider's scheduled shift is complete; Unsafe Environment. Includes, but is not limited to: Any action or condition that results in a repeated unsafe or unsanitary working condition. Major Offenses: Theft: Includes but is not limited to: Taking the Provider's money, goods or property. Dishonesty /Misrepresentation. Hiring relative as Provider, signing time card and keeping the money, insisting Provider work less hours than approved, then claiming total hours on time sheet and "splitting the check". Fraud. Intentionally claiming inaccurate hours on timecards, requesting Provider to surrender any of his/her wages or any action that results in IHSS fraud of any kind. Withholding signature on time card, refusing to pay required SOC. Inappropriate Sexual Contact of any kind. Including, but not limited to: Sexual harassment, indecent exposure, touching in a sexual manner, obscene language, the display of pornographic materials and any actions that can be reasonably construed as sexual in nature. Harassment. Obscene language, yelling, insults, verbal abuse, threats, teasing, ignoring Provider and any other behavior that demeans the Provider. Repeatedly asking Provider to perform tasks not on NOA. Including, but not limited to, performing services for other than authorized Recipient, i.e. Other family members. Pet care, i.e. Shampooing, special food prep, exercising, walking – unless service animal authorized by IHSS. Heavy house cleaning when Recipient lives with own family. Yard work, cutting lawn, trimming roses, weeding flower beds. Washing the car. Unauthorized cleaning, moving furniture, climbing ladders, etc. Driving to other than medical appointments, essential shopping or errands.</p>
Butte	A formal policy has not been developed to date. At present, any dangerous situation, sexual harassment, or violence would exclude a Consumer from Registry use at least temporarily.
Calaveras	Two valid complaints of minor offenses w/in a 90 day period or one major offense, dangerous/inappropriate behaviors, conviction of violent crime, sexual abuse/harassment, physical abuse, theft, dishonesty, refusing to pay SOC, repeated pattern of hiring/terminating Providers w/o cause, refusing to sign timesheets, insisting Provider perform unauthorized tasks, knowingly putting IP in jeopardy.
Colusa	Hostile and threatening behavior; sexual assaults towards the Provider.

APPENDIX 8**REASONS THAT WOULD RESULT IN AN IHSS CONSUMER BEING DENIED SERVICES FROM THE REGISTRY**

Contra Costa	After one valid complaint of a major offense, such as: theft, forgery, dishonesty or misrepresentation related to being the employer of the Provider, e.g., hiring relative as Provider, signing time card, and keeping money; insisting Provider work less hours than approved, then claiming total hours on time sheet and “splitting the check”; Inappropriate contact with Provider’s family ; Sexual harassment or sexual abuse of Provider; Knowingly putting the Provider in jeopardy; Displaying a firearm or other dangerous weapon in a threatening manner. The PA may refuse or suspend Registry services to a Consumer after two complaints of minor offenses are deemed valid within a two-year period. Minor offenses include behaviors such as: repeated discourtesy, rudeness or inappropriate behavior toward the Provider or Registry staff, repeated pattern of not following through with Registry process, e.g., not calling potential Providers in a timely manner, not being available for scheduled interviews, cancelling interviews without notifying scheduled Providers, repeated pattern of hiring and then discharging Registry Providers without valid, work-related justification, calling the Provider names—making racist remarks, refusing to sign legitimate timesheets, refusing to pay required share of cost, not being available at when Provider arrives for scheduled work; not informing Provider of change of plans; insisting that Provider perform tasks not authorized by the IHSS SW, significantly unsafe conditions in the home, etc.
Del Norte	Continued verbal or physical abuse of Provider(s).
El Dorado	
Fresno	Depletion of Providers willing to work for the Recipient; Unsafe conditions in the home; Abuse to the Provider.

APPENDIX 8**REASONS THAT WOULD RESULT IN AN IHSS CONSUMER BEING DENIED SERVICES FROM THE REGISTRY**

Glenn	<p>The PA will remove a Consumer from the Registry after one complaint of a major offense that has been determined to be valid by PA Staff. Major Offenses include, but are not limited to: Fraud; Theft; Forgery, dishonesty or misrepresentation related to being the employer of the Provider (e.g. Hiring relative as Provider, signing time card, and keeping the money; insisting Provider work fewer hours than approved then claiming total hours on the time sheet and “splitting the check”). Inappropriate contact with the Provider’s family; Sexual harassment or sexual abuse of the Provider; Physical abuse or assault of a Provider; Knowingly putting the Provider in jeopardy; Threatening display of a firearm or other dangerous weapon. Two valid complaints of minor violations. Minor offenses may include, but are not limited to: Discourtesy, rudeness, or inappropriate behavior or remarks toward Providers or Registry staff. Repeated failure to follow through with the Registry process (e.g. Not calling Providers on the list in a timely manner, or not being available for scheduled interviews, canceling interviews without notifying scheduled Provider applicants). Repeated hiring and discharging of Registry Providers without valid, work-related justification. Refusing to sign legitimate timesheets. Pattern of failure to inform Provider(s) of changes in plans. Repeatedly being unavailable when Provider arrives for scheduled work. Refusing to pay required share of cost. Insisting that the Provider perform tasks not authorized by the IHSS Social Worker, including but not limited to: Services for anyone other than the authorized Consumer, such as other family members; Care of pets, such as shampooing, making special food, exercising or taking for walks; Cleaning the whole house when the Consumer lives with own family; Yard work, such as cutting the lawn, trimming roses, weeding flower beds; Washing the car; Unauthorized heavy cleaning, moving furniture or climbing ladders; Transporting Recipient for purposes other than medical appointments, essential shopping, or errands; Insisting that the Provider wait for Consumer during appointments or while shopping; Demanding that a Provider work late.</p>
Humboldt	<p>A Consumer may be denied access to Registry services at any point after one or more “major” complaints or reports are received. The “major” category of complaints includes, but is not limited to, such things as: Theft, forgery, dishonesty, fraud, or misrepresentation related to being the employer of a Provider. Inappropriate and/or unwelcome contact with Provider outside of the work environment. Sexual harassment, defined by unwelcome sexual advances, remarks or actions. Physically abusing or assaulting Provider. Knowingly putting the Provider in jeopardy or physical danger. Displaying a firearm or other dangerous weapon in a threatening manner. A Consumer can be denied access to Registry services at any point after two or more “minor” status complaints or reports are received within one year. The “minor” category of complaints includes, but is not limited to, such things as: Discourtesy, rudeness, verbal harassment, or socially inappropriate behavior toward Provider or Registry staff. Making inappropriate remarks or actions towards a Provider that may be considered racist or sexually harassing in nature. Refusing to sign legitimate timesheets. Insisting that the Provider perform tasks not authorized by IHSS. Insisting that the Provider perform tasks not authorized by IHSS. Not allowing for adequate restroom and other breaks as needed and legally required.</p>

APPENDIX 8 REASONS THAT WOULD RESULT IN AN IHSS CONSUMER BEING DENIED SERVICES FROM THE REGISTRY	
Imperial	Abuse towards their Provider; consistently asking them to provide services not allocated to them by IHSS.
Inyo / Modoc / Mono (NPC)	Failure to respect the Provider, abuse of the Provider, continually insisting on unauthorized services.
Kern	Accumulation of minor offenses such as rudeness, unavailability without notice, firing without cause, refusal to sign legitimate time sheets, refusal to pay SOC, requesting unauthorized tasks, discriminatory comments. Major offenses include theft or forgery, harassment, assault, displaying weapons, or jeopardizing the Provider's health.
Kings	Attempted assault or battery; Displaying a firearm or other dangerous weapon in a threatening manner; Sexual assault or sexual abuse; Dealing drugs or other illegal activity in the home; Theft or forgery related to status as employer of Caregiver; Alcohol abuse or illegal drug consumption in the home while services are being delivered; Out-of-control animals (dogs, snakes, etc.); Domestic violence against family members; Extortion of Caregivers; Threats of violence; Racist or hate speech; Hate crimes; Child abuse.
Lake	NA.
Lassen	History of refusing to sign timesheets; Abusive behavior towards Providers.
Los Angeles	The reasons that would result in an IHSS Consumer being denied Registry services include the Consumer's refusal to complete and submit the Registry enrollment forms, IHSS case closure, Consumer's repeated disregard for IHSS and Registry policies, and Consumer's repeated acts of misconduct or mistreatment of homecare and Registry personnel.
Madera	One major offense (i.e. - theft - "splitting the check", sexual harassment, etc.); two minor offenses in a 90 day period (i.e. - refusal to sign legitimate time sheet; refusal to pay share of cost etc.).

APPENDIX 8**REASONS THAT WOULD RESULT IN AN IHSS CONSUMER BEING DENIED SERVICES FROM THE REGISTRY**

Marin	In very unusual cases, the PA will consider denying services to an IHSS Consumer who habitually exhibits problematic behaviors, such as excessive turnover of Providers, rude or abusive behavior, unrealistic schedules which are too short and too frequent. In general, we are able to work out issues with Consumers by discussing the issues with them. When problem situations arise, an employee will meet with the Social Workers, Public Health workers, Providers and other interested parties to determine how best to address the issue. In addition, the Registry Specialist, Registry Manager, Deputy Director or Social Worker will discuss the need for change with the Consumer, and document this discussion with a written report which includes specific requests for change. If the issue cannot be resolved after taking these steps, the PA will temporarily deny services to the IHSS Consumer for a specific period of time. The PA will again consider extending services to the Consumer if he or she agrees to the specified changes.
Mariposa	Consistent refusal to cooperate or comply with basic IHSS regulations.
Mendocino	Policy under review.
Merced	None.
Monterey	All Consumers are served unless they pose a physical or serious emotional threat to the Provider, for instance, Consumers who are physically abusive or sexually harassing cannot be served without placing the Provider at risk. We have a duty to protect the Provider when we know a situation to be dangerous. In addition, Consumers who have been charged with serious fraud against Providers -such as theft, identity theft, forgery.

APPENDIX 8**REASONS THAT WOULD RESULT IN AN IHSS CONSUMER BEING DENIED SERVICES FROM THE REGISTRY**

Napa	<p>The PA may refuse or suspend Registry services to a Consumer for up to one year after two complaints of minor offenses are deemed valid within a 90 day period. Minor offenses include behaviors such as: repeated discourtesy, rudeness or inappropriate behavior toward the Provider or PA staff, repeated pattern of not following through with Registry procedures (i.e. Not calling potential Providers in a timely manner, canceling interviews, etc.), repeated pattern of hiring and then discharging Registry Providers without valid justification, refusing to sign timesheets, refusing to pay share of cost, not being available at scheduled time, insisting that Provider perform unauthorized tasks, significantly unsafe conditions in the home, etc. Substantiated complaints of major offenses may result in the immediate suspension, restriction or removal of a Consumer from the Registry. These types of offenses are of a high level of risk to Providers and staff, such as egregious, illegal or violent behavior. If a major offense is substantiated by the PA, the Consumer will be restricted or suspended from receiving Registry services for up to one year. Major offenses include behaviors such as: criminal and/or dishonest behavior related to being the employer of the Provider, inappropriate contact with the Provider's family, making racist or derogatory remarks toward a Provider, sexual harassment of a Provider, displaying a weapon, threats and knowingly putting the Provider in jeopardy of physical, financial or emotional harm.</p>
Nevada / Plumas / Sierra (JPA)	<p>We do not currently have a policy for denying services to IHSS Consumers. Substantiated complaints of major offenses may result in the immediate suspension, restriction or removal of a Consumer from the Registry. These types of offenses are of a high level of risk to Providers and staff, such as egregious, illegal or violent behavior. If a major offense is substantiated by the PA, the Consumer will be restricted or suspended from receiving Registry services for up to one year. Major offenses include behaviors such as: criminal and/or dishonest behavior related to being the employer of the Provider, inappropriate contact with the Provider's family, making racist or derogatory remarks toward a Provider, sexual harassment of a Provider, displaying a weapon, threats and knowingly putting the Provider in jeopardy of physical, financial or emotional harm.</p>
Orange	<p>Previous convictions of a felony. Self-disclosure of a criminal history related to theft or abuse. Negative reference checks for previous employers. Lacking or expired proper ID.</p>

APPENDIX 8

REASONS THAT WOULD RESULT IN AN IHSS CONSUMER BEING DENIED SERVICES FROM THE REGISTRY

Placer	<p>Two valid complaints of the same minor offense that have been within a 90-day period not resolved thru consultation or referral, such as: verbal abuse or inappropriate behavior toward the Provider or Registry staff; Repeated pattern of not following through with Registry process; Repeated pattern of hiring and then discharging Registry Providers without valid, work-related justification; Calling Provider names – making racist remarks, or any type of verbal abuse; Refusing to sign legitimate timesheets; Refusing to pay required share of cost; Not being available when Provider arrives for scheduled work; not informing Provider of change in plans; Insisting that Provider perform tasks not authorized by the IHSS Social Worker, e.g.; Performing services for anyone other than the authorized Consumer, such as other family members; Taking care of pets, except for service animals authorized by IHSS; Cleaning whole house when Consumer lives with own family; Doing yard work; Washing the car; Unauthorized heavy cleaning, moving furniture, climbing ladders; Driving to other than medical appointments, essential shopping or errands; Insisting that the Provider “wait” for Consumer at appointments or shopping or Provider stay late, i.e., to run an errand or take shopping. After one valid complaint of a major offense, such as: theft, forgery, dishonesty or misrepresentation related to being the employer of the Provider, e.g., signing time card, and keeping money; insisting Provider work fewer hours than approved, then claiming total hours on time sheet and “splitting the check”; Falsifying information on the Registry application; Inappropriate contact with Provider’s family; Discrimination of any kind; Conviction of felony/felonies; Sexual harassment or sexual abuse of Provider; Physically abusing or assaulting Provider; Knowingly putting the Provider in jeopardy; Displaying a firearm or other dangerous weapon in a threatening manner.</p>
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APPENDIX 8

REASONS THAT WOULD RESULT IN AN IHSS CONSUMER BEING DENIED SERVICES FROM THE REGISTRY

Riverside	<p>The PA will refuse Registry services to a Consumer after one valid complaint of a major offense that has been deemed reasonable not resolved by consultation or referral. Major offenses include but are not be limited to: theft, forgery, dishonesty or misrepresentation related to being the employer of the Provider, signing time cards, and keeping money; Insisting Provider work less hours than approved hours, then claiming total hours on time sheet and “splitting the check”; inappropriate contact with Provider’s family; Sexually harassing or sexually abusing Provider; physically abusing or assaulting Provider; knowingly putting the Provider in jeopardy; displaying a firearm or other dangerous weapon in a threatening manner; refusing to pay share of cost. After two valid complaints of minor offenses have been reported by one or more sources within a twelve-month period not resolved by consultation or referral. Minor offenses will include but not be limited to: Discourtesy, rudeness or inappropriate behavior toward the Provider or Registry staff. Repeated pattern of not following through with Registry process, e.g., not calling Providers on list in a timely manner, not being available for scheduled interviews, canceling interviews without notifying scheduled Providers. Repeated pattern of hiring and then discharging Registry Providers without valid, work-related justification. Making intimidating, threatening or malicious remarks towards Providers. Refusing to sign legitimate timesheets. Not being available when Provider arrives for scheduled work; not informing Provider of change in plans. Insisting that Provider perform tasks not authorized by the IHSS Social Worker, such as: Performing services for anyone other than the authorized Consumer, such as other family members; Taking care of pets, such as shampooing, making special food, exercising, taking for walks except for service animals authorized by the IHSS Social Worker; Cleaning whole house when Consumer lives with own family; Doing yard work, unless authorized; Washing the car; Unauthorized heavy cleaning, moving furniture, climbing ladders; driving other than to medical appointments, essential shopping or errands; Insisting that the Provider “wait” for Consumer at medical appointments or shopping, unless Provider is needed during medical exam; Insisting that Provider stay late, i.e. To run an errand or take shopping.</p>
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REASONS THAT WOULD RESULT IN AN IHSS CONSUMER BEING DENIED SERVICES FROM THE REGISTRY

<p>Sacramento</p>	<p>Sacramento County IHSS PA has a similar policy that protects Registry Providers when substantiated complaints are made against a Consumer. It is important to understand that a Consumer may present behavior associated with their disability, so a thorough investigation and situational assessment is made before a Consumer is denied Registry services. These Consumers are automatically referred to the Supported Individual Provider (SIP) Program. The complete policy: <i>Problems with Consumer Behavior</i> is available upon request. The following three levels apply: Problem Level One – Egregious, Illegal, Threatening or Violent Behavior, Conditions or Activities: Substantiated complaints at level one may result in immediate suspension or restriction of a Consumer from Registry use. These represent a high level of risk to Caregivers and staff, such as egregious, illegal or violent behavior, conditions or activities including, but not limited to the following against a Caregiver or other person: Physical abuse, assault or battery; Attempted assault or battery; Displaying a firearm or other dangerous weapon in a threatening manner; Sexual assault or sexual abuse; Dealing drugs or other illegal activity in the home; Theft or forgery related to status as employer of Caregiver; Alcohol abuse or illegal drug consumption in the home while services are being delivered; Out-of-control animals (dogs, snakes, etc.); Domestic violence against family members; Extortion of Caregivers; Threats of violence; Racist or hate speech; Hate crimes; Child abuse. Problem Level Two – Hostile or Unsafe Working Conditions or Activities: Two or more substantiated complaints at level two may result in suspension or restriction of a Consumer’s use of Registry. In the case of a complaint of sexual harassment, the Consumer will only be sent names of potential Caregivers of the opposite gender from the one harassed until the complaint is resolved or formal restrictions or suspension from using the Registry are invoked. Hostile or unsafe working conditions or activities may include, but are not limited to: Sexual harassment; Significantly unsafe conditions in the home, such as animal or human feces, fire hazards, rotting floors, broken stairs that could easily result in injury to the Caregivers, etc.; Somewhat unsafe conditions in the home, such as clutter, congested workspace, rotting food, high levels of allergens, toxic chemicals, etc.; Threats from others in the home or family; Knowingly putting a Caregiver in jeopardy; Incidents of verbal abuse; Repeated discourtesy, rudeness, or inappropriate behavior toward Caregivers, family members, IHSS/PA staff or other individuals; Repeated pattern of hiring and firing Caregivers without valid work-related reasons; Hostile work environment. Problem Level Three – Administrative Issues: Two or more complaints at level three may result in suspension or restriction of a Consumer’s use of the Registry. Administrative transgressions may include, but are not limited to, task authorization and share of cost issues such as: Refusal to pay a share of cost; Refusal to sign legitimate timesheets; Inappropriate revision of hours legitimately worked by the Caregiver; Insisting that the Caregiver perform tasks not authorized by the IHSS Social Worker; Insisting that the Caregiver perform services for anyone other than the authorized Consumer, such as family members; Insisting that the Caregiver do unauthorized heavy cleaning, moving furniture, or climbing ladders; Insisting that the Caregiver pay a share of his or her wages to the Consumer or any other person; Dishonesty or misrepresentation related to status as employer of a Caregiver; IHSS or any social Programs fraud.</p>
<p>San Benito</p>	<p>We do not refuse service to Consumers unless they physically assault a Provider or PA staff or IHSS staff.</p>

APPENDIX 8**REASONS THAT WOULD RESULT IN AN IHSS CONSUMER BEING DENIED SERVICES FROM THE REGISTRY**

San Bernardino	San Bernardino PA does not deny Consumers Registry services under any circumstances. If they are eligible for IHSS we will continue to try to assist them in finding a Provider. However, there are times when a difficult to serve Consumer has exhausted the list of available matched Providers and must wait until new Providers are added to the Registry in order to obtain a list.
San Francisco	The SFPA will not provide services to a Consumer if they commit any of the following major offenses: Theft, forgery, dishonesty or misrepresentation related to being the employer of a Provider. Unlawful discrimination against a Provider. Inappropriate physical contact with Provider. Sexual harassment or sexual abuse of Provider. Abusing and/or assaulting a Provider. Knowingly putting the Provider in jeopardy of physical danger, displaying a firearm or other dangerous weapon in a threatening manner. Usage of illegal substances and/or offering such substances to Providers. Specific requests based on gender/age/race of a Provider and refusing to interview Providers who do not meet the specified gender/age/race request.
San Joaquin	N/A - We serve all Consumers, we do not deny services.
San Luis Obispo	Convicted felon; living in dangerous environment (i.e., weapons, vicious dogs in the home); inappropriate interactions with Providers (i.e., sexual behavior).
San Mateo	Exhibiting behavior or having a history of behavior which poses a significant risk to the health, safety, and/or welfare of a Registry Caregiver or PA staff person.
Santa Barbara	Consumers may be denied Registry services for up to one year for repeated failure to sign legitimate time sheets or pay share of cost; repeated failure to keep interview appointments or to be in the home when the IP is scheduled to be there; repeated discourtesy, rudeness or inappropriate behavior toward the IP; any physical abuse, sexual harassment, or repeated racist statements. Also, insisting that IP perform unauthorized tasks; possession of or offering illegal substances; threats or display of firearms or other weapons.
Santa Clara	Refusal to sign IPS timesheets repeatedly; Rude and inappropriate behavior toward IP or Registry staff multiple times; Demanding unauthorized tasks repeatedly; Interference from family members repeatedly; Threats; Racial comments; Sexual comments.
Santa Cruz	Repeated instances of dangerous/problematic behaviors.

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Shasta	<p>Complaints of a heinous nature shall result in immediate suspension and if verified shall result in termination. "Heinous nature" includes but is not limited to; sexual harassment, assault, battery, theft or any other conduct that endangers the health or safety of the Provider. E. Recipients receiving three complaints in the same category or five complaints total, in any 12 month period, will be subject to a six months suspension from use of the Registry, or to restriction of one year. Subsequent complaints which are sustained will result in a one year suspension or a two year restriction.</p> <p>Category 1 –Unavailability of Recipient. Includes, but is not limited to: Recipient being late or not at home at the scheduled start time without calling the Provider (call must be made before scheduled start of shift), and Recipient leaving the work site before the shift is complete.</p> <p>Category 2 – Recipient Behavior. Includes, but is not limited to: Demanding loans or donations, asking Provider to perform task not included in IHSS task list including care of pets, borrowing Provider's items, displaying erratic behavior (for example, acting drunk, intoxicated or psychotic), making personal demands on Provider, excessive calling of the Provider at home, failure to inform Provider of any information necessary for the Provider to do his/her job, or non-consensual touching (for example, kisses, hugs or pats on the back).</p> <p>Category 3 - Harassment by Recipient. Includes, but is not limited to: Yelling, insults, verbal abuse, threats, withholding Recipient's signature on time card, teasing, ignoring Provider and any other behavior that demeans the Provider.</p> <p>Category 4 – Inappropriate Sexual Conduct by Recipient. Includes, but is not limited to: Sexual harassment, indecent exposure, touching in a sexual fashion, obscene language, the display of pornographic materials and any action that can be reasonably construed as sexual in nature.</p> <p>Category 5 – Theft or Fraud by Recipient. Includes, but is not limited to: Taking the Provider's money, goods or property; intentionally claiming inaccurate hours on timecards; requesting Provider to surrender any of his/her wages; or any action that results in IHSS fraud of any kind.</p> <p>Category 6 – Unsafe Situation in the Recipient's Home. Includes, but is not limited to: Any action or condition that results in a health or safety hazard of any kind for the Provider.</p> <p>Category 7 – Recipient Pet. Includes, but is not limited to: The keeping of a pet that is dangerous or kept in an unsafe or unsanitary condition.</p>
Siskiyou	Any situation that would be deemed unsafe for a Provider to work in.

APPENDIX 8 REASONS THAT WOULD RESULT IN AN IHSS CONSUMER BEING DENIED SERVICES FROM THE REGISTRY	
Solano	After at least one attempt to address a single or multiple complaint from Providers or staff, violation of two minor or one major complaint categories.
Sonoma	Behavior constituting sexual, psychological, emotional and/or physical abuse; Harassment and/or retaliation with the intent to inflict harm; Hostile threat to life and property; Displaying a weapon in a threatening manner; Theft, forgery, fraud, and misrepresentation in the role of being an IHSS employer; Depriving the Caregiver of financial compensation for services; Presenting a hazardous environment that is a danger to the Caregiver.
Stanislaus	Three complaints from three separate Providers results in a letter being sent to the Consumer describing the nature of the complaint and the consequences of continuing the poor behavior. IHSS staff is also notified with each complaint and must make a home visit to educate the Consumer about their responsibilities as an employer. If the Consumer continues to abuse the Registry Providers, they are not allowed to request a list for six months. It is made clear to them that their IHSS services are not being denied. Occasionally, the Consumers requests are modified to accommodate the type of complaint being received rather than denying Registry services altogether (i.e. For sexual harassment complaints, the Consumer can no longer request a female Provider, only a male Provider will be sent.)
Sutter	At this time there is no Consumer removal policy.
Tehama	Sexual harassment, abusive behavior, racist behavior, reports of abusive behavior, mental illness that would compromise the Providers
Tulare	Services are not denied, however, access to the Registry may be denied if Consumer abuses services and/or if Consumer has a history of abusive behavior towards Providers and/or staff. In that case, the Consumer would need to find his/her Provider on their own.
Ventura	Inappropriate behavior towards the Provider, including but not limited to stealing, sexual harassment, physical or verbal abuse, knowingly putting a Provider in danger, displaying a fire arm or weapon in a threatening manner, refusing to pay share of costs, time card fraud, repeatedly asking Provider to perform unauthorized services, refusing to keep agreed upon work schedules.

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Yolo	Minor offenses (two+ valid complaints within one year) - Discourteous, rude or inappropriate behavior toward the Provider or Registry staff, repeated pattern of not following through with Registry process, repeated pattern of invalid hiring then discharging Providers, refusing to sign timesheets, refusing to pay share of cost, insisting that Provider perform unauthorized tasks.
Yuba	One major offense such as but not limited to: theft, forgery, dishonesty or misrepresentation related to being the employer of the Provider, inappropriate contact with Provider's family, sexual harassment or sexual abuse of Provider, physically abusing or assaulting Provider, knowingly putting the Provider in jeopardy, displaying a firearm or other dangerous weapon in a threatening manner. Two minor offenses such as but not limited to: verbal abuse or inappropriate behavior toward the Provider or Registry/PA staff, repeated pattern of not following through with Registry process, not calling Providers on list in a timely manner, not being available for scheduled interviews, canceling interviews without notifying scheduled Providers, repeated pattern of hiring then discharging Registry Providers without valid work related justification, calling Provider names, making racist remarks, refusing to sign legitimate timesheets, refusing to pay required share of cost, insisting that the Provider perform tasks not authorized by the IHSS Social Worker.

APPENDIX 9	Services provided or available to assist IHSS Consumers when they have an emergency due to the unavailability of their regular IHSS Provider.	What is the typical response time from time Provider is needed to time of actual arrival of replacement Provider?
Alameda	Rapid Response service is available to provide a Consumer from one to four hours of urgent personal care (assistance with bathing, dressing, toileting, feeding) or critical domestic services (cooking) that cannot wait until the regular IHSS worker is available. Rapid Response workers cannot do routine housework, transportation, or paramedical care. Services are not intended to replace routine staffing, provide routine assistance, and/or to provide respite or vacation relief for the regular worker. Hours provided are to be subtracted from IHSS authorized hours.	Agency is expected to provide worker within two hours of call or time requested. Most callers now provide more lead time. There are very few cases when Consumers have not been served within time requested.
Amador	Our PA has a list of Caregivers who are available for "OC" services.	Response time has been immediate (less than One hour) thus far, but we do realize this might not always be the case and therefore it is our goal that response times are within two-4 hours, but no more than 24 hours.
Butte	This almost never happens, and when it does, it is usually for a significant amount of time and the Social Worker is involved. When needed, there is a contract with an outside agency that assists 24/7.	DNR.
Calaveras	PA maintains list of OC IP's and will help locate replacement IP.	Usually w/in 24 hours.
Colusa	APS and CPS Social Workers are given a list of Providers when they are on call this list is good for 24 hours	DNR.

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Contra Costa	Rapid Response Program was designed to ensure that IHSS Consumers who are unexpectedly without a Provider have access to quality personal and domestic care within a time frame that meets the Consumer's needs. The number of hours worked by Rapid Response Providers (RRP) will be deducted from the Consumer's eligible hours as there is no special hours allocated for this Program. The response time could be as fast as two hours after the initial call or it could be up to 24 hours depending on the availability and willingness of the RRP, and of course the level of urgency and determination of Consumers' needs.	DNR.
Del Norte	Do not have resources in the county to accommodate. If we find a Recipient is in need of immediate need help we try to refer Providers to them and refer situation to Social Worker.	DNR.
El Dorado	The PA stresses the importance of having "Backup" Care Providers in place for all Consumers in case their care Provider becomes ill or cannot work. Currently there are no emergency services provided by the PA.	DNR.
Fresno	The PA has a listing of emergency OC Providers who expressed 24 hour availability without additional salary requirements. In cases of immediate need, with an Authorization of Release of Information from the Recipient, Fresno PA will create a list based on the Recipient's needs and availability with OC Providers. The Registry will then contact the OC Providers on behalf of the Recipient and send a Provider out to assist.	These situations are usually handled within 30 minutes to two hours.
Glenn	We ask Providers if they will take on call work. We then call, as necessary, to find someone to fulfill a void when possible. All Consumers are requested to arrange for emergency backup for emergency and contingency situations.	DNR.

APPENDIX 9	Services provided or available to assist IHSS Consumers when they have an emergency due to the unavailability of their regular IHSS Provider.	What is the typical response time from time Provider is needed to time of actual arrival of replacement Provider?
Humboldt	The Registry provides a Relief List of Registry Providers who are available for short-term/ fill-in referrals for Providers who will be temporarily unavailable for their Recipient due to illness, vacation, etc. The Registry has an agreement with Adult Protective Services (APS) to provide Relief Lists to APS in extreme cases. If the Registry database generates a “no match letter” to a Recipient, contact information for various career centers to find a Provider and other stop-gap services such as Senior Information and Assistance, Dial-a-Ride, home delivered meals, Adult Day Health Care Programs and senior centers is included.	DNR.
Imperial	At this time we currently don't have an emergency Provider list. We will assist them in locating someone from our Registry if the need arises and within One hour they are given names of Providers they may contact or we may contact to assist them.	DNR.
Inyo/ Modoc/Mono (NPC)	When the Consumer, relative, or Social Worker contacts us we immediately go to our list of Providers and begin contacting them to find a Provider who is available.	Usually takes about one to two hours.
Kern	During office hours, the PA can provide an emergency list to the client. If the situation warrants, the PA will contact prospective Providers for the client to set up interviews. Adult Protective Services has the emergency list for after-hours calls.	The response time in these situations varies from two hours to more than 24.
Kings	We maintain an after-hours answering service that contacts Registry staff in an emergency. Registry has list of Providers that will work on an emergency basis and makes contact Provider. APS is also contacted if necessary.	Response time is within two hours.

APPENDIX 9	Services provided or available to assist IHSS Consumers when they have an emergency due to the unavailability of their regular IHSS Provider.	What is the typical response time from time Provider is needed to time of actual arrival of replacement Provider?
Lake	Currently, the PA Registry maintains a list of emergency Providers for the purpose of APS emergency only. This list is given to Adult Protective Services so if a client calls and their health and safety is at risk because a Provider does not show APS can use the list to find a short term Provider. APS works with Registry staff to resolve the emergency. We are currently in the process of developing a more extensive Provider Backup system.	DNR.
Lassen	We have never had any Providers that were willing to commit to OC status. We do have a couple that might be willing from time-to time to fill in. If the assistance requested is one of immediate need, APS will respond to assist or make arrangements for assistance.	DNR.
Los Angeles	Since April 2007, PASC has been operating a Backup Attendant Pilot Program to refer emergency Backup Attendants to eligible IHSS Consumers when they have an urgent yet temporary need for backup support. When their regular IHSS worker cannot work due to an unforeseen or unplanned event and their usual Substitute Providers are not available, Consumers can simply call the Backup Program, toll-free, to request a referral of a Backup Attendant. During the survey period, eligible IHSS Consumers were able to call the Backup Program for a referral any day of the week between 6:00 am to 6:00 pm, including weekends and holidays. In order to be eligible for backup services, Consumers had to be authorized to receive at least 35 hours of personal care services per week. In addition, they were asked to pre-enroll in the Backup Program before requesting services. A select pool of workers from the PASC Homecare Registry, and other workers with certification and/or training as Certified Nurse Assistants and Home Health Aide, were given additional training and made eligible for work as Backup Attendants. Backup Providers are paid through IHSS at an enhanced rate of \$12.00 per hour.	Typical response time, including dispatch coordination, varied from Consumer to Consumer based on their particular circumstances. However, Consumers surveyed have reported an 87 percent satisfaction rate regarding the timeliness of the Backup Attendants' arrival.

APPENDIX 9	Services provided or available to assist IHSS Consumers when they have an emergency due to the unavailability of their regular IHSS Provider.	What is the typical response time from time Provider is needed to time of actual arrival of replacement Provider?
Madera	The Registry staff would attempt to locate those Providers that noted they would be willing to work OC and see if available to fill in. If unable to locate an available Provider from the Registry, the PA would refer the Consumer to other local resources in coordination with Social Services. Although the IHSS PA now has an MOU in place, there are no provisions that would pay a higher rate for Providers called in an emergency.	DNR
Marin	In April 2007, the PA launched an Urgent Backup Care Program to serve IHSS Consumers whose regular Provider was unexpectedly absent due to illness, no show or quitting, and whose health and well being would be impacted without a replacement Provider. We provide the following services: Domestic services that are urgent such as soiling of clothing due to incontinence; Dressing; Elimination; Feeding; Hospice Care; Meals; Preparation; Cleanup; Protective supervision; Shopping for food; Transferring Transportation. IHSS Consumers with urgent needs call a local phone number and place their request. The dispatcher locates an appropriate UBC Provider and informs the Consumer. The UBC Provider is required to reach the Consumer's home within two (2) hours. The UBC Providers are place for two (2) hours minimum and four (4) hours maximum.	DNR
Mariposa	No emergency response established outside APS referral until recently.	DNR.

APPENDIX 9	Services provided or available to assist IHSS Consumers when they have an emergency due to the unavailability of their regular IHSS Provider.	What is the typical response time from time Provider is needed to time of actual arrival of replacement Provider?
Mendocino	The PA maintains a list of Registry Providers that are willing to take OC short term assignments. Upon notification by a client, Home Care Coordinator (SIPP), or IHSS Social Worker that there is an unexpected need for a Provider, the PA staff will use the Rapid Response Provider list to find a Provider that is able to fulfill the assignment. If there is no one available from the Rapid Response List, then a Supervisor will determine if the IHSS Vocational Aide may be able to respond. If those services are also unavailable, the case Social Worker and/or Supervisor may make a determination that hospitalization may be necessary for the health and safety of the client.	Typical response time is within 24 hours.
Merced	APA is called. APA has a list of current OC or will Providers for Consumers	DNR.
Monterey	IHSS Consumers has the ability to contact the PA with urgent Provider needs. For emergencies, we are able to contract with a home health care agency through Aging and Adult Services until the Consumer is able to select and interview an appropriate Providers. All Consumers with critical needs are counseled and encouraged to identify Backup Providers in the event that their regular Provider is not able to arrive for work.	All efforts will be made to provide Consumers with names of available Providers within the Consumer's time lines.
Napa	The PA is part of a larger county division of services to older and dependent adults. The PA is co-located with these other services, including APS. If an IHSS Consumer has an emergency, the first response is to attempt to arrange coverage via their Backup Emergency Plan. If this wasn't viable, a referral would be made to APS. This referral then allows for the activation of emergency services via contracted homecare agencies.	DNR.

APPENDIX 9	Services provided or available to assist IHSS Consumers when they have an emergency due to the unavailability of their regular IHSS Provider.	What is the typical response time from time Provider is needed to time of actual arrival of replacement Provider?
Nevada / Plumas / Sierra (JPA)	The PA will try to assist Consumers when they call for emergency services. Registry Specialists will contact Registry Providers to determine their availability to fill in on a short-term, emergency basis. We are not always able to locate available Providers in emergency situations and do not currently have an emergency Registry function.	It typically takes 4 - 24 hours from the time the Consumer request is received until a Provider is found.
Orange	We try first to find an available Provider who has indicated they will respond for a Consumer who has an emergency need. Then if not successful we contact APS.	DNR.
Placer	Currently we do not have an emergency response system; we do our best to get a Provider off the Registry ASAP. We check our Registry database for any Provider who might have indicated that they would do OC.	Our response time has so far been within two to four hours.
Riverside	Riverside County IHSS contracts with Addus Healthcare for Consumers who have an emergency due to the unavailability of their regular IHSS Provider. Referrals to this agency can only be authorized by IHSS Social Workers. We are considering a Substitute Provider services Program to meet this need. The PA Registry is unable to do emergency referrals because CMIPS is not set up for this.	DNR

APPENDIX 9	Services provided or available to assist IHSS Consumers when they have an emergency due to the unavailability of their regular IHSS Provider.	What is the typical response time from time Provider is needed to time of actual arrival of replacement Provider?
Sacramento	<p>The Urgent In-Home Care Program provides up to four hours of non-paramedical personal care services through a local homecare partner, Accentcare, Inc., if a Consumer has a critical need due to the unexpected absence of their Caregiver. The service is available every day of the year, from 6:00 am until 10:00 pm. The Program was piloted during this year to Registry Consumers, and urgent care services were limited to four hours per day, and three days per month. PA social work staff provides screening of clients during office hours, and Accentcare staff applies our screening process after hours. Accentcare staff follow-up with PA social work staff on the first business day following service requests, so the PA can follow-up with the Consumer to ensure that all needs have been met. The Program defines an urgent need as one that cannot wait until the next business day. If the urgency of the need is greater than can be served by the Program, emergency services (911) is notified. If a Consumer's Provider does not plan to return, or will be unavailable to provide services for an extended period, PA staff use the Priority List Request process to provide a Registry match list and assist the Consumer in locating a new Provider as quickly as possible. Staff also assesses for other services, and make referrals for those identified additional services. The Urgent In-Home Care Program has provided an additional level of protection for IHSS Consumers, as substantiated by the increase in APS referrals since the Program began.</p>	<p>The Urgent In-Home Care Program response time is not more than two hours, but is often much less.</p>
San Benito	<p>We call available Providers and see if they are available to assist a Consumer.</p>	<p>24 hours or less.</p>

APPENDIX 9	Services provided or available to assist IHSS Consumers when they have an emergency due to the unavailability of their regular IHSS Provider.	What is the typical response time from time Provider is needed to time of actual arrival of replacement Provider?
San Bernardino	The PA has a skeletal system in place, but as described in B-8 we recognize it is insufficient to meet the needs of Consumers. Providers agree to be on a special list of quick/emergency responders; but when the time comes they are rarely willing to go quickly, or for short periods, at the same rate of pay as they get for long term placements. There is no system in place that allows the PA to pay a differential rate for this service.	DNR.
San Diego	Although the PA Provider Registry does not maintain a list of emergency OC Providers, the county of San Diego does have a contract with a local vendor that can assist when Providers are unavailable due to illness, etc. When a Provider is not able to provide scheduled services for an IHSS Consumer and the Consumer's health and safety may be adversely affected, or in some cases, the Consumer could require hospitalization, Urgent Services can be authorized by the IHSS Social Worker. The primary goal of the Urgent Services Contract is to provide prompt and satisfactory urgent services to Consumers who require personal care or other IHSS services so that they may avoid hospitalization and call to 9-1-1. Upon receiving communication from a Consumer that their Provider has not shown up to work, the Registry staff encourage the Consumer to contact their IHSS SW or if it is after hours, typically 5:00 p.m., the IHSS Intake Line at 1-800-510-2020. Registry staff also follow-up with the IHSS Social Worker, via telephone and/or e-mail in order to notify the Social Worker about the Consumer's request.	Since we did not facilitate this contract, we are unable to provide details regarding the typical response time for these services. Paramedical services are not provided.
San Francisco	Through our OC Program, we provide urgent care services to Consumers who due to hospital discharge or unavailability of their regular worker find themselves in need of immediate assistance.	The response time for the majority of requests is one or two hours or at time requested if not immediate.

APPENDIX 9	Services provided or available to assist IHSS Consumers when they have an emergency due to the unavailability of their regular IHSS Provider.	What is the typical response time from time Provider is needed to time of actual arrival of replacement Provider?
San Joaquin	The PA does not have emergency services; however we do work closely with IHSS to meet the needs of the Recipient. This county also contracts with Addus, and a Social Worker may utilize these services.	Response time is usually within 24 hours but can be faster.
San Luis Obispo	We have four personal care aides, employees of the county, who are emergency response Caregivers;	Almost always able to respond within two - four hours
San Mateo	Because of our PA's integration into the county's Aging and Adult Services Program, emergent Consumer needs are addressed on a 24-hour basis. During regular business hours, our Registry Specialist would be notified if a Consumer needed emergency care. Typically, within a few hours a replacement Provider would arrive at the Consumer's residence. If special circumstances existed, such as the need for special training or the unavailability of a Provider, our Registry Specialist would be able to request contract homecare services. If an emergency arises after normal business hours, the Consumer would call our TIES line, a 24-hour response line. Appropriate referrals and care would be initiated from the TIES line operator.	Depending on the circumstances for emergency coverage, it can be expected that a Consumer would receive coverage within a 24-hour period.
Santa Barbara	The IP has two hours to respond to the Consumer's home after being called by the Registry. This service is available for Recipients who need personal care services. The request can come from the Recipient, Social Worker, or Provider.	The time for response is always less than four hours from the time the Registry receives the request, and less than three hours in most cases.

APPENDIX 9	Services provided or available to assist IHSS Consumers when they have an emergency due to the unavailability of their regular IHSS Provider.	What is the typical response time from time Provider is needed to time of actual arrival of replacement Provider?
Santa Clara	IHSS Consumers contact the Urgent Care Registry (UCR) which is on call from 6:00AM to 10:00PM every day of the year (PA staff handle UCR calls). To qualify for assistance, the Consumer must have a minimum of 50 authorized IHSS hours. The person in charge of the UCR does a brief intake to determine the nature of the need what tasks are required and the amount of time to provide, contacts a vendor (home health care agency) who assigns a worker to perform the tasks UCR has authorized. The response time varies depending on the location, required tasks and time of day being requested.	The average response from the first call to UCR to having a care Provider is about five hours.
Santa Cruz	Priority care services are provided through community based agencies which can arrange for temporary Providers when the regular Provider becomes unavailable. Services are short term.	DNR.
Shasta	When Providers come on the PA Registry one of the questions we ask then is if they are willing to be "OC".	If we get an emergency request we make every effort to get a Provider into the home within 24 hours.
Siskiyou	PA staff will assist with contacting Providers and work with IHSS Social Workers to help find a Provider.	DNR.
Solano	PA staff will assist with contacting Providers and work with IHSS Social Workers to help find a Provider.	Response time can be as little as two hours or 24 hours depending upon the Consumer's need.

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Sonoma	<p>The PA has a spectrum of Caregiver options for Consumers facing urgent crisis and/or chronically unsafe or unhealthy situations in their home. For urgent crisis when a regular Caregiver is unavailable, the Consumer can call the Urgent Substitute Provider Program (USPP) for a Backup or Substitute Caregiver. Once a Consumer's service request is received by the Urgent Substitute Provider Program (USPP), the Registry will call a home care agency which can dispatch an urgent Substitute Provider within two hours. Alternatively, a county public health aide can be dispatched to respond to the service need. The USPP service is available from 8:00 a.m. To 8:00 p.m. Every day, including weekends and holidays. For this review period, there were 193 USPP service visits and 932 service hours. For immediate, but less urgent situations, the Immediate Care Provider Program (ICP) can be initiated by an IHSS or MSSP Social Worker on behalf of an IHSS Consumer. The Registry can dispatch an immediate care Provider within approximately two hours to a day. For this review period, there were 118 ICP service visits and 671 service hours. When an IHSS Consumer does not have a regular IHSS Caregiver and chronically has difficulty maintaining an employment relationship with a regular Caregiver, a county home care aide can be dispatched from the Home Care Aide Program (HCA) within a day to a week. The Home Care Aide can provide a range of services on a weekly or biweekly basis for short duration or for an extended period lasting several years. For this review period, there were 828 HCA service visits and 2,484 service hours.</p>	<p>The Registry can dispatch an urgent Substitute Provider within two hours; The Registry can dispatch an immediate care Provider within approximately two hours to a day.</p>

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Stanislaus	If there is an urgent need, the same electronic procedure described above is followed, but the Social Worker indicates that it is an urgent need on the form, and rather than sending a letter, we contact the Provider directly and request they contact the Consumer to arrange a time to go out and help the Consumer. Since the Provider is directed to go to the Consumer's home, the Provider is responsible to contact the Consumer and set up the time that is convenient for the Consumer to have them begin working. We do not track the actual arrival time of the Providers, but they are to contact the Consumers within the 24 hour window, so the Consumer is aware that help is immediately available to them.	Urgent requests are processed in no less than 24 business hours, but typically a Provider is found within two hours.
Sutter	The PA Registry has approximately 38 IHSS Registry Providers that are OC for back up and emergency after hours. The PA works with each Consumer who requests a back up or emergency Provider on a case by case basis. The Consumers request is based on a criterion of need, health and safety. Once PA staff receive request for temporary back up or emergency replacement of a Provider the PA staff begins to review available Providers and match criteria to identify a Provider with Consumer. The OC APS Social Worker maintains a current list of Registry Providers who are willing to respond afterhours. This list is updated every two weeks.	DNR.
Tehama	Designate Providers who are on list and willing to work in emergency situations. Call Providers and refer names to Consumer or representative.	Response time is usually less than one hour.
Tulare	The IHSS Homemaker goes out within two hours.	Within two hours.
Ventura	We have a contract with Health Quest HOMECARE. We fax over a request and also give them a call. The vendor in turn calls the Recipient to determine level of care and sent out appropriate staff.	Within three hours of call

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Yolo	Currently developing Emergency Backup Program.	DNR.
Yuba	The PA Registry has Providers who are willing to work on an OC basis for emergency situations.	The typical response time is within two hours.

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Alameda	DNR	DNR	DNR
Amador	They rated the PA's response time for referrals as favorable.	I had one that rated the quality of Caregiver as sub-par. The only other suggestion we received was regarding needing more transportation options and that we should pay the Caregivers mileage.	With regard to the quality of Caregiver; we continually strive to recruit the highest quality Caregiver. If a Caregiver meets the qualifications as outlined in our policies and procedures, they are then eligible to be listed on the Registry and it is up to the Consumer to interview and hire whoever best suits their needs. With regard to transportation and payment of mileage, this is not something we have the power to address directly, though we are working an organization locally who is trying to get a travel reimbursement Program up and running this next year, depending on available grant money.
Butte	Response time by the PA; information provided by the PA was useful; very easy or somewhat easy to find a suitable Provider.	A modest number had difficulty finding a suitable Provider.	We have been developing improvement in recruitment and training procedures in 2007-08.

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Calaveras	Note: Our Consumer survey is divided into four sections re: the PA, IHSS/Social Workers, Providers, Additional Programmatic: PA operations rated favorably: Knowing what the PA is/does and how to contact us, Efficiency of assistance, Timeliness of returning phone calls, Satisfaction w/Provider list, Timeliness in finding Provider, Treated w/respect and courtesy, Informative/educational newsletter, Overall satisfaction with PA services.	No unfavorable PA operations ratings. Areas for improvement relate to regulations - increase in Provider wages, paying for gas/mileage costs, reduce share of cost, assess more hours, reduce amount of paper work.	Reported areas for improvement are out of PA's scope of control.
Colusa	Keeping the client from going to a rest home, were eating regularly, and not feeling isolated and alone.	Provider not being on time.	PA makes home visit to the Consumers home to resolve the problem.
Contra Costa	Not available at this time.	Not available at this time.	
Del Norte	DNR	DNR	Offer more training to Providers and Consumers regarding program.
El Dorado	All	None	Call Center, PA staff helping and coordinating with IHSS Payroll. Rapid Response Program, Registry Specialists.

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Fresno	When concerns were brought to the PA they were addressed by the staff; The PA Registry is a good place to find a Provider; The PA Registry is highly recommended to others as a good place to find a Provider. All questions and concerns were answered in a prompt amount of time.	The PA did not have any area rated unfavorably, but the PA is constantly trying to improve all processes.	The PA continually reviews and revises all policies and procedures in an effort to maintain our high standards of service.
Glenn	Assistance with interviewing Providers. Availability to discuss issues with PA staff. Assistance in hiring/firing procedures.	Would like the PA to do more of the firing procedures.	Training with individual Consumers as to how to handle terminations.
Humboldt	DNR	DNR	DNR
Imperial	DNR	DNR	DNR
Inyo / Modoc / Mono (NPC)	The fact that we do background checks, and drug and alcohol testing on Providers and Registry follow-up on Provider services.	We have difficulty in finding Providers who will work over night.	We use newspaper ads and jobs brochures to try to attract more Providers who will work night shifts.
Kern	Specifics were not addressed in the survey.	Specifics were not addressed in the survey.	
Kings	Registry services.	None.	
Lake	All.	None.	
Lassen	DNR	DNR.	

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Los Angeles	In the survey described above, Consumers were not asked to comment on PASC's policies and procedure, but rather on the ways to improve IHSS as a whole. The majority of comments/suggestions made by Consumers related to securing additional training for Providers, and suggestions for increases in IHSS hours allotment for Consumers, and an increase in Provider wages.	DNR.	
Madera	Promptness by PA to provide list of potential Providers.	The need for more available Providers in the foothills; more info about Provider before hiring.	Flyers on becoming a Provider were posted at the Social Services Office in Oakhurst and at the One-Stop in an attempt to solicit additional Providers for the area. In an effort to make suitable matches, Providers are pre-screened through an application process. Consumers are also given tips by the Registry Staff on how to interview prospective Providers and that staff are available to assist them interviewing, however the selection of the Provider is the Consumer's choice.
Marin	In general, IHSS Consumers complimented the PA staff on their knowledge of their needs and referral of prospective IHSS care Providers.	In general, IHSS Consumers would like phone calls returned more rapidly.	We hired someone to answer all incoming phone calls, to provide basic service and ensure messages are received by Registry staff.
Mariposa	Criminal checks and training.	Wage rate too low and unavailability of transportation.	Action to increase Provider pay rate is being discussed.

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Mendocino	Criminal checks and training.	The need for a Rapid Response Program.	Developed a Rapid Response protocol and Request for Proposal (RFP). Anticipate operation in 2008.
Merced	Registry Service and follow up.	None.	
Monterey	DNR.	DNR.	
Napa	DNR.	Narrative comments included wanting Providers with more training and increased expertise in various areas.	Yes, but implemented after 6/30/07. Starting 7/1/07 conduct CBI. Continually up-date Profiles for availability. Difficult to address number of names on a list.
Nevada / Plumas / Sierra (JPA)	Quick response to telephone calls.	None.	
Orange	This specific question was not asked.	Better screening of Providers. Send out lists of Providers who want to work. Providing more people to choose from.	Yes, but implemented after 6/30/07. Starting 7/1/07 conduct CBI. Continually up-date Profiles for availability. Difficult to address number of names on a list.
Placer	All were rated as favorable	None.	
Riverside	The variety of trainings offered to Providers.	The variety of trainings offered to Providers.	

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Sacramento	<p>Registry Consumers rate customer service and helpfulness of Registry staff very high, noting in their comments that “it’s an excellent service, very prompt.” Those surveyed also appreciated the inclusion of references, and the indication that a background check had been completed for each Provider on their list.</p>	<p>We specifically ask in all of our surveys for comments that will help us improve Registry services. A few comments indicated Consumer dissatisfaction with being able to reach a PA staff immediately by telephone. On average, 1,500 calls are received monthly through the main phone line. It should also be noted that whenever negative comments or responses are received, PA staff follow-up to ascertain that the Consumer is safe, has the services they need, and whether an APS report should be filed.</p>	<p>Staff participated in a workflow review to determine how calls coming into the Public Authority were handled. Registry staff usually has initial contact with Consumers when they request lists or with Providers during the registry orientation and interview processes. Consumers and Providers asked specifically for these staff persons with whom they were already familiar, whether or not their question is related to registry services. Voicemail boxes filled with health benefits or payroll questions that had to be referred to others. A new telephone tree was developed that has fewer selections, is easier to use, and forwards calls more appropriately, whether to Public Authority health benefits staff or directly to IHSS. Registry staff no longer spend time dealing with a backlog of calls, and are able to provide more immediate and meaningful attention to registry services clients, and clients get through to the correct office more quickly to get their questions answered.</p>

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San Benito	Hiring of Providers, meeting expectations	DNR.	<p>Staff participated in a workflow review to determine how calls coming into the PA were handled. Registry staff usually has initial contact with Consumers when they request lists or with Providers during the Registry orientation and interview processes. Consumers and Providers asked specifically for these staff persons with whom they were already familiar, whether or not their question is related to Registry services. Voicemail boxes filled with health benefits or payroll questions that had to be referred to others. A new telephone tree was developed that has fewer selections, is easier to use, and forwards calls more appropriately, whether to PA health benefits staff or directly to IHSS. Registry staff no longer spend time dealing with a backlog of calls, and are able to provide more immediate and meaningful attention to Registry services clients, and clients get through to the correct office more quickly to get their questions answered.</p>

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San Bernardino	Most	PA cannot answer my question when I call - three persons	All are reviewed by Management and Director; if appropriate, disciplinary action is taken; depending on complaint, information may be tracked in Outcomes Management system for review of trends/patterns and assessment of program changes that might reduce the frequency of complaints. These trends are reviewed at annual strategic planning sessions during Management Retreat normally, however, if significant are addresses at monthly management and staff meetings.
San Diego	1) The Registry staff is great in educating Consumers on the process. 2) Interviewing the Providers by telephone helps speed up the hiring process. 3) The training that the Providers received at the Orientation makes it easier for them to understand the task I want completed.	1) Providers on list do not return telephone calls. 2) Provider telephone numbers have been changed or are disconnected. 3) Providers on the list are not available to work.	

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San Francisco	The Registry, OC Services, screening and support services, educational conferences and training videos.	None.	Developed FAQ's for all PA services and Union /payroll issues that are posted at each staff person's desk regardless of unit, so that FAQ's can be answered regardless of the "door" caller enters by phone. Staff is trained to answer FAQ's regardless of the primary Unit they serve. Also instituted Home Visits in response to input received during match follow-up calls indicating that Recipients were uncomfortable with employer responsibilities, and with their ability to communicate details regarding how they wished Providers to complete authorized tasks.
San Joaquin	All areas were rated positively. This survey is now being used by a number of PA's and comparisons will be made in future years. Currently San Joaquin County was rated more highly than Stanislaus in most area.	None.	We have modified our Provider Availability Update process and made it mandatory for Providers to update their availability and contact information on a monthly basis or face the possibility of being terminated from the Registry.
San Luis Obispo	Hand matching Provider to Consumer; home visits by Registry Social Workers; Registry follow-up (phone calls and visits by Social Workers.	Complaints are primarily about the need for more Providers, especially with personal care skills, and Providers willing to work weekends.	

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San Mateo	Questions asked on our Consumer survey are developed to address county-required Performance Measures. While the above-mentioned questions are asked, we also look at any changes in a Consumer's quality of life as a result of Provider's care. Policies and operations are not specifically addressed.	Questions asked on the Consumer survey are developed to address County Required Performance Measures. While the above-mentioned questions are asked, we also look at any changes in a Consumer's quality of life as a result of Provider's care. Policies and operations are not specifically addressed.	
Santa Barbara	IHSS Consumers receive list of potential IPS in a timely fashion; the letter is sent within two days of interviewing the Consumer.	None.	Recruitment (i.e., newspaper ads) emphasizing the need for personal care skills; we offer on-the-job training in personal care.
Santa Clara	N/A.	N/A.	
Santa Cruz	DNR.	DNR.	
Shasta	DNR.	DNR	The PA is working on an in-depth survey to obtain more information and to provide the Advisory Committee data to use for making recommendations for improvement.
Siskiyou	DNR.	DNR.	
Solano	N/A -- survey did not ask this question.	NA-survey did not ask this question.	

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Sonoma	An overwhelming majority of the respondents reported favorably about the following: Registry Caregivers understand how to properly complete timesheets and understand the payroll rules; Registry Caregivers understand how the IHSS Program works; Registry screening process (criminal background checks and reference checks) was important to them (Consumers); PA quarterly newsletter information was helpful to the Consumer and Caregiver.	About 50 percent of the respondents were not aware of the PA training opportunities; A large number of the respondents were not aware of the Urgent Substitute Provider Program (USPP); A large number of the respondents lacked knowledge about the IHSS Advisory Committee.	
Stanislaus	Not polled.	Our PA does not have direct contact with Consumers. All requests from Consumers come from the IHSS Social Worker. Because of this, the survey for PA policies and operations were only sent to IHSS Providers.	One full-page of the PA quarterly newsletter is devoted to the training Program. Several articles describing the USPP service have been placed in the newsletter and every newsletter publication includes a 1/6 of a page box with the Urgent Substitute Provider Program name and telephone number. IHSS Social Workers give Consumers the USPP flyer during the initial assessment home visit. One-half page of the PA quarterly newsletter is devoted to describing the IHSS Advisory Committee, including information about dates and times of meetings, being open to the public, encouraging input, recruitment for vacancies, and the number to call for more information.
Sutter	DNR.	DNR.	

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Tehama	Timeliness of lists, response of PA staff.	None.	
Tulare	Not addressed in survey.	Not addressed in survey	
Ventura	Registry Services, Providers on Time, Providers perform all authorized hours, Providers treat Recipients with respect, notify when not reporting to work	None.	
Yolo	DNR	.	
Yuba	Did not specifically ask this question.	Did not specifically ask this question, however nothing was reported as needing improvement.	On the survey question regarding preventing a hospitalization, Consumers were confused by the question, so we are revising this question.