

**California HSS Consumer Alliance**  
**Statewide Call**  
**August 21, 2019, 10 a.m. to 11:30 a.m.**  
**Notes**

**These notes are not word for word. Review the recording if you look for word for word!**

Karen Keesler, CAPA: The budget was signed over a month ago. There is a new Memorandum of Effort (MOE) in place that governs the County and State financial relationship. There were increase in the MOE for wage adjustments, basically the same as in the past and overall the new MOE was more stable compared to the one done in 2017, the new one was more comfortable for the counties.

There are some changes in Collective Bargaining that if both parties reach an impasse, they can claim this and there is a process to expedite the negotiations within the MOE. Karen to send more information on this.

With the Public Authority (PA) funding there was an increase of \$3 million, about 15%, but still lower than FY16-17. CAPA will continue to work to increase funding.

There was concern about possible cuts to a county's PA using a recommended methodology suggested by the State. Heard a lot from Advisory Committee members and others about this, as well as other PAs. When it was finally worked out, all the PAs are receiving healthy funding and a few they will see increases.

In 2018 there was a Budget bill pertaining to EVV where GPS would not be used or it would be used to determine number of hours for a recipient, and this was only good for one-year. This year it was placed into statute that GPS would not be used in determining hours and it will not be used for determining . It was noted that CMS came out with new [bulletin guidance](#) and we are waiting to see how the State responds to this and other impacts that may have on the EVV program.

[AB 426](#) Click on AB 426 to read the bill. This was originally sponsored by the California Coalition of Welfare Rights Organization. Originally, this bill would repeal the requirement to obtain a certification from a licensed health care professional as a condition of receiving in-home supportive services. This in blue was changed to: This bill would prohibit the in-home supportive services from being denied due to a lack of certification to any applicant who provides good cause for not submitting the certification. The bill would define good cause for this purpose to include a lack of transportation to a licensed health care professional to obtain the certification or an inability to pay a fee for the completion of the certification form. This bill is still being worked on.

The Legislature only has about three weeks to act on bills being worked on, we should have an answer to the position AB 426 is in a few.

Newson highlighted his belief of the State needing a Master Plan on Aging. Composition of the Stakeholder Committee was released last week. A few organizations have developed and shared what they feel should be included in the Master Plan. California Coalition of Long-Term Service has developed what they believe should be in the Master Plan. Karen will send so they can be shared.

Back to a question Paula asked before the call started about whether our Legislature and leaders were aware of the Federal Guidance issued about EVV? Yes, they are aware of and we await to work with them on the next step.

Maxine: Has there been a request by the State on a "Good Faith Effort" to extend EVV to 2021?

Response: I do not want to speak for the State, but it is known publicly the State was to file their request.

Maxine: I have asked CHHD Services and they wrote me back stating it has not and then it was thought it needed to be in by July.

A State representative will be on the call to answer this question.

Paula: You know how many live-in Providers there are in the State? I thought it might close to 72%

Response: I am pretty sure that Family Providers are large in number, maybe 80%, but not all Family Provider live with the Recipient. I agree with Charlie, it is probably lower than what you indicated, 72%. It is somewhere in the information provided by CDSS – something to search for.

Paula: If live ins are not required to use EVV, would the penalty be based on everyone on IHSS or just those required to use EVV?

Response: Let the State answer your question here.

Charlie: What is the MOE cost the county, the change?

Response: The cost to the county, statewide is about \$1.5 billion. Compare to FY18-19 vs FY19-20 the difference is about \$9 million statewide difference. The differences are the County MOE in 2017 had an annual increase of 7%, which is a higher increase than the State Sales Tax and Vehicle License Fees pays for in the County contribution; there was going to be a higher gap in the county's contribution to pay the 7% increase. Also, the State subsidy and realignment was very difficult, they took money from Mental health, so the composition of the dollars is different.

Found a State chart, the percent of Live-in providers is 53.6% as of June 2019. This was pulled off the Department's website. (need to get where this was found – ask Karen)

Debbie: About the question asked earlier about the "Good Faith Effort," It is planned to submit a request, the timeframe is between July and November of this year and they are in the process of writing the letter. So, the State will be submitting a letter requesting an extension.

Debbi is the Deputy Director of Adult Protection Services, CDSS

Debbi: Also, the number of live-in providers given by Karen earlier is correct, 53%. The 70% figure is the number of Family members who are providers, but not necessarily living with the recipient.

Debbie Thomson, Deputy Director of Adult Protection Services, CDSS:

One of the concerns is tied to the New [CMS Guidance Bulletin](#) that recently came out. Live ins needing EVV, use of GPS, etc.

CMS has been consistent and clear, use of GPS is not a requirement with EVV.

### **1) Do EVV requirements apply if the individual receiving personal care or home health care lives with the caregiver providing the service?**

No, EVV requirements do not apply when the caregiver providing the service and the beneficiary live together. PCS or HHCS rendered by an individual living in the residence does not constitute an “in-home visit”. However, states are encouraged to apply appropriate oversight to services provided in these circumstances to curb fraud, waste and abuse. Additionally, states may choose to implement EVV in these instances, particularly when using discrete units of reimbursement, such as on an hourly basis.

Question #1 was about live ins not needing EVV, this is being further investigated internally and will be working with stakeholders when we get answers.

### **4) Are web-based electronic timesheets with dual verification a permissible form of EVV?**

No. Most states’ EVV systems use GPS and/or landlines to capture the location of PCS and HHCS. As an alternative, stakeholders proposed the use of web-based timesheets in which the time and location of service delivery is entered by the caregiver and authenticated by the beneficiary. However, web-based timesheets alone do not provide the state with auditable confirmation of the data entered by the provider and approved by the individual.

Consequently, such a system would not be sufficient for electronically verifying the six data elements required by section 1903(l)(5)(A) of the Act for PCS or HHCS services rendered during an in-home visit.

Question #4 We are currently looking into this question. We do not have any information to share about this yet. As soon as we do, it will be shared. They are working with DHHS to get more information.

As where we are now with EVV, statewide we are up to 40% of users using the portal. In LA where we are running a pilot program, it is 50%. In the Lancaster District, where we started in LA County, there are a little over 80%.

It is moving along. There have been some issues with the system. We are working with our vendor to correct them. The biggest load happens around the first day after the end of a pay period because the volume is so high.

The message we sent out before the last pay period ending, was that people did not need to wait until midnight to submit their timesheets. Individuals can submit their timesheets as soon they are done working for that pay period.

I believe many got the message and they submitted it as directed.

What was happening at midnight there were 80,000 to 100,000 timesheets being submitted in the first hour and it caused the system to slow.

We are working daily on issues surrounding the submission of the Timesheets. Staff is now working with LA county to get them up to speed and work out issues that may come up.

Staff have been working with people to get on the portal with some recognizing they are getting paid sooner.

**Note shared by CDSS through CICA about submitting Timesheets:**

1. Timesheets can be submitted on the last day of a pay period, the 15<sup>th</sup> or last day of the month, yes?

The Timesheet will go into a queue for processing on the 16<sup>th</sup> or the 1<sup>st</sup> of each month, yes?

**Answer:** Timesheets can be submitted on the last day a provider works. In the example above the timesheet can get submitted on the 15<sup>th</sup> or the last day of the month and be processed without a problem. The timesheet is held until the first day of the following pay period, either the 16<sup>th</sup> or the 1<sup>st</sup>, and then processed. If the 16<sup>th</sup> or the 1<sup>st</sup> is a weekend day, then the timesheet will be processed on the following Monday.

2. In regards to submitting an individual's timesheet prior to the end of the pay period, if the provider quit on the 8<sup>th</sup> of the month, can the submit the timesheet on the 8<sup>th</sup>?

It would go into queue and they would be processed on the regularly scheduled date for the pay period ending, yes?

**Answer:** In this situation the provider or recipient should contact the county and advise them that the provider is no longer working, so the county can terminate the provider in the payroll system. If the provider is terminated in the payroll system and submits their final timesheet, the system will process it that evening and issue payment. If the provider is not terminated in the payroll system and submits their timesheet early, their timesheet will be held and processed on the first day of the following pay period, same as above.

3. Provider worked their last day of the pay period (did not resign) the 13<sup>th</sup> of the month, can they submit their timesheet on the 13<sup>th</sup>?

**Answer:** Yes. Providers can submit their timesheet on the last day they work. So, in the example above, if their last day of

work was the 13<sup>th</sup>, and they knew they were not going to work any more hours for the pay period they can submit their timesheet. The timesheet will be held and then process on the first day of the following pay period, the 16<sup>th</sup> or the 1<sup>st</sup>.

As an FYI, we do not hold timesheets as a penalty for submitting early. We are working on improving system performance and will continue to communicate that there is no penalty. We are experiencing issues because everybody is waiting to submit their timesheets till the last day and we want to encourage providers to submit their timesheets on the last day that they work in the pay period.

Charlie: There was concern about the message received when a timesheet is submitted early. It does not state it is going into queue, just it is being submitted early.

Debbi: We are going to change it to notify individuals that their timesheet has been received and it will be processed at the end of the pay period.

Charlie: Some do not receive messages about the submission of their timesheet. After the Recipient has approved the timesheet the provider receives a message stating the timesheet has been submitted – not everyone is receiving these.

Leora: Most likely this is happening is because on a busy day the batching of the timesheets is done differently to take the load off the system. This means the email to be generated and sent may be later when the complete batch is completed.

One of the things that is being done is to not run the batching process every 15 minutes, but group them into bigger groups. It will allow the system to handle the heavy load, and emails will go out after they are batched.

Dale McIntosh Rep: Will EVV be requiring individuals to document the start time and end time each time a task is done. If someone had to wake up and 3 a.m. how would EVV require this to be posted?

Debbi: No, it will not be required to clock in and out for each task. Our EVV system will be you clock in when you first start for the day and when you complete the last task for the day.

This then would be recorded as the time you did the first task of the day you would enter 3 a.m. and then enter say, 11 p.m. was when you did your last task. You would enter total hours worked say, 6. You would not have to enter this immediately, but when you complete your timesheet.

Dale McIntosh Rep: You do not need record the type of service being done?

Debbi: No, they ask to show if it is a personal care or home care service. Since IHSS are for Personal Care, you do not need to do anything. This goes for the WCPS as well.

The gaps in the time do not need to be justified.

The purposes of EVV that are required is to record the time started and the time ended and for payroll you only record as you do today, the actual time worked.

*Examples of time entry for EVV showing start time, end time, and hours worked:*

*Provider wakes up and assist recipient to use bathroom at 3 a.m. and they go back to bed. During the day various tasks are performed for a total of 6 hours work. The last task was completed at 11 p.m.*

*They would enter 3 a.m. as the starting time, 11 p.m. as the ending time, and 6 hours for the time worked (to be paid for). It is recognized that many providers perform tasks throughout the*

*day and checking in and out for each one would be cumbersome. To meet EVV requirements they only need to record their starting time and ending time – these do not need to be entered daily, but when you complete your timesheet.*

Sandi: Solano County will be starting EVV in January and it is hoped that that all these little kinks are worked out by then, yes?

Debbie: Yes, the goal is to have the slowness and other kinks worked out before January.

Sandi: Does CIMP's close at 8 o'clock? Or when is the last batch ran?

Leora: On the non-busy days, the batch runs throughout the day and at Midnight it runs to gather all the batches and forwards them to payroll. This sends them for processing the next day. A batch may run every 15 minutes.

In peak days, it does not run as often, but it still runs a batch for the day at midnight to process for the next day.

Missed name: What system is in place for those on Advanced Pay?

Debbi: Advanced Pay will be done the same as it is now, only electronically. When your County goes to EVV, you will only need to add the three elements, Start & End Time and location (Home, Community or both).

Missed name: Does this also include those with multiple providers?

Debbi: Yes, it is the same. Only change is going from paper to electronic submission of time paid.

Paula: Protective Supervision (PS) clarification earlier asked? Also, on multiple providers do they need to wait till the 1<sup>st</sup> or 16<sup>th</sup> to submit their timesheets, even though they ended work a few days earlier?

Debbi: When a provider is one working in a pay period, they can submit their timesheet on the last day they work. The system will accept it and it will be processed the first business day after the end of the pay period.

If someone is doing Protect Supervision (PS), they can enter 12:01 a.m. as the start time and enter 11:59 p.m. as their end time if this is how they are managing the PS.

Donna: I am a consumer and want to know if I will see the same as the provider?

Debbi: Yes, when you view the timesheet for approval you will be able to see the start time, the time the first service was performed and the end time when the last service was completed. There will also be a drop box with three choices: Home, Community, or Both. Home is for services done at the residence. Community is everywhere else. Both is for services in the home and community.

We tried to make the elements as easy as possible.

Joey: Came in late, I was wondering about the new CMS Guidance if it was viable to what is being done? And, I would ask if there is maintenance and update if it could be scheduled for times not at the end or beginning of pay periods.

Debbi: We do not do update during peak times. What has happened is there is a page coming up that impedes people from entering their timesheets. And right now, it is only the maintenance page that comes up, which is going to be changed. The maintenance page was the only option we have currently to use, but we are going to fix it.

As far as the Federal Guidance, we are working with DHHS on what needs to be done, if anything. As it has been stated in the past, we have been following the statutory procedures and working with stakeholders to develop our system. We have received Federal funding to do this and if there is additional information to be shared it will be out as we get answers.

Joey: off subject, wondering if we could hold a stakeholder call or meeting on the 99-page Paramedical Ordinance that just came out with 15 days to comment?

Kim: Joey, your email was forwarded to me yesterday. First the document is 99 pages, but it is not 99 pages of changes. This is a follow-up document that was originally sent out in December or January that received a lot of stakeholder comments.

We are taking comments now on the changes made.

Debbi: This is the document with changes made from the first comment period and this is what we are looking for comments on. It was believed that there were responses to comments made included in the document.

Joey: to me it is confusing. I do not know where changes were made. Just wondering if we could be a stakeholder meeting on this and explain it more.

Debbi/Kim: I think there are two things. Right now, we are following the guidelines for making changes. And the other about a stakeholder meeting we can do this address changes with stakeholders.

To set up a call about paramedical Ordinance for either the 29<sup>th</sup> or 30<sup>th</sup>.

**This has been established for the 30<sup>th</sup> at 10:30 to 11:30 a.m. No number yet – Save the date has been sent out.**

Susan: For those who have IHSS, WCPS and PS would enter their time as 12:01 a.m. and 11:59 p.m. be acceptable?

Debbi: Yes, they would be doing it the same as they do today, only electronically.

Susan: with the guidance that came out about the use of electronic timesheets is the State still going to follow the schedule recently sent out?

Debbi: Yes, we are going forward with what we are doing. As it was stated earlier, we have been following the guidance given. We are in the process of moving forward with current plans. If there are changes needed, we will notify the stakeholders of those changes.

Maxine: Mostly you have family providers on the phone. And it is known nationally that there is a shortage of care providers. Will DPPS or DHHS be working with Public Authorities to increase the number of providers for those without family members to care for them? We are having private agencies taking providers by paying them higher wages. So how is the State going to work with Public Authorities to help improve the number of providers?

Debbi: The bargaining for higher wages, with the PA is done at a local level. The Registry is on the local level. You bring up good points and we do support the counties in their methods and processes all we can. The shortage of Care providers, etc. are on-going issues that will be continually worked on.

Paula: Tried to explain the difference in time allowed for of 10 minutes for bowel and bladder care did seem right. Asked about where they got their numbers for guidance?

Debbi: talking about estimated times to do paramedical processes is not dictated it is trying to give some guidance to a typical procedure authorized to do these types of services. It does not prohibit the doctor from ordering more time to perform a service.

Working with Public Health Nurses in the County with the IHSS program to give typical times to be used consistently throughout the State. This does not in no way say that of there is a need for more time that it cannot be given with appropriate support.

What was happening Counties were turning huge differences in amounts for do the same service. The tool developed with suggested times does not require them to limit what it requires with appropriate documentation.

Paula: Shared long version of procedure for changing a catheter as well as well explain how digital stimulation for bowel care works....asked to cut conversation off.

CDSS: We are going to have another conversation on Paramedical next week. Want to make very clear we are not dictating time and there are exceptions to every single service to IHSS for individual circumstances. This conversation is not to have individual circumstances discussion. If you believe you have not been authorized the correct time to perform the service for your daughter, it is a conversation to have with your Social Worker or ALJ if it does not get resolved by your Social Worker.

Yes, there are guidelines and tools to be used, but they do not apply to every individual situation. That is a conversation you need to have with your Social Worker, and I do not want to debate this here. The paramedical Manual provides guidance and tools to be used, but it does not stop a doctor from asking for more time if it is needed in individual cases. What you describe are services that should be included in your time and you need to talk to your Social Worker.

Sandi: Another question about entering your time. If a provider's last day of work is Thursday and the pay period ends on Friday is it okay to enter their timesheet?

Debbi: It is okay for them to submit their timesheet on the last day of work. It will be processed on the last day of the pay period. The only time it may be different is if the provider was terminated. This can be processed early, but you would do this through the county.

Sandi: What happens if the pay period ends on a weekend?

CDSS: it would process on Monday.

Joey: Is there a way to track the turnover numbers, why it is? Is there a way to end the caps of hours worked and maybe pay more overtime?

CDSS: The caps are up to 66 hours a week. The caps are statutory, and the concern are the amount of time an individual works. Individuals exceeding 66 hours a week would be working 297 hours a month compared to those averaging 40 hours a week 180 hours a month; concern would be about their health and quality of care.

Joey: Is there a 40-hour cap that can be placed on individuals.

CDSS: No, they cannot do this. There is maybe more education needed about working up to 66 hours per week. Individuals getting notices that should they can work 30 hours for one recipient can work for other recipients up to 66 hours per week – need more education on this.

Joey: is there a report on the quality of care given involving individuals who work 12-hours a day, as I did? I do not believe quality of care drops.

In the future we will follow a different procedure on our calls. Often there are others waiting to ask questions and trying to let every ask their questions is important.

## **Guidelines for participating in CICA Statewide Calls**

This applies to all those participating in our monthly Statewide calls sponsored by the California IHSS Consumer Alliance.

### **Participants:**

1. Announce your name, and if you are a provider, recipient, or whatever
2. Should mute their lines \*6, to unmute \*6 to speak
3. Raise their hand to ask a question, \*5 (this will place you in a queue)
  - Ask your question directly, to the point and on subject being discussed
  - Questions should not include long personal descriptions of tasks (personal information) – this should be done privately
  - Follow-up question is allowed, for clarification.
  - Be respectful of those you are asking the question of

- And most of all, remember there are others who may want to ask questions, you can always raise your hand again to ask another question

**Speakers:**

1. Show respect for your audience
2. If you are having a problem with the participants, ask for the monitor/host to step in

Your participation is important to CICA and to the IHSS program.

Thank you!