

**CDSS & CICA Paramedical  
Stakeholder Call  
August 30, 2019**

**Notes**

**These are my notes, not word for word.**

**My wording – listen to the recording if it does not sound right**

**I am a poor subscriber! 😞**

This was scheduled per request made during the last CICA Statewide call. Thank you, Debbi and Charissa from CDSS for their assistance and time to be on this call!

It is important to recognize that the IHSS Paramedical Services Ord. #0915-11 is in its second phase of receiving comments (15 days). It is not final.

**CBs Note:** *Comments received will cause another comment period; but comments may only need clarification and this will be done when the final version is published in the All County Letter (ACL). There were points made on today's call that clarification needs to be provided in comments being made* stated a provider could not be paid until certified:

“Before you can receive payment from the IHSS program for providing Paramedical Services for this recipient, you must receive training directed by a LHCP to administer the specific Paramedical Service(s) ordered by the recipient’s Physician/Surgeon/Doctor of Osteopathic Medicine (D.O.), Podiatrist, Physician Assistant (PA), Nurse Practitioner (NP), or Dentist. The training may be provided by a LHCP other than the type(s) who ordered the paramedical service, however, only an LHCP who is licensed pursuant to Division 2 of the Business and Professions Code may provide this training. If you have not yet been trained on how to provide the Paramedical Service(s) ordered, you will not receive payment for providing the recipient’s authorized Paramedical Service(s).

CDSS: In order to be paid, is the responsibility of the person ordering the service is certifying the person performing the service is trained. It does not mean the person ordering the service is doing the training, they may have the nurse in their office do the training. The physician is certifying the

individual performing the service has the training. This has always been the way it has been we are not changing anything.

???? As a quadriplegic and on IHSS for 15 years I have never had a doctor train my providers to perform a service. I do not see how this can be done.

CDSS: When a doctor signs the form, they are signing that the training will be or has been done, not by them, but maybe someone else that knows what they are doing.

They may recognize that the recipient knows what needs to be done and they train the provider. The doctor is signing this to acknowledge the training is being done by someone with knowledge of what is needed.

???? I think it would be good to have this in writing that the recipient can provide the training, or the doctor recognizes it is the Consumer or other person providing the training.

???? As it is written in the second paragraph it gives the impression that one of the professionals must train the provider. The wording is off from what you are saying.

???? It would be good to see it in writing n what you are saying.

CDSS: I am understanding what you are saying, you ask for clarification on who does the training. What you can do is submit this as a comment you need clarification on who can do the training be it a Recipient, another Provider, or whoever, as part of the comment process.

CDSS: It states, "The training may be provided by a LHCP other than the type(s) who ordered the paramedical service, however, only an LHCP who is licensed pursuant to Division 2 of the Business and Professions Code may provide this training."

???? It is being said verbally a Recipient can provide training, but the sentence leaves this out; it states "direct your training" which causes concern. Ask for clarification on who or whom can provide the training in our comments.

???? Will providers be paid for the training, mileage and other costs?

CDSS: we are changing how they are being paid. Paramedical Services can be paid retroactive, going back to the date the Doctor notes the service is to begin and the provider started.

If the paramedical service is new and the provider was paid to accompany the Consumer to the Doctors, they could be paid while being showed the new procedure at the Doctor's Office.

???? It seems like a departure from what we have done in the past.

CDSS: If the new language is causing the confusion, we will look at it. But there is no departure from how this has been done. The Physician has always approved what is to be done and certified the training was done.

???? it was noted that it could be two to three months for the paperwork to be completed. This is time that the provider is not going to get paid.

CDSS: Not correct! What was said was that the provider can be paid retro pay for the services when the paperwork is approved and received.

???? I have never had someone paid retro-actively waiting on papers to be returned.

CDSS: and nothing is going to change. If has been done differently than the procedures being discussed, it is being done incorrectly. Paramedical Services are not to be started until the forms have been signed and received. And at that point, we can pay retroactively because it is a Doctor's order.

So, if something is being done differently, it is being done incorrectly. What is being presented here are the rules and nothing has changed from how it has been.

???? It seems like you are placing the burden on the Consumer.

???? It may be some doctors return forms much quicker than others and making appointments are not always needed; but if you do need to make an appointment, it could take 3-weeks.

CDSS: Again, nothing has changed in this process. Paramedical Services since its beginning has always needed a doctor's authorization.

???? Concern expressed about the time placed on getting the form completed; Providers may not be willing to do the services until it is authorized, which in turn can cause more difficulties for the Consumer.

CDSS: When and how the services are authorized has not changed.

Make your comment about the burden you may feel it causes the Consumer. We can look at it, but nothing has changed from what has been being done. The Doctors approves the services and the people doing the training.

If you make a comment about the Recipient, or others doing the training this is what we will do at for clarification if needed. Again though, nothing has changed in the process in how paramedical services and training is done.

???? Services can be retro paid when the form is dated or received, yes?

CDSS: When the form for paramedical services is received, they can be paid retroactively. It would go back to when the doctor authorized the service to begin.

**CB's example:** SOC 621a is received August 30, 2019. The Provider began the required Paramedical Service July 15, 2019.

The Doctor showed on the SOC 621a that the service was to begin July 15, 2019.

The county would work with the provider and Consumer to provide retroactive pay for the services from the date of July 15, 2019.

It is important to note that the doctor does not have to return the form to the Recipient, they often return it directly to the County Office.

CB's Note: Having Paramedical services I have hand delivered the form to the doctor personally or asked my Provider to do this. Explained what was needed.

Communication is very important with your Health Care Professional. Some of the points made in past noted not all Medical Professional are familiar with the forms and what is needed (this can be

recognized by some of the explanations Debbi gave as examples for changing colostomy, 22 hours per day?).

You are your best advocate, be upfront and honest about your needs with the doctor!

???? So, to clarify it is the date the doctor signs the paramedical form, not the Social Worker?

CDSS: The date the paramedical service begins is the date the Doctor reports it is it begins. If the doctor stated on the form it started on July 1<sup>st</sup>, then retro pay will go back to then if that is when the provider began performing the service!

???? Back when the changes were first introduced, I submitted some concerns. Reviewing the current document, I still have the same concerns. I have three concerns:

1. The County Health Nurse called the doctor about the order he provided for Paramedical services. Over the phone she had told the doctor they were reducing the number of days and hours and he needed to provide better documentation.... Recording expands on this...

CDSS: The County does not have the authority to do that, but they can call to clarify what the doctor ordered. Please review recording for explanation...

2. For the standards now, guidelines seem to set a time that must be used, yes? (hard to hear the question, individuals need to learn to mute phones when on calls \*6).

CDSS: These times are only guidelines to be used as a reference for the typical time that the service may be provided in. There is nothing that stops the doctor from authorizing more time by writing a short explanation of why it is needed.

3. Oddly enough, the County Nurse also reduced paramedical from 7-days to 5-days because of spousal relationship and they were in the home two-days a week.

CDSS: Sounds like there is some involvement of the care of a minor, but still, the County cannot change the paramedical services ordered by a health care professional. Need to listen to recording for more info....

4. Also, the asking for new Paramedical Forms every time you get a new case worker or each year. It was thought this is not needed...

Again, if there is a form on file, it is not needed. Many times, the doctor will say this is an on-going need. If counties are doing this, it is incorrect. If they are doing this, you certainly can escalate these concerns. It is not required.

A new form is needed if the care has changed, there is a new provider, or a new service is added to the care.

Listen to the recording for extra talk.

5. Is there a possible to send out a clarification about the need for new Paramedical Forms – note in our comments – it is supposedly in the regulations on how they are to be handle – reference in comments to possible be added to ACT that goes out with update Paramedical Guidance.
6. Concern expressed about who can sign-off on the training, such as a therapist, etc.

CDSS: training has been expanded, but still, like you or I, the order to receive the training comes from Licensed Health Care Professional. They are to certify that training was ordered and completed.

???? I am a recipient and each year I must get a new Paramedical Form filled out. Am I understanding it correctly, that I do not need to do this?

CDSS: Unless your paramedical need has changed, there is no regulatory requirement to get a new form. It is important that your doctor enters “ongoing treatment” in the date where it ends!

Check to see what the doctor is entering as an end-date – suggest entering “on-going” in the end date. From the regulatory standpoint if the form has

no end-date they do not need a new form unless the treatment has changed.

???? I do not see where a Doctor would enter the date of when a service begins

CDSS: This is found on SOC 321, under the column: "How Long Does this Service need to Be Provided (Specify Begin Date and End Date)." The begin date is the date that can be the start date.

???? Does the Recipient need to be listed on the form as the person who can do the training?

CDSS: We will look what is in the regulations on what we can do. When you submit your comment, and this is mentioned we will research and see what needs to be done.

???? What changed to prompt the update?

CDSS: There had not been any statutory change. What we will do is make sure we are following the law in what was done in the past and make sure we are within the statute requiring paramedical services.

???? My concern is about the machines I use to breath and talk – needing a Provider all the time. Having to wait for doctor to approve training is not going to work for me. I usually do the training.

CDSS: Nothing has changed from how it was done in the past. We plan on clarifying the approval process and who can do the training, but nothing has changed.

Understand the concerns and comments and will do our best to respond to comments received to make it work.

???? Other concerns were about the time given on the guidelines. Age and ability of some providers may take longer to do certain tasks. We can call our Social Worker to change this, yes?

CDSS: It is not measured on the provide, it is what the recipient needs. You would not call your Social Worker; you would need to talk to your Doctor to increase your time.

Your doctor would document your needs and give a brief statement of the need for additional time.

Times given are typical average times, not in stone and can be changed. You and Your doctor can document your needs and ask for more time. They provide a brief statement.

???? Is there a reason for the changes, have there been problems?

CDSS: Yes, there have been problems up and down the State. We are trying to get more consistent with the guidelines. I shared an example regarding 22 hours for the colostomy per day. I have gotten one from 5 minutes to 45 minutes for an injection with no understanding or explanation. These hours are there for guidance, if an individual requires more, they can ask their doctor to document the need.

From a program integrity side, there should not be such a wide difference in time for the typical individual. Yes, there are those outside of typical, they can be documented.

???? Where those examples approved?

CDSS: No, they were not.

???? It just seems to be so many changes currently with IHSS. It is difficult to keep up.

CDSS: With the program and the large number of new people and size of the program, we need program integrity. People in LA should not be getting more or less than they are in Humboldt, for the same service. That is the purpose of these guidelines.

If things are done properly, we get audited by the Feds who we receive a lot of money from. It is important we have program integrity!

Thank you, Debbi and Charissa!