

**California IHSS Consume Alliance (CICA)**  
**Statewide Conference Call Notes**  
**Wednesday, January 16, 2019 – 10 a.m.**  
Call in: **1-800-309-2350**; Passcode: **10282015#**

For the “NOTICE OF PROPOSED CHANGES IN REGULATIONS: In-Home Supportive Services Paramedical Regulations Requirement; Ord. #0915-11” we ask you submit questions to [info@cicaihss.org](mailto:info@cicaihss.org).

- [NOTICE OF PROPOSED CHANGES IN REGULATIONS OF THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES - ITEM #1 In-Home Supportive Services Paramedical Regulations Requirement – ORD. #0915-11 Comments Due January 18, 2019](#)
- [INITIAL STATEMENT OF REASONS](#)
- [Proposed Regulation Changes](#): Amend Section 30-701 to read

**CICA Statewide Call Notes, January 16, 2019:**

10:05 a.m. - **In-Home Supportive Services Paramedical Regulations Requirement – ORD. #0915-11** Debbi Thompson & Charissa Maguelino, CDSS.

EVV no updates, basically same information provided last month.

It is understood there are a lot of questions around Paramedical Services and Ordinance Changes. This is the first part of making changes and a lot of comments have been received.

The time frame for receiving comments was not set by CDSS, but the Office of Ordinances which set the time frame for comments through their establish guides. As noted, because the original deadline was during the holidays it was extend to January 18, 2019.

We have received a lot of feedback and it is planned to review all the feedback. We will look at the comments and make necessary changes. After this is done, the ordinance will be sent out again for additional comments with changes that have been made.

This is a lengthy process and at this time we are at the beginning and can see this going through November 2019.

On the guidelines piece we worked with county Public Health Nurses who developed them. These SW are those who work with the program on a daily experience and have first-hand experience on needs. The reason the guideline was established was to provide guidance in completing the forms.

So often forms returned by doctors had nothing to do with paramedical tasks but talked about the need to have hours for housecleaning and other tasks that did not fall into the paramedical category. Another example given was an individual needed 22-hours of colostomy care per day.

This to assist doctors in understanding what the norms are in completing the forms to provide information to what is needed. It does not restrict them in suggesting more is needed outside of these guidelines.

Who can fill-out the forms has not changed, it has always been a licensed physician and a few others who have authority to write orders for medical service. This is an actual doctor's order outside of actual activities of daily living for medical services.

This also assumes that the doctor ordering the paramedical services is over-seeing who is providing the service and is trained and properly providing the services required. It is understood

there is logistical concerns. There are some questions on who is doing the task, such as “range of motion.” It is the physician who is ordering the task and oversees that it is being done correctly; even though the physician may not be the one who is doing the training, they are certifying that the person doing the task knows what they are doing.

There is also the ability to go back and certify someone for performing a task. They can go back and state an individual was previously trained to perform a specific task a few years ago without going through additional training.

There was a concern about what are or are not paramedical services; it was stressed there are no changes to tasks under paramedical services. Example: Range of motion is not necessarily something that would be under paramedical services. Active range of motion can be authorized under IHSS tasks of rubbing skin, repositioning category of services. Passive range of motion requires paramedical approval.

### *Active vs Passive*

*Your active and passive range of motion may be very different, not only from each other, but also at the joints themselves. Active range of motion means you move a joint through its range of motion, or ROM. Passive range of motion involves someone else moving a joint for you. Anytime you are moving your body, you are using active ROM. An example of passive ROM is if a doctor is testing a joint, such as the shoulder, and is moving it for you without your assistance.*

There were concerns about nail clipping, especially for those with diabetics where injury to the toes surrounding nail clipping was a concern. The actual

nail clipping should be done through a podiatrist - If it was just filing and cleaning of the nails this would come under grooming.

Taking blood pressure or other vital signs has never been a service provided by IHSS. IHSS is for specific tasks, not monitoring.

We plan to continue taking comments and look to clarify language for a clear understanding of the paramedical program. It was stressed nothing has changed, just improving the guidelines to make it clearer for all involved.

Story shared: Pointed out differences between County and CDSS Paramedical Handbooks or procedures about a case that happened in 2015.

Response: part of the process we are going through us to clarify the process statewide, so this kind of incident does not happen in the future. This would be a statewide guide, not something that can be changed on the county. We do not want the county to come up with their own guidelines put to be consistent with State guidelines.

Form comment: The current form is a two-page form and the new form is 4 pages – it seems that it is leaning to the Social Worker talking more to the doctor.

Response: It is hoped that the new form provides additional room to explain what the service is being requested and support for the service. Will take your thoughts and concerns for consideration.

Longer form is also because of larger font used.

Comment: This cannot be done. You cannot change something that has been in statute. This had been tried in the past.

Response: Appreciate your comments.

Comment: Why was John Hopkins and others consulted on this?

Response: Not aware of outreach mentioned. We developed these guidelines from Public Health Nurses from the counties.

The regulations are not being changed. They are being clarified to be consistent throughout the state. The form is lengthening to give the doctors a clearer understanding of what is needed.

Comment: Asked about having readers, it was taken away as a task.

Response: Reading is not a paramedical service. It is known that his service was attempted to be included in other IHSS services, but it is not a paramedical service.

Comment: Not use to reading regulations and when I first read it, we were going to lose these services. After listening to this call, it sounds like we are not going to lose anything, is this right?

Response: Yes, the proposed changes is to make it clear about what paramedical services are and to provide guidance to physicians on information needed in completing the forms.

Comment: Will everyone have to complete a new paramedical form when the new one comes out?

Response: No, this will be only for new paramedical services requests.

Comment: They are making it more difficult to receive paramedical services and hope you do more outreach. Completing longer forms is going to discourage participation.

Response: Thank you for your comments.

10:30 a.m. – **California IHSS/CAPA Budget update** – Karen Keesler, Executive Director

IHSS has good news, the Governor is going to delink the 7% IHSS Across the board cut to the Managed Care Organization (MCO) Tax. The Governor is recommending stopping the MCO tax and supplement \$342 million to replace it towards IHSS. The IHSS Coalition needs to submit a proposal to the Legislation to make this happen.

In 2012, the relationship between the cost sharing between the State and the County creating a new Mutual Maintenance of Effort (MOE). This raised the cost to the county. Newsom has proposed to redo this to lower the cost – while doing this mental health funding would increase.

There are questions on administration, but new MOE proposals are favored by the county.

On EVV last year there was a one-year agreement passed not to use GPS for tracking one's location. IHSS Coalition is working on getting this to be placed in statute so it will be permanent and not needed to be requested for renewal each year.

Proposal for Advisory Committee to be able to attend meeting using the telephone. Problem is, if you are calling from your home it would be listed on the agenda for others to attend the meeting at your location.

It is hoped to carve out an exemption for IHSS advisory committee members to attend meeting by telephone, not needing to list their residence on the agenda.

There was clarification of the proposal about the need for calling in.

Please listen to the recording, these are my notes and they are not word for word – just my translation of high points as I heard.