

COUNTY OF SACRAMENTO
IN-HOME SUPPORTIVE SERVICES
ADVISORY COMMITTEE
May 15, 2019

Attendees: Katherine Adraktas, Francisco Godoy, Deborah Hibbler, Kimberly Lathrop, and Carolyn Rose

Absent: Leoma Lee, Antoinette Lopez-Coles and Russel Rawlings

Staff & Guests: Ms. Austin (Caregiver), Jennifer Bettencourt (DCFAS), Mikal Faruki (consumer), Deanna Jekayinfa (PA), and John Kozitza (PA)

I. Called to Order at 1:15 pm by Chair Deborah Hibbler

II. Introductions: Quorum

III. Consent Calendar

A. Agenda: Unanimous Approval (Godoy/Rose)

B. Minutes: Minutes approved for January and April 2019 (Godoy/Rose)

IV. Reports

A. Chairs' Report: Present Deborah Hibbler – Discussed extending the 7% IHSS reinstatement to 2022. Providers, recipients, IHSS Advisory Committees and any other concerned parties should contact their senator about the impact of the 7% reduction on the IHSS community. Some end users are concerned that the e-timesheet option does not have a paper trail, language barriers, and as well as consumers/providers who are not computer literate. What other options will be available to consumers/providers? (Kim Lathrop – some paper timesheets will be available as well as phone in timesheets). Continuation of last month's CICA call discussed the Electronic visit verification (EVV) which is currently going into Phase II (see attached explanation of EVV and the Phases).

B. Service Employees International Union (SEIU) Local 2015: Not present

C. Department of Health and Human Services (DCFAS) Senior and Adult Services, Jennifer Bettencourt, IHSS Supervisor: No real changes in IHSS. Email notices are going out to providers in reference to the 2019 sick leave. The 8 hours of sick-leave pay will expire June 30, 2019. By 2020 IHSS would like to have at least 40% of IHSS users utilizing the e-timesheet system. The State of California will not be using GPS as a tracking system for the EVV program.

D. Public Authority: John Kozitza, Executive Director, IHSS Public Authority: IHSS Public Authority Historical perspective back on an up-swing in reference to 7% reduction. Currently, there are 200 attendees each week in IHSS provider orientation. A consumer question section will be added to the bottom of registry list sent out by IHSS PA registry

staff. Funding for the Public Authority looks positive in the May revised budget. Additional funding has been added to the Public Authority budget.

- V. Committee Matters:
 - A. CICA Call – discussed in chairs report
- VI. New Business: - None
- VII. Old Business: None
- VIII. Public Comment:
 - A. Mikal Faruk– The legal ramifications and impact of the EVV program.
 - B. Ms. Austin – stated she has opted to give the union an extra allotment of funding.
- X. Meeting adjourned at 2:30 pm.

Next meeting is June 19, 2019, 9750 Business Park Drive, Sacramento, CA 95827

Background information:

Electronic visit verification (EVV) which is an electronic-based system that collects information through a secure website, a mobile application (“app”) or a telephone. Federal law, [Subsection 1 of Section 1903 of the Social Security Act \(42 U.S.C. 1396b\)](#), requires all states to implement EVV for Medicaid-funded personal care services by January 2020 and home health care services by January 2023. States can select and implement their own EVV design. However, the EVV system must verify type of service performed; individual receiving the service; date of the service; location of service delivery; individual providing the services and time the service begins and ends.

EVV Phases

EVV will impact all PCS and HHCS provided under the Medi-Cal State Plan and various Medicaid Home and Community-Based Service waiver programs. These services are provided in California through programs managed by the Department of Health Care Services (DHCS), the California Department of Social Services (CDSS), the Department of Developmental Services (DDS), the California Department of Public Health (CDPH), and the California Department of Aging (CDA).

California is implementing EVV in two phases:

Phase I: This Phase is for the In-Home Supportive Services (IHSS) program and Waiver Personal Care Services program, focused on EVV implementation for programs that currently use the Case Management Payrolling & Information Systems (CMIPS II) and Electronic Time Sheet System (ETS). Further information about Phase I is available on the [CDSS EVV website](#).

Phase II: This Phase is focused on identifying either an existing system(s) or a new system to implement EVV for non-CMIPS and agency PCS, and self-directed and agency HHCS. This includes programs at DHCS, DDS, CDPH, CDSS, and CDA as listed below:

- DDS 1915(c) Waiver, Self-Directed and Agency Model
- DDS 1915(i) State Plan, Self-Directed and Agency Model
- DDS 1915(c) Waiver Self-Determination Program, Self-Directed, and Agency Model
- DHCS Waiver Personal Care Services, Agency Model
- DHCS Home and Community-Based Alternative 1915(c) Waiver
- DHCS Home Health Care Services
- CDA Multipurpose Senior Services Program for 1915(c) and 1115 Waiver
- CDPH 1915(c) AIDS Medi-Cal Waiver

Note: There are two models for the provision of PCS and HHCS, the Self Directed/Individual Provider Model and the Agency Provider Model.

The Self Directed Model, also known as the Individual Provider Model, supports the provision of PCS by an individual provider. This model gives the recipient, or their authorized representative, the autonomy to hire or fire a provider of their choosing as well as to instruct them on how to facilitate their PCS needs.

The Agency Provider Model supports the facilitation of PCS and/or HHCS by an authorized agency who is responsible for hiring, firing, and training personnel to facilitate services on behalf of an eligible Medi-Cal beneficiary. Agency Providers are employed by commercial agencies who manage their work, process payroll, and issue their paychecks. These agencies can either have contracts with counties or enroll through DHCS as a Medi-Cal provider.