

SUMMARY OF THE FORMS WORKGROUP

Organizer: CDSS Adult Programs, Quality Assurance Bureau

Location: Health & Human Services Data Training Center
9323 Tech Center Drive, Conference Room #3
Sacramento, California

Date/time: August 12, 2005 – 10:00AM-12:30PM

Meeting Objectives:

- 1) Final approval Draft forms for Protective Supervision and 24-Hour-A-Day Care Plan;
- 2) Clarify details and work toward finalizing the Provider Enrollment draft form;
- 3) Review any other forms that may need to be reviewed by this Workgroup.

Meeting Summary:

The meeting began shortly after 10:00 AM, with introductions by all attendees and co-chairs Jeannie Smalley and Pam Borrelli. One attendee connected by conference call.

Protective Supervision Form: Jeannie announced that “Draft D” of the Protective Supervision form had been tentatively approved at the last workgroup meeting with minor revisions. No additional comments/changes had been received since then. Draft D was approved by the Workgroup as completed, and will be sent to the CDSS Legal Division for review and then on to Forms Development to make it’s way through the forms process. (See final Protective Supervision Form attached)

The 24-Hour-A-Day Care Plan

The “Draft D” of the 24-Hour-A-Day Care Plan was also approved as final. This is an optional form that will be available for counties to use in determining Protective Supervision care plans (See Final Draft attached).

The Provider Enrollment form

The Sub-Forms Workgroup, created at the July 7th meeting, met on July 22, 2005 and developed Draft C1 of the Provider Enrollment form. At today’s workgroup meeting Draft C1 was presented and discussed.

Several changes to Draft C1 were suggested and will be incorporated in a new Draft D. Changes included: **Part I-Provider Information** in the section of Birth date, it was suggested we add information for those under 18 years of age to submit a valid work permit. Language will be added. It was noted that “relationship to recipient (if any)” needs to be added to the Recipient information area, as well as “Primary Language”

and “Ethnic Origin”. **It was also suggested that CDSS Legal be asked what personal information needs to be shared with the recipient.**

Since CDSS Legal is being asked to review the Protective Supervision Form and the 24-Hour-A-Day Care Plan Form, and clarify questions concerning the Provider Enrollment Form, the next Forms Workgroup is being postponed until we have the information to move forward from legal. The meeting scheduled tentatively for September 1 (Thursday) will be postponed until Legal has been able to review questions and Final Draft forms for Protective Supervision and the 24-Hour-A-Day Care Plan.

Parking Lot Issues:

There was discussion regarding the need for this Workgroup to possibly develop a form that would be given to Providers and Recipients stating what constitutes fraud, i.e., “a facts form”, thus, clarifying fraud to those participating in IHSS, if circumstances arise. After some discussion amongst the group, Jeannie stated she would bring this suggestion back to Brian Koepp and/or the Fraud Workgroup to clarify the need, and who should lead this effort.

Meeting adjourned at 12:30 p.m.

Meeting Attendees

Name:

1. Pam Borelli, Co-Chair
2. Jeannie Smalley, Co-Chair
3. Irene Cole
4. Ken Field
5. Kathy Gee
6. Jim Newton
7. Pamela Ng
8. Toua Thao
9. Jean Dancy
10. Melody McInturf
11. Kathleen Schwartz
12. Bill Weidinger
13. Julia Plasencia
14. Larry Eaton
15. Kiun Hillary
16. Judy Leavell
17. Mary Wood
18. Sharon Rehm
19. Cyndee Forbes
20. Greg Gibson
21. Stan Kubuchi
22. Jeannette Johnson
23. Susan Schwendimann
24. Ana Bravo
25. Andrea Allgood
26. Laurie Silva
27. Debbie Wender
28. Leo Hamsen

Organization:

San Mateo County
CDSS/QAB
Monterey County
Shasta County Public Authority
CDSS / CMIPS
Sac. County DHHS/IHSS Fraud Unit
Sacramento County IHSS QA
Sacramento County IHSS QA
Sacramento County IHSS QA
Sacramento County IHSS QA
Sacramento County IHSS QA
Contra Costa SHSD
SEIU 4346 Los Angeles
IHSS-Sacramento County
IHSS-Sacramento County
IHSS-Sacramento County
IHSS-Sacramento County
IHSS – Sacramento County
IHSS-Sacramento County
CDAA
Sacramento County D.A.
Sacramento County IHSS
Sacramento County IHSS QA
Sacramento County D.A.
CDSS/QAB
CDSS/QAB
CDSS/QAB
Riverside County DPSS

In-Home Supportive Services Program Provider Enrollment Statement

**Persons who provide In-Home Supportive Services are Mandated Reporters.
Report any suspected child, elder or dependent-adult abuse to your local authorities immediately.**

Instructions:

- This form must be completed prior to enrollment for each provider/recipient relationship.
- Part I is to be completed by the provider.
- Part II is to be completed by the recipient or authorized representative as long as the authorized representative is NOT the provider.
- Part III is to be completed by the county.
- The original form is to be maintained by the county and a copy given to the provider and the recipient.

PART I – PROVIDER INFORMATION

Provider Name:	Date of Birth *:	Sex: M F
Home Address:		
Mailing Address (If Different):		
Telephone Number:	Social Security #:	
Drivers License # or Government issued ID #:	Expiration Date:	
Relationship to Recipient (if any):	Primary Language:	Ethnic Origin:

PROVIDER CERTIFICATION STATEMENT

- I certify that all claims I submit for services to In-Home Supportive Services Program (IHSS) recipients, will be provided as authorized through this program for the recipient.
- I certify that all claims submitted will be for county authorized IHSS services provided to this recipient only while the recipient is residing in their own home. (i.e., not during hospitalization, incarceration, etc.)
- I certify that all information submitted to the county will be accurate and complete to the best of my knowledge.

<p>Within ten years of the date of this statement, have you been convicted or incarcerated following conviction for a crime involving fraud against a government health care or supportive services program?</p> <p><i>An individual who, in the past ten years, has been convicted for, or incarcerated following a conviction for, fraud against a government health care or supportive services program is ineligible to be enrolled as a provider or to receive payment for providing supportive services.</i></p>	<p>Check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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<p>Within ten years of the date of this statement, have you been convicted for, or incarcerated following conviction for, a violation of subdivision (a) of Section 273a of the Penal Code or Section 368 of the Penal Code, or similar violations in another jurisdiction? See attached.</p> <p><i>An individual who, in the past ten years, has been convicted for, or incarcerated following a conviction for, a violation of subdivision (a) of Section 273a of the Penal Code or Section 368 of the Penal Code is ineligible to be enrolled as a provider or to receive payment for providing supportive services.</i></p>	<p>Check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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* If under 18 years of age, submit valid Work Permit along with this form

**In-Home Supportive Services Program
Provider Enrollment Statement**

PART I -- PROVIDER INFORMATION - CERTIFICATION STATEMENT, Continued

Fraud is a crime – It is an illegal act involving deception, intentional misrepresentation, or omission of facts and disclosures deliberately practiced to unlawfully gain or unfairly secure something of value.

If you commit fraud you can be prosecuted, convicted, go to jail, pay a fine, and be disqualified from providing services in the IHSS program for ten years.

By signing this form I understand that payment of these claims will be from federal and/or state funds and that any false statement, claim, or concealment of information may be prosecuted under federal and/or state laws. I agree to reimburse the state for any overpayments paid to me as determined in accordance with Welfare and Institutions Code Section 12305.83, and that the amount of any overpayment, individually or in the aggregate, may be deducted from any future warrant to me for services provided to any recipient of supportive services, as authorized in Welfare and Institutions Code Section 12305.83.

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

Provider Signature: _____ Date: _____

Print Provider's Full Name: _____

PART II – RECIPIENT INFORMATION

Recipient Name: _____ Above Provider's Initial Date of Service: (mm / dd / yyyy) _____

Identification # / County IHSS Case #:

I certify that the provider named above is my choice to provide services for me as authorized by the county:
Recipient's signature or Authorized Representative: _____ Date: _____

PART III – FOR COUNTY USE ONLY

SUMMARY OF IDENTIFICATION FROM DOCUMENTS VIEWED

Driver's License # or Government-Issued ID#: _____ (Attach current and legible copy)
California or Issuing State: _____ Expiration Date: _____

If under age 18: Valid Work Permit Required (Copy Attached)

Social Security Number: _____ - _____ - _____

Name on Social Security card: _____ (Attach legible copy)

This is to certify that the above evidence was viewed on: _____ (Date)

By: _____ (Printed Staff Name, and Title) _____ (Contact Telephone Number)

In-Home Supportive Services Program Provider Enrollment Statement

Penal Code 273a.

- (a) Any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health is endangered, shall be punished by imprisonment in a county jail not exceeding one year, or in the state prison for two, four, or six years.
- (b) Any person who, under circumstances or conditions other than those likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health may be endangered, is guilty of a misdemeanor.
- (c) If a person is convicted of violating this section and probation is granted, the court shall require the following minimum conditions of probation:
 - (1) A mandatory minimum period of probation of 48 months.
 - (2) A criminal court protective order protecting the victim from further acts of violence or threats, and if appropriate, residence exclusion or stay-away conditions.
 - (3) (A) Successful completion of no less than one year of a child abuser's treatment counseling program approved by the probation department. The defendant shall be ordered to begin participation in the program immediately upon the grant of probation. The counseling program shall meet the criteria specified in Section 273.1. The defendant shall produce documentation of program enrollment to the court within 30 days of enrollment, along with quarterly progress reports.
(B) The terms of probation for offenders shall not be lifted until all reasonable fees due to the counseling program have been paid in full, but in no case shall probation be extended beyond the term provided in subdivision (a) of Section 1203.1. If the court finds that the defendant does not have the ability to pay the fees based on the defendant's changed circumstances, the court may reduce or waive the fees.
 - (4) If the offense was committed while the defendant was under the influence of drugs or alcohol, the defendant shall abstain from the use of drugs or alcohol during the period of probation and shall be subject to random drug testing by his or her probation officer.
 - (5) The court may waive any of the above minimum conditions of probation upon a finding that the condition would not be in the best interests of justice. The court shall state on the record its reasons for any waiver.

Penal Code 368.

- (a) The Legislature finds and declares that crimes against elders and dependent adults are deserving of special consideration and protection, not unlike the special protections provided for minor children, because elders and dependent adults may be confused, on various medications, mentally or physically impaired, or incompetent, and therefore less able to protect themselves, to understand or report criminal conduct, or to testify in court proceedings on their own behalf.
- (b) (1) Any person who knows or reasonably should know that a person is an elder or dependent adult and who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any elder or dependent adult to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any elder or dependent adult, willfully causes or permits the person or health of the elder or dependent adult to be injured, or willfully causes or permits the elder or dependent adult to be placed in a situation in which his or her person or health is endangered, is punishable by imprisonment in a county jail not exceeding one year, or by a fine not to exceed six thousand dollars (\$6,000), or by both that fine and imprisonment, or by imprisonment in the state prison for two, three, or four years.

In-Home Supportive Services Program Provider Enrollment Statement

- (2) If in the commission of an offense described in paragraph (1), the victim suffers great bodily injury, as defined in Section 12022.7, the defendant shall receive an additional term in the state prison as follows:
- (A) Three years if the victim is under 70 years of age.
 - (B) Five years if the victim is 70 years of age or older.
- (3) If in the commission of an offense described in paragraph (1), the defendant proximately causes the death of the victim, the defendant shall receive an additional term in the state prison as follows:
- (A) Five years if the victim is under 70 years of age.
 - (B) Seven years if the victim is 70 years of age or older.
- (c) Any person who knows or reasonably should know that a person is an elder or dependent adult and who, under circumstances or conditions other than those likely to produce great bodily harm or death, willfully causes or permits any elder or dependent adult to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any elder or dependent adult, willfully causes or permits the person or health of the elder or dependent adult to be injured or willfully causes or permits the elder or dependent adult to be placed in a situation in which his or her person or health may be endangered, is guilty of a misdemeanor. A second or subsequent violation of this subdivision is punishable by a fine not to exceed two thousand dollars (\$2,000), or by imprisonment in a county jail not to exceed one year, or by both that fine and imprisonment.
- (d) Any person who is not a caretaker who violates any provision of law proscribing theft, embezzlement, forgery, or fraud, or who violates Section 530.5 proscribing identity theft, with respect to the property or personal identifying information of an elder or a dependent adult, and who knows or reasonably should know that the victim is an elder or a dependent adult, is punishable by imprisonment in a county jail not exceeding one year, or in the state prison for two, three, or four years, when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value exceeding four hundred dollars (\$400); and by a fine not exceeding one thousand dollars (\$1,000), by imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment, when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value not exceeding four hundred dollars (\$400).
- (e) Any caretaker of an elder or a dependent adult who violates any provision of law proscribing theft, embezzlement, forgery, or fraud, or who violates Section 530.5 proscribing identity theft, with respect to the property or personal identifying information of that elder or dependent adult, is punishable by imprisonment in a county jail not exceeding one year, or in the state prison for two, three, or four years when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value exceeding four hundred dollars (\$400), and by a fine not exceeding one thousand dollars (\$1,000), by imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment, when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value not exceeding four hundred dollars (\$400).
- (f) Any person who commits the false imprisonment of an elder or a dependent adult by the use of violence, menace, fraud, or deceit is punishable by imprisonment in the state prison for two, three, or four years.
- (g) As used in this section, "elder" means any person who is 65 years of age or older.
- (h) As used in this section, "dependent adult" means any person who is between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. "Dependent adult" includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.
- (i) As used in this section, "caretaker" means any person who has the care, custody, or control of, or who stands in a position of trust with, an elder or a dependent adult.
- (j) Nothing in this section shall preclude prosecution under both this section and Section 187 or 12022.7 or any other provision of law. However, a person shall not receive an additional term of imprisonment under both paragraphs (2) and (3) of subdivision (b) for any single offense, nor shall a person receive an additional term of imprisonment under both Section 12022.7 and paragraph (2) or (3) of subdivision (b) for any single offense.
- (k) In any case in which a person is convicted of violating these provisions, the court may require him or her to receive appropriate counseling as a condition of probation. Any defendant ordered to be placed in a counseling program shall be responsible for paying the expense of his or her participation in the counseling program as determined by the court. The court shall take into consideration the ability of the defendant to pay, and no defendant shall be denied probation because of his or her inability to pay.