

Home Care Services Consumer Protection Act

Stakeholders Meeting
February 26, 2016

Home Care Services Consumer Protection Act Implementation Team: Executive Team

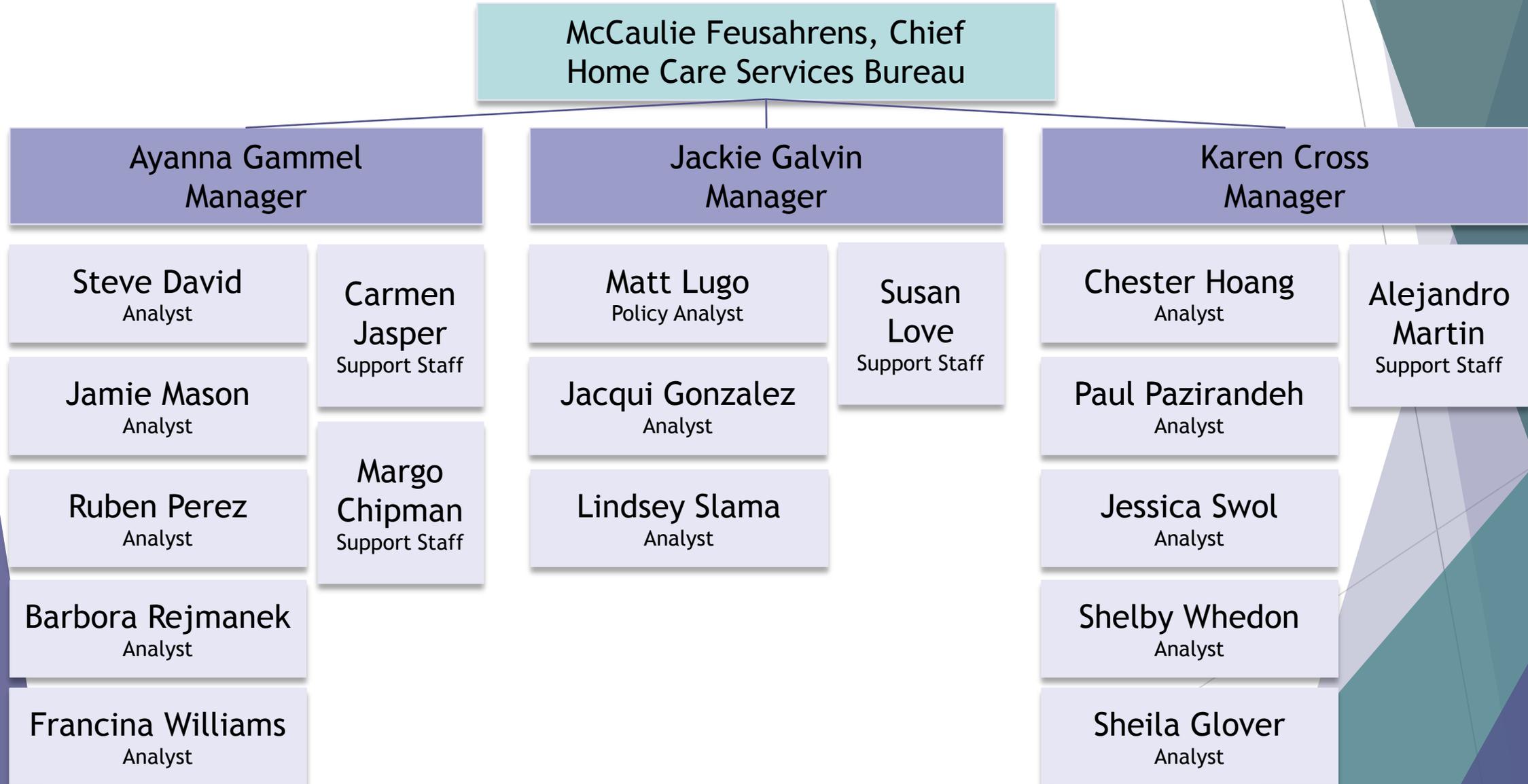
Pam Dickfoss
Deputy Director
Community Care Licensing Division

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graph TD; A["Pam Dickfoss  
Deputy Director  
Community Care Licensing Division"] --- B["Evon Lenerd, Chief  
Continuing Care Branch"]; A --- C["Kathi Mowers-Moore, Chief  
Central Operations Branch"]
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Evon Lenerd, Chief
Continuing Care Branch

Kathi Mowers-Moore, Chief
Central Operations Branch

Home Care Services Consumer Protection Act Implementation Team: HCSB



Home Care Services Consumer Protection Act Implementation Team: CBCB

Dorette Pierce, Chief
Caregiver Background Check Bureau

Paul Martinez
Assistant Chief

Terece Williams
Manager

Pallavi #04
Policy Analyst

Hilda #32
Analyst

Sarah
Support Staff

Cindy #38
Analyst

Jon #22
Analyst

Marolyn
Support Staff

Wendy #25
Analyst

Rebecca #16
Analyst

Meryl #17
Analyst

Objectives

- ▶ Provide updates on implementation
- ▶ Provide a summary of the February 12th Conference Call
- ▶ Preview the Draft Training Log
- ▶ Provide clarification on timelines
 - ▶ Application submittal timeline
 - ▶ TB Timeline
 - ▶ Training Timeline
- ▶ Provide clarification on letters received

Updates

Updates

- ▶ Hiring/Program Changes
- ▶ Incomplete Letters
- ▶ HCO Numbers on all communication
- ▶ HCSB Technical Assistance
 - ▶ HCSB receiving over 550 calls per day
 - ▶ January Calls: 6,400+
 - ▶ February Calls (as of 2/25): 8,900+

Updates: Statistics

- ▶ HCO Applications and Intent Forms
 - ▶ Applications Received: 350+
 - ▶ Intent Forms Received: 1,000+
- ▶ HCA Applications and Intent Spreadsheets
 - ▶ Online Applications Received: 23,000+
 - ▶ Manual Applications Received: 5,500+
 - ▶ Intent Spreadsheets Received: 1,100+
 - ▶ HCAs listed on the spreadsheets 82,000+

Summary of Conference Call

Summary of Conference Call

- ▶ New format for information sharing
 - ▶ Bi-weekly: Conference Call - 2nd Friday of each month
Webinar - 4th Friday of each month
- ▶ First conference call held on 2/12/16
- ▶ Provided clarifications and updates on issues

Conference Call: Updates

- ▶ HCAs who submitted LiveScan fingerprints prior to applying
- ▶ DOJ process change may cause significant delays in processing some applicants
 - ▶ CBCB continues to work with DOJ to address the concerns with this process change
- ▶ Error Batches
 - ▶ Please ensure the numbers and all information on the LIC 9163 is complete and accurate

Conference Call: Updates (cont'd)

- ▶ Payment Issues

- ▶ CDSS will issue reimbursements to applicants who were erroneously charged twice

Conference Call: Clarifications

- ▶ Letters
- ▶ 30 Day Clearance List
 - ▶ Shows individuals that have a cleared DOJ background only
- ▶ Transfers
 - ▶ Not needed at the time of initial application unless the HCA has an exemption with CDSS

Conference Call: Clarifications (cont'd)

- ▶ Balance of Workload
 - ▶ Recognize the need for HCOs to bring new HCAs onboard quickly
 - ▶ Balancing the workload of HCA applicants who were listed on intent spreadsheets (HCS 500A) and new HCA applicants
 - ▶ Please contact HCSB if issues arise during the application process so we can work with you - if possible

Sample Training Log

Training Log

- ▶ Per request, HCSB will provide in PDF format (and possibly excel) for voluntary use
- ▶ Maintenance of a training log is mandatory; however, HCOs are not mandated to use the training log provided by HCSB
 - ▶ HCOs may use any format for the training log they choose provided the topics outlined in Section 90-067 of the written directives are covered

Timeline Clarification

Application Activity Timeline

	Intent Due Date	Application Package & Fees Due Date	Components that need to be completed by 7/2/2016
Home Care Organizations	HCS 200A 12/31/2015	3/1/2016	All licensing requirements (including verification of HCA TB and Training)
Affiliated Home Care Aides	HCS 500A 12/31/2015	60 days after Registry launches and is available online	Registration (including completed background check)

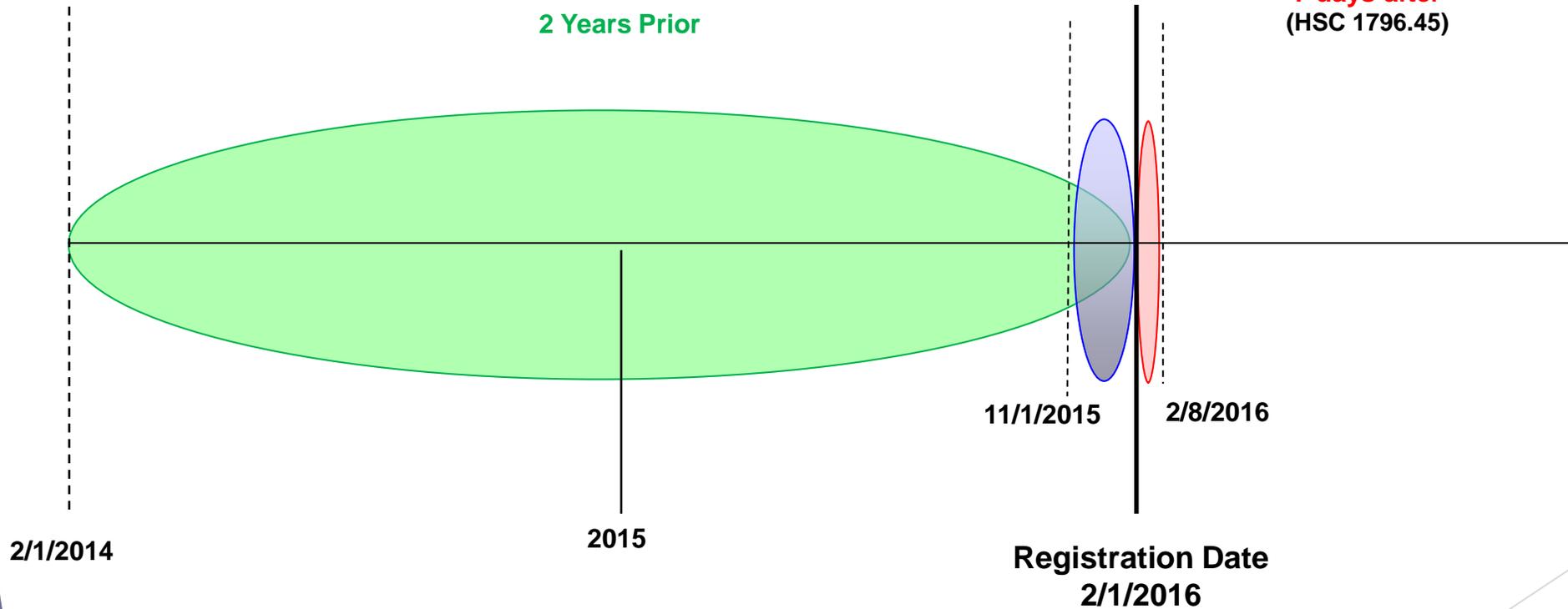
TB Timeline

TB Timeframe Example

HCA's listed on HCS 500A

2 Years Prior

New HCA's either:
90 days prior or
7 days after
(HSC 1796.45)



Training Timeline

	HCA's included on the HCS 500A	HCA's hired after 1/1/16
Entry Level Training		
Orientation	Waived	<ul style="list-style-type: none"> Completed prior to presence with clients Non-transferable
Safety Training	<ul style="list-style-type: none"> Due by 7/1/16 Accepting hours received within One (1) year from registration date 	<ul style="list-style-type: none"> Completed prior to presence with clients Transferable with verification
Annual Training		
Annual Training curriculum	<ul style="list-style-type: none"> Due one (1) year from registration date Accepting hours received within One (1) year from registration date. (1st year only) 	<ul style="list-style-type: none"> Due 1 year from registration date Transferable with verification

Letter Clarification

Exemption Letters - Definitions

- ▶ Initial Exemptions

- ▶ All individuals who initially submit fingerprints for HCOs or the HCA Registry, are not allowed to work until they receive either a clearance or a criminal record exemption

- ▶ Subsequent Exemptions

- ▶ Individuals subsequently convicted for violent crimes or any felony cannot work during the exemption process
- ▶ Individuals with convictions for non-violent misdemeanors are allowed to work during the exemption process

Exemption Letters

- ▶ Originally all HCA applicants with convictions were processed as initial exemptions and the HCOs received letters stating the HCAs could not work pending the exemption process
- ▶ **HCAs associated with HCOs who submitted HCA Intent forms**
 - ▶ HCAs associated to these HCOs are allowed to work pending the exemption process if the conviction is for a non-violent misdemeanor

Exemption Letters (cont'd)

- ▶ Effective February 1, 2016, CBCB began processing these exemptions as subsequents
- ▶ If a HCO received an exemption letter for a HCA before February 1, 2016, stating that the HCA could not work, please contact the exemption analyst listed on the exemption letter to confirm whether the HCA can work

DEPARTMENT OF SOCIAL SERVICES

Caregiver Background Check Bureau
744 P Street, MS 9-15-62
Sacramento, California 95814



<<date>>

Home Care Organization # <<FacNumber>>

HCA ID # <<ID>>

Analyst # <<Analyst>>

<<LicName>>

<<LicAddress>>

<<LicCityStateZip>>

IMMEDIATE ACTION REQUIRED**Criminal Record Exemption Needed for <<subject>>**

This notice is to inform you that the Department has received criminal history information on the individual identified above. **He/She cannot be a registered home care aide until a criminal record exemption has been obtained.** A similar notice has been sent to the individual's mailing address informing him/her of the need for a criminal record exemption.

If you intend to employ this individual to work with access to confidential client information, or to provide home care services, your home care organization must submit a completed exemption request on his/her behalf.

If you do not intend to employ this individual, he/she will be disassociated from your home care organization. The individual will have the right to request an exemption on his/her own behalf. However, an individual requesting an exemption on his/her own behalf cannot have access to confidential client information and cannot provide home care services for any home care organization until an exemption has been granted.

To request an exemption the individual must submit the documents listed on the following pages **within forty-five (45) days** of the date of this notice. An exemption can take up to seventy-five (75) days to process after a complete exemption request is received by the Department. Please notify the Department of your decision by completing and returning the section below to the address above.

If you have any questions regarding this notice, please write to the address above, attention Analyst #<<Analyst>>, or you may call 1-888-422-5669.

Immediate Action - Exemption Needed

Page 2 of 3

<<Applicant Name>>

Home Care Organization #<<FacNumber>>

HCA ID #<<ID>>

Analyst #<<Analyst>>

The items listed below must be submitted within **forty-five (45) days** of the date of this notice or **the individual's file will be closed.** If the individual's file is closed, he/she cannot work for the home care organization as a registered home care aide and must resubmit fingerprints, **at an additional cost**, to begin the process again.

1. A detailed description of what the individual will be doing for the home care organization (e.g. duty statement or job description if available).
2. A copy of the individual's Criminal Record Statement (LIC 508), that he/she was required to fill out as part of the registration process, and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding all conviction(s) incurred within or outside the state including approximate date(s); what happened and why; how it happened; and any other information about the crime(s). It must also describe what the individual has done since the conviction to ensure he/she will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents. You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.
4. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal. This does not apply if the individual was or is on formal probation.
5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photocopy the form or obtain more copies from the licensing website at <http://www.dss.ca.gov/net.gov/cdssweb/PG166.htm#1>. Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your home care organization.
7. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

<<Applicant Name>>
Home Care Organization #<<FacNumber>>
HCA ID #<<ID>>
Analyst #<<Analyst>>

CHECK ONLY ONE

- YES** This home care organization will be assisting the individual in requesting an exemption. The documents listed above are attached.
- NO** This home care organization will not be employing this individual. Please disassociate this individual from this home care organization.

Please return this page within **forty-five (45) days** from the date of this notice. A copy of this letter must be placed in the home care organization personnel records.

Signature

Date

Title

(_____)_____
Telephone Number

DEPARTMENT OF SOCIAL SERVICES

Caregiver Background Check Bureau
744 P Street, MS 9-15-62
Sacramento, California 95814



<<date>>

Home Care Organization # <<FacNumber>>
HCA ID # <<ID>>
Analyst # <<Analyst>>

<<LicName>>

<<LicAddress>>

<<LicCityStateZip>>

IMMEDIATE ACTION REQUIRED**Criminal Record Exemption Needed for <<subject>>**

This notice is to inform you that the Department has received criminal history information on the individual identified above. This means that he/she no longer has a criminal record clearance and his/her home care aide registration will be revoked unless a criminal record exemption for the subsequent conviction(s) is granted. A similar notice has been sent to the individual's mailing address informing him/her of the need for a criminal record exemption.

Due to the nature of the criminal history information, immediate action must be taken. This individual cannot have access to confidential client information and cannot provide home care services for any licensed home care organization until a criminal record exemption has been granted.

If you intend to retain this individual and want him/her to continue to work with access to confidential client information or to provide home care services, you must assist him/her in completing and submitting an exemption request.

If you intend to terminate employment for this individual, he/she will be disassociated from your home care organization. He/She has the right to request an exemption on his/her own behalf. However, a home care aide requesting an exemption on his/her own behalf cannot have access to confidential client information and cannot provide home care services for any licensed home care organization until an exemption has been granted.

To request an exemption your organization must submit the documents listed on the following pages of this notice within forty-five (45) days of the date of this notice. An exemption can take up to seventy-five (75) days to process after a complete exemption request is received by our office. Please notify us of your decision by completing and returning the section below to the address above.

If you have any questions regarding this notice, please write to the address above, attention Analyst #<<Analyst>> or you may call 1-888-422-5669.

Immediate Action - Exemption Needed OUT

<<Applicant Name>>

Page 2 of 3

Home Care Organization #<<FacNumber>>

HCA ID #<<ID>>

Analyst #<<Analyst>>

The items listed below must be submitted within **forty-five (45) days** of the date of this notice or the individual's file will be closed. If the individual's file is closed, he/she cannot work for the home care organization as a registered home care aide and must resubmit fingerprints, at an additional cost, to begin the process again.

1. A detailed description of what the individual will be doing for the home care organization (e.g. duty statement or job description if available).
2. A copy of the individual's Criminal Record Statement (LIC 508), that he/she was required to fill out as part of the registration process, and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding all conviction(s) incurred within or outside the state including approximate date(s); what happened and why; how it happened; and any other information about the crime(s). It must also describe what the individual has done since the conviction to ensure he/she will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents. You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.
4. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal. This does not apply if the individual was or is on formal probation.
5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photocopy the form or obtain copies from the licensing website at <http://www.dss.cahwnet.gov/odssweb/PG166.htm#>. Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your home care organization.
7. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

<<Applicant Name>>
Home Care Organization #<<FacNumber>>
HCA ID #<<ID>>
Analyst #<<Analyst>>

CHECK ONLY ONE

- YES** This home care organization is assisting this individual in completing and submitting an exemption request. The documents listed above are attached.
- NO** This home care organization will not be assisting this individual in completing and submitting an exemption request. Please disassociate this individual from this home care organization.

Please return this page within **forty-five (45) days** from the date of this notice. A copy of this letter must be placed in the home care organization personnel records.

Signature

Date

Title

(_____)_____
Telephone Number

DOJ Clearance Letters

- ▶ DOJ sends clearance letters to HCOs if they are identified on the Livescan form
- ▶ This clearance letter does not allow the individual to work or be on the Registry
- ▶ In addition to the DOJ clearance HCA applications must be approved and payment must be made
- ▶ The DOJ clearance is not an FBI clearance

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
Bureau of Criminal Information and Analysis
P.O. Box 903417
Sacramento, CA 94203-4170

DATE: 01/23/2016

***** CA DELAY NOTIFICATION *****

RE: This is to notify you of a delay in completing the following applicant transaction.

APP ORI: A0448
APP NAME:
APP TYPE: HOME CARE AIDE 1796.23 HS
APP TITLE: HOME CARE AIDE
APP SERVICE REQUESTED: CA/FBI/
OCA: 349855555
SID: A007710373
DOB:
SSN:
CDL:
ATI:
OATI:
DATE SUBMITTED: 01/18/2016
SCN #:

APP ADDRESS:

This applicant transaction requires manual intervention as opposed to being processed automatically; therefore, the response will be delayed. The need for manual intervention can be caused by many factors, some requiring multiple activities to be resolved. The next communication you receive will be a completed response.

Copy also sent to:
CASDSOCIAL SERV CCL-CRCB
744 P STREET
SACRAMENTO CA 95814

Electronic Response Code:

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
Bureau of Criminal Information and Analysis
P.O. Box 903417
Sacramento, CA 94203-4170

DATE: 01/29/2016

RE: DOJ APPLICANT FINGERPRINT RESPONSE

APP ORI: A0448
APP NAME:
APP TYPE: HOME CARE AIDE 1796.23 HS
APP TITLE: HOME CARE AIDE
APP SERVICE REQUESTED: CA/FBI/
OCA: 349855555
SID:
DOB:
SSN:
CDL:
ATI:
OATI:
DATE SUBMITTED: 01/27/2016
SCN #:

APP ADDRESS:

Based upon a fingerprint search of records contained in the Bureau of Criminal Information and Analysis files, there is no information meeting dissemination criteria pursuant to California law on the above-named individual.

Our records indicate you have requested, or are statutorily mandated to receive, subsequent arrest notification service from the Department of Justice. Therefore, you will be advised of subsequent arrests for this individual. Pursuant to Section 11105.2 of the California Penal Code, your agency is required to notify the Department of Justice when it no longer has a legitimate interest in this subject, (i.e., the applicant is no longer, or was never employed; his/her license or certification is denied or revoked; or he/she is no longer eligible to renew or re-instate the license or certificate).

Copy also sent to:
CASDSOCIAL SERV CCL-CRCB
744 P STREET

Questions & Answers

References

- ▶ Home Care Services Bureau
<http://www.cclld.ca.gov/PG3654.htm>
- ▶ Caregiver Background Check Bureau
<http://www.cclld.ca.gov/PG399.htm>
- ▶ Health and Safety Code
http://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml

Acronyms

Acronym	Term
AB	Assembly Bill
CBCB	Caregiver Background Check Bureau
CCLD	Community Care Licensing Division
CDPH	California Department of Public Health
CDSS	California Department of Social Services
DDS	Department of Developmental Services (California)
DOJ	Department of Justice (California)
DRA	Domestic Referral Agency
EM	Evaluator Manual
FAQ	Frequently Asked Questions
H&SC	Health and Safety Code
HCA	Home Care Aide
HCO	Home Care Organization
HCS	Home Care Services
HCSB	Home Care Services Bureau
HCSCPA	Home Care Services Consumer Protection Act
IHSS	In Home Supportive Services
LPA	Licensing Program Analyst
RO	Regional Office
SB	Senate Bill
TL	TrustLine

Contact Us

For more information regarding the Home Care Services Consumer Protection Act, please contact the Home Care Services Bureau by e-mail at HCSB@dss.ca.gov or by telephone at (916) 657-3570 or 877-424-5778.