



Audit of the In-Home Supportive Services Public Authority's Provider Registry and Enrollment Process

Report Date: May 3, 2024

Office of the Auditor-Controller
County of Ventura, California
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County of Ventura
AUDITOR-CONTROLLER
MEMORANDUM

To: Melissa Livingston, Director, Human Services Agency

Date: May 3, 2024

From: Jeffery S. Burgh

Subject: **AUDIT OF THE IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY'S PROVIDER REGISTRY AND ENROLLMENT PROCESS**

We have completed our audit of the In-Home Supportive Services (IHSS) Public Authority's provider registry and enrollment process. Our overall objective was to determine whether IHSS Public Authority's oversight of IHSS providers was sufficient to ensure that providers met and maintained State enrollment and eligibility requirements.

Executive Summary

Overall, we found that IHSS Public Authority's program oversight practices were adequate to ensure compliance with many areas of the State's provider enrollment and eligibility requirements. For example, all the providers selected for testing had passed a Department of Justice background check and IHSS Public Authority properly monitored the dispositions of subsequent arrest reports for active providers. Additionally, IHSS Public Authority properly notified prospective providers that were determined to be ineligible due to a conviction for a disqualifying crime of the ineligibility determination.

However, we identified areas where improvements were needed for IHSS Public Authority's oversight of certain provider enrollment requirements. Specifically, we found that:

- Enrollment records were not consistently retained within provider files, hindering our ability to confirm compliance with all provider enrollment requirements.
- Prospective providers were not always required to complete enrollment requirements before the enrollment timeframe elapsed.
- Provider enrollment requirements were not always completed in the proper order.

IHSS Public Authority management initiated corrective action to address our findings. Corrective action is planned to be completed by December 31, 2024.

We appreciate the cooperation and assistance extended by you and your staff during this audit.

cc: Honorable Kelly Long, Chair, Board of Supervisors
Honorable Janice S. Parvin, Vice Chair, Board of Supervisors
Honorable Matt LaVere, Board of Supervisors
Honorable Jeff Gorell, Board of Supervisors
Honorable Vianey Lopez, Board of Supervisors
Sevet Johnson, Psy.D., County Executive Officer

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Background

The County of Ventura (County) Human Services Agency's (HSA) mission is to strengthen families, promote self-sufficiency, and support safety, health, and well-being. HSA's In-Home Supportive Services (IHSS) and IHSS Public Authority divisions work in tandem to authorize and administer in-home personal, domestic, and paramedical care to eligible aged, blind, or disabled Medi-Cal clients (collectively, IHSS recipients). IHSS is considered an alternative to out-of-home care, such as nursing homes, and is a State-mandated Medi-Cal Program administered at the local level.

IHSS providers assist recipients with services such as dressing, bathing, and feeding, and are paid for these services primarily through State funds. IHSS Public Authority manages IHSS providers and individuals applying to become providers. Specifically, IHSS Public Authority performs the following functions:

- administering the registry of IHSS providers;
- recruiting and screening new providers;
- providing access to training and skill building for providers; and
- evaluating the work of providers and assisting recipients in solving disputes with providers.

In performing these functions, IHSS Public Authority must comply with Social Services Standards for Service Program No. 7: In-Home Supportive Services (SSS No. 7) issued by the California Department of Social Services (CDSS). SSS No. 7 outlines the eligibility requirements for becoming an IHSS provider and certain steps the administering county must take to ensure providers are properly vetted and trained. These requirements include the submission of certain forms, participating in IHSS provider orientation, and a background check with the Department of Justice. IHSS Public Authority is responsible for ensuring that prospective providers are compliant with SSS No. 7 application and eligibility requirements.

Scope

Our overall objective was to determine whether the IHSS Public Authority's oversight of IHSS providers was sufficient to ensure that providers met and maintained State enrollment and eligibility requirements. Specifically, using the provider registry from September 2022, we:

- determined whether authorized providers completed the provider enrollment requirements;
- verified that eligibility notices were properly issued to prospective providers; and
- determined whether IHSS Public Authority's practices regarding providers determined to be ineligible due to the subsequent conviction of a disqualifying crime were appropriate.

The audit was performed in conformance with the *International Standards for the Professional Practice of Internal Auditing* promulgated by The Institute of Internal Auditors.

Findings

Overall, we found that IHSS Public Authority's oversight was adequate in many areas to ensure that providers met and maintained State enrollment and eligibility requirements. For example:

- All providers selected for testing had passed a Department of Justice background check.
- IHSS Public Authority properly monitored the disposition of subsequent arrest reports for active providers and appropriately removed providers from the registry if deemed subsequently ineligible due to the conviction of a disqualifying crime.
- Prospective providers determined to be ineligible due to the conviction of a disqualifying crime were properly notified of ineligibility in accordance with State requirements. Recipients assigned to such prospective providers were also appropriately notified in accordance with State requirements.

However, we identified areas of concern with IHSS Public Authority's oversight of the provider enrollment process. Specifically, we determined that enrollment records were not consistently retained, hindering our ability to confirm provider compliance with some enrollment steps. Additionally, we found that prospective providers were not always required to complete enrollment requirements before the enrollment timeframe elapsed and enrollment steps were not always completed in the correct order.

Following are details of the areas where improvements were needed. IHSS Public Authority management initiated corrective action in response to the audit as noted.

1. Record Retention

Improvements were needed to ensure that IHSS Public Authority maintained adequate evidence of compliance with provider enrollment requirements. During our audit, we determined that nearly half of the 50 provider files selected for testing lacked documentation for demonstrating compliance with the requirements described within SSS No. 7.

1.01 Provider Enrollment Documentation

IHSS Public Authority did not always maintain the documentation necessary to demonstrate that providers completed all enrollment requirements outlined in SSS No. 7. Our testing disclosed that, of the 50 providers selected for testing, IHSS Public Authority lacked the following records:

- Provider enrollment forms (SOC 426) for 3 (6%) providers.
- Evidence of orientation attendance for 11 (22%) providers.
- Provider enrollment agreements (SOC 846) for 2 (4%) providers.

IHSS Public Authority stated that, during the enrollment process, paper files are maintained with prospective providers' enrollment documents. When IHSS Public Authority deems the prospective provider to be eligible, the paper files are scanned and uploaded into an electronic provider file. We were unable to determine whether the missing documents were never completed or whether completed documents were originally included in the paper file but not scanned into the electronic file. Without evidence that the providers completed certain steps, we were unable to confirm that all providers selected for testing complied with each enrollment requirement.

Recommendation. IHSS Public Authority management should implement a procedure to confirm that paper provider files contain evidence that prospective providers completed all enrollment elements before scanning documents into the electronic file. If any relevant documentation is missing, IHSS Public Authority staff should ensure that copies are obtained for the electronic file. Staff should also confirm that electronic files are complete before disposing of paper files.

Management Action. IHSS Public Authority management stated: “Internal process changes have been made to address compliance with the documentation requirements noted in Section 1.01 of this report. An existing internal checklist for provider enrollment is currently required to be utilized by staff for non-registry enrollments. A separate checklist will be developed and be required to be utilized by staff for registry enrollments. Verification of attendance at a provider orientation is now scanned into all provider e-files in addition to all other required documents. There is an existing two-step process built into our office procedures to ensure all enrollment documents that are scanned by a staff member are reviewed and validated by a different staff member before the paper files are disposed of. A validation checklist will be developed to ensure all required enrollment documents were obtained and scanned.”

1.02 Eligibility Determination Notices

IHSS Public Authority did not always maintain appropriate evidence of eligibility determination notices sent to both providers and recipients. Specifically, for the 50 providers selected for testing, we found that:

- Notices of provider eligibility (SOC 848) were not retained in 13 (26%) provider files.
- Notices to recipients of provider eligibility (SOC 854) were not retained in 14 (28%) provider files.

Section 30-776.61 of SSS No. 7 requires that both providers and recipients, if applicable, are provided with a notice of the prospective provider’s eligibility within 20 calendar days of the County’s eligibility determination. The eligibility notice sent to providers and recipients serves as the necessary evidence for providers to initiate IHSS services or signifies that providers may begin submitting timesheets for payment. Without retaining copies of the notices sent to both providers and recipients, we were unable to determine IHSS Public Authority’s compliance with this requirement. Failure to provide prospective providers and recipients with the appropriate notices in a timely manner may result in delays in service delivery and provider payment, and noncompliance with CDSS requirements.

Recommendation. IHSS Public Authority management should implement a process to ensure that provider files contain copies of eligibility determination notices to support compliance with State requirements.

Management Action. IHSS Public Authority management stated: “Our internal checklist will be modified to include both of the required eligibility determination notices noted in Section 1.02 of

this report. Our current process has been modified to ensure both notices are generated and mailed out within the required timeframes and are scanned into the provider's e-file."

2. Timely Completion of Enrollment Requirements

IHSS Public Authority did not always ensure that prospective providers completed enrollment requirements before the State-mandated enrollment timeframe elapsed. Section 30-776.2 of SSS No. 7 allows the prospective provider a maximum of 90 calendar days to complete all enrollment requirements. The County may extend the period for completion by an additional 45 calendar days for "good cause". We found that, of the 50 providers selected for testing, 6 (12%) exceeded the State-mandated 135-day maximum period for completing the enrollment requirements by an average of 264 days. If the enrollment requirements are not completed within the 135 days, the County must deem the prospective provider ineligible and require the prospective provider to begin the enrollment process again. IHSS Public Authority management asserted that CDSS allowed the County to extend enrollment timeframes at the County's discretion, but we were unable to confirm management's assertion.

Recommendation. IHSS Public Authority management should establish a uniform process to actively track and review prospective provider enrollment start dates to ensure prospective providers complete all enrollment requirements within the State-mandated timeframe. Additionally, IHSS Public Authority should retain communications from CDSS regarding extensions to the enrollment timeframe beyond 135 days to support deviations from the enrollment requirements outlined in SSS No. 7.

Management Action. IHSS Public Authority management stated: "Our internal processes will be modified to include the use of the monthly enrollment report to monitor compliance with enrollment timeframes on a regular basis. In addition, any regulation clarification communications provided by CDSS will be obtained in writing for future reference."

3. Order of Completion for Enrollment Requirements

Improvements were needed to ensure that prospective IHSS providers completed the enrollment requirements in the order established by SSS No. 7. Across the 50 providers selected for testing, we found that more than half did not complete enrollment requirements in the proper order. Specifically, we found that:

- SSS No. 7, Section 30-776.42 requires prospective providers to complete the provider enrollment form (SOC 426) before attending the provider orientation. SOC 426 conveys essential provider disclosure questions, declaration statements, and provider requirements necessary to begin the enrollment process. However, 24 (48%) of the 50 providers selected for testing completed the SOC 426 form after attending the provider orientation.
- SSS No. 7, Section 30-776.43 requires that, at the conclusion of provider orientation, prospective providers shall sign the provider enrollment agreement (SOC 846). SOC 846 is an acknowledgment that certain demonstrations and disclosures were made to the prospective provider during orientation. However, 14 (28%) of the 50 providers selected for testing completed the SOC 846 form before attending the provider orientation.

Failure to submit enrollment forms in the required order results in prospective providers attesting to completing steps in the enrollment process that have not yet been completed. Prospective providers may also be attesting to understanding critical provider information that the prospective provider has not yet received, which may lead to further noncompliance with CDSS enrollment requirements.

Recommendation. IHSS Public Authority management should establish a process to inform prospective providers of the steps required for enrollment, the order of completion, and the timeframe to complete all requirements. Management could develop a provider enrollment checklist for prospective providers outlining the State-mandated enrollment requirements to help promote compliance with the regulations.

Management Action. IHSS Public Authority management stated: “Our existing coversheet, which is currently included in provider enrollment packets for prospective providers, will be modified to include the steps required for enrollment, the order of completion and the timeframe to complete all requirements. Our internal business process has been modified to ensure the SOC 846 Provider Enrollment Agreement is reviewed and signed by prospective providers upon completion of orientation. Our current internal process for obtaining the SOC 426 from registry providers will be adjusted to ensure it is obtained before prospective providers attend an orientation.”

Auditor's Evaluation of Management Action

We believe that management actions taken or planned were responsive to the audit findings. IHSS Public Authority management planned to complete corrective action by December 31, 2024.