

The California Department of Developmental Services is the agency through which the State of California provides services and supports to individuals with developmental disabilities.

These disabilities include mental retardation, cerebral palsy, epilepsy, autism and related conditions. Services are provided through state-operated developmental centers and community facilities, and contracts with 21 nonprofit regional centers. The regional centers serve as a local resource to help find and access the services and supports available to individuals with developmental disabilities and their families.

Services Provided By Regional Centers

Regional centers provide diagnosis and assessment of eligibility and help plan, access, coordinate and monitor the services and supports that are needed because of a developmental disability. There is no charge for the diagnosis and eligibility assessment.

Once eligibility is determined, a case manager or service coordinator is assigned to help develop a plan for services, tell you where services are available, and help you get the services. Most services and supports are free regardless of age or income.

There is a requirement for parents to share the cost of 24-hour out-of-home placements for children under age 18. This share depends on the parents' ability to pay. For further information, see Parental Fee Program. There may also be a co-payment requirement for other selected services. For further information, see Family Cost Participation Program.

Some of the services and supports provided by the regional centers include:

- Information and referral
- Assessment and diagnosis
- Counseling
- Lifelong individualized planning and service coordination
- Purchase of necessary services included in the individual program plan
- Resource development
- Outreach
- Assistance in finding and using community and other resources
- Advocacy for the protection of legal, civil and service rights
- Early intervention services for at risk infants and their families
- Genetic counseling
- Family support
- Planning, placement, and monitoring for 24-hour out-of-home care
- Training and educational opportunities for individuals and families
- Community education about developmental disabilities

Who Is Eligible For Services?

To be eligible for services, a person must have a disability that begins before the person's 18th birthday, be expected to continue indefinitely and present a substantial disability as defined in *Section 4512* of the *California Welfare and Institutions Code*. Eligibility is established through diagnosis and assessment performed by regional centers.

Infants and toddlers (age 0 to 36 months) who are at risk of having developmental disabilities or who have a developmental delay may also qualify for services. The criteria for determining the eligibility of infants and toddlers is specified in *Section 95014* of the *California Government Code*. In addition, individuals at risk of having a child with a developmental disability may be eligible for genetic diagnosis, counseling and other prevention services. For information about these services, see Early Start.

Information About Programs and Services

The Department of Developmental Services is responsible for designing and coordinating a wide array of services for California residents with developmental disabilities. Regional centers help plan, access, coordinate and monitor these services and supports.

A Person-Centered Planning approach is used in making decisions regarding where a person with developmental disabilities will live and the kinds of services and supports that may be needed. In person-centered planning, everyone who uses regional center services has a planning team that includes the person utilizing the services, family members, regional center staff and anyone else who is asked to be there by the individual. The team joins together to make sure that the services that people are getting are supporting their choices in where they want to live, how and with whom they choose to spend the day, and hopes and dreams for the future.

The following is a partial list of supportive services and living arrangements available for persons with developmental disabilities:

Day Program Services

Day programs are community-based programs for individuals served by a regional center. They are available when those services are included in that person's Individual Program Plan (IPP). Day program services may be at a fixed location or out in the community.

Types of services available through a day program include:

- Developing and maintaining self-help and self-care skills.
- Developing the ability to interact with others, making one's needs known and responding to instructions.
- Developing self-advocacy and employment skills.
- Developing community integration skills such as accessing community services.
- Behavior management to help improve behaviors.
- Developing social and recreational skills.

There are many different types of day programs that provide a diverse range of opportunities for persons with developmental disabilities. If you are interested in learning more about day program services, ask your regional center representative for assistance.

Day Program Providers

Persons or organizations that provide day program services must be vendored by a regional center, meet any required licensing standards and meet local government requirements.

If you are interested in providing day program services, ask for information and help from the resource developer at the regional center in the area in which you wish to provide services.

Education Services For Children with Developmental Disabilities

The public school system in California has an important role in providing services to children with developmental disabilities. In recent years, the California State Department of Developmental Services (DDS) and the California Department of Education (CDE) have become strong partners in providing early intervention services to children 0 - 3 years old and special education services to children 3 to 21 years old. Children with special needs who were served by California's Early Start Program are able to enter public school programs as preschoolers if they satisfy the eligibility criteria as a child who can benefit from special education services. Local education agencies provide special education and related services to children with disabilities in environments including the home, school, public or private preschools or child care settings. Regional centers continue to provide some services for children who are eligible under the Lanterman Developmental Disabilities Services Act that are not provided as special education and related services.

More information about educational services for children with special needs can be obtained through your local school district, local education agency or Special Education Local Plan Area.

Work Services Home Page

The Work Services Program addresses the employment needs of persons with developmental disabilities. The Work Services Program provides work and community integration opportunities through Supported Employment Programs (SEPs) and Work Activity Programs (WAPs). These programs are available to persons who are Regional Center clients. If you or someone you know is interested in one of these programs contact your Regional Center representative for help.

Take some time to browse this website. You will find information for consumers, families, service providers, regional centers, and links & resources.

If you have any questions, please send an e-mail to work.services@dds.ca.gov.

Supported Employment Services

Supported Employment (SE) services through the Department of Rehabilitation can be provided either through the vocational rehabilitation program or the HSP. SE services are aimed at finding competitive work in a *community integrated work setting* for persons with severe disabilities who need ongoing support services to learn and perform the work. SE placements can be individual placements, group placements (called enclaves), and work crews, such as landscaping crews. Support is usually provided by a job coach who meets regularly with the individual on the job to help him or her learn the necessary skills and behaviors to work independently. As the individual gains mastery of the job, the support services are gradually phased out.

The Department of Rehabilitation is the main SE service provider for adults with developmental disabilities. However, if they are unable to provide services due to fiscal reasons, the regional center may be able to help individuals served get a job by referring them to other programs that provide SE-like services, if these services are available in their area.

If you are interested in applying for SE services you should ask your regional center representative for help or you can apply directly to the local DR office in your community. The nearest DR office location and telephone number is listed in the State Government section of your telephone directory.

Work Activity Program Services

Work Activity Program (WAP) services through the Department of Rehabilitation include paid work, work adjustment and supportive habilitation services in a *sheltered work shop setting*. WAPs provide paid work in accordance with Federal and State Fair Labor Standards. Work adjustment services may include developing good work safety practices, money management skills, and appropriate work habits. Supportive habilitation services may include social skill and community resource training as long as the services are necessary to achieve vocational objectives.

Supported Services

Support services are provided to persons receiving services from a regional center in order to meet the goals and objectives of the Individual Program Plan (IPP) or the Individual Family Service Program (IFSP) (for children ages 0-3 years). Services may be provided through vendors approved by the regional center or through other resources.

Regional centers have a mandate not only to serve persons with developmental disabilities, but to provide services in the most cost-effective manner possible. They are required by the Lanterman Act to use all other resources or generic resources first before using regional center funds. A generic agency is one which has a legal responsibility to serve all members of the general public and receives public funds for providing those services. Other resources include natural supports, school districts, etc.

Supported Living Services

STANDARDIZED ASSESSMENT QUESTIONNAIRE

Fiscal Year 2012-13 Trailer Bill language ([AB 1472](#), Chapter 25, Statutes of 2012) amended section 4689 of the Welfare & Institutions Code (WIC) regarding assessments for individuals in supported living arrangements. To ensure that consumers in or entering into supported living arrangements receive the appropriate amount and type of supports to meet the person's choice and needs as determined by the IPP team, and that generic resources are utilized to the fullest extent possible, the IPP team shall complete a standardized assessment questionnaire at the time of development, review, or modification of a consumer's IPP. The questionnaire shall be used during the individual program plan meetings, in addition to the provider's assessment, to assist in determining whether the services provided or recommended are necessary and sufficient and that the most cost-effective methods of supported living services are utilized.

Supported Living Services (SLS) consist of a broad range of services to adults with developmental disabilities who, through the Individual Program Plan (IPP) process, choose to live in homes they themselves own or lease in the community. SLS may include:

- Assistance with selecting and moving into a home;
- Choosing personal attendants and housemates;
- Acquiring household furnishings;
- Common daily living activities and emergencies;
- Becoming a participating member in community life; and,
- Managing personal financial affairs, as well as other supports.

These services help individuals exercise meaningful choice and control in their daily lives, including where and with whom to live. SLS is designed to foster individuals' nurturing relationships, full membership in the community, and work toward their long-range personal goals. Because these may be life-long concerns, Supported Living Services are offered for as long and as often as needed, with the flexibility required to meet a persons' changing needs over time, and without regard solely to the level of disability. Typically, a supported living service agency works with the individual to establish and maintain a safe, stable, and independent life in his or her own home. But it is also possible for some individuals to supervise their services themselves, to secure the maximum possible level of personal independence.

The guiding principles of SLS are set down in Section 4689(a) of the Lanterman Act. The Department's regulations for SLS are found in Title 17, Division 2, Chapter 3, Subchapter 19 (Sections 58600 et seq) of the California Code of Regulations (CCR).

Individuals who choose to live in their own homes, and their agencies or other people who support them, often will need information about affordable housing options, sources of financial support such as Supplementary Security Income (SSI), and how to stretch a limited budget to meet living expenses. These are the ordinary challenges that are inseparable from a truly self-directed life in the community. For the many adults for whom SLS makes great sense, such challenges are often also road signs on the path to a satisfying life.

Affordable Housing

Affordable housing is a cornerstone to individuals with developmental disabilities residing in their local communities. Due to the high cost of housing in California, many individuals served by the regional centers require deep subsidies in order to make housing affordable. DDS is actively pursuing projects that will increase capacity and precipitate the construction of new affordable housing.

This site provides information about affordable housing projects in which DDS is involved. The site also links users to public and private agencies that can assist individuals with developmental disabilities in finding affordable housing.

DDS Projects: can be found at <http://www.dds.ca.gov/AH/Home.cfm>

- Community Placement Plan Housing
- DDS Affordable Housing (DDS-AH)
- DDS Rental Units (DDS-R)
- 2002 Housing Legislative Report (PDF)

Family Home Agency

A Family Home Agency (FHA) approves family homes which offer the opportunity for up to two adult individuals with developmental disabilities per home to reside with a family and share in the interaction and responsibilities of being part of a family. The individual with developmental disabilities receives the necessary service and supports from the family, agencies and the community to enable the individual to be a participating member of the family and the community where the family resides. The family home arrangement allows the sharing of food, shelter, experience, responsibilities and love.

The FHA is a private, nonprofit organization under contract to, and vendored by a regional center. FHAs are responsible for recruiting, training, approving and monitoring family homes, as well as providing ongoing support to family homes. Social service staff employed by the FHA make regular visits to the family home to ensure that necessary services and supports are in place, and that the match between the family and the new family member is viable, and continues to be viable.

FHA and family home services and supports are a new option which enables adults with developmental disabilities to enter into partnerships with families that promote self-determination and interdependence.

For more information about Family Home Agencies, contact your local regional center or the:
*California Department of Developmental Services
Community Services and Supports Division
Community Development Branch
P.O. Box 944202
Sacramento, CA 94244-2020*

Foster Family Agency

Foster Family Agencies (FFAs) are residential options for children with developmental disabilities, that represent a collaborative effort between two service systems - developmental disabilities and social services/community care licensing. FFAs are privately operated organizations licensed by the Community Care Licensing Division of the State Department of Social Services to care for children up to age 18 in certified foster family homes. FFAs are responsible for the recruitment, training and certification of families to provide alternative homes for children. FFAs monitor and provide oversight for the homes they have certified, and have the authority to decertify homes when necessary. In addition, through the use of professional staff such as social workers, FFAs provide ongoing support to certified parent(s) and the children who live with them.

Professional foster care allows the family and/or those who know the child the best to pick and choose the best support system for the child and wrap services around the child rather than have the child fit into whatever services, i.e. group home, are available. The child is living in a "normal" way - the child lives in a family, in a neighborhood and interacts with other children living the same way. The child has as much contact with the family of origin as the family chooses. The foster home, in the most ideal situation, becomes an extension of the family system.

For more information about Foster Family Agencies, contact your local regional center or the:

*California Department of Developmental Services
Residential Services Branch
P.O. Box 944202
Sacramento, CA 94244-2020*

Independent Living

Independent Living is a service provided to adults with developmental disabilities that offers functional skills training necessary to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills. Individuals typically live alone or with roommates in their own homes or apartments. These homes are not licensed.

Independent living programs, which are vendored and monitored by regional centers, provide or coordinate support services for individuals in independent living settings. They focus on functional skills training for adults who generally have acquired basic self-help skills or who, because of their physical disabilities, do not possess basic self-help skills, but who employ and supervise aides to assist them in meeting their personal needs.

For more information about Independent Living Services, contact your local regional center or the:
California Department of Developmental Services, Residential Services Branch

In-Home Supportive Services

In-Home Supportive Services (IHSS) provides personal care and domestic services to persons who are aged, blind or disabled and who live in their own homes. IHSS is provided to those who otherwise might be placed in an out-of-home care facility but who can safely remain in their own home if IHSS services are received.

Regional centers have a mandate not only to serve persons with developmental disabilities, but to provide services in the most cost-effective manner possible. They are required by the Lanterman Act to use all other sources of funding and services before using regional center funds to provide services. Persons who receive services from a regional center and are eligible for IHSS are expected to use IHSS services available to them.

The In-Home Supportive Services (IHSS) program is administered by each county with oversight by the California Department of Social Services (CDSS). For application and eligibility information contact your local county welfare department, adult services section. Look for them in the county government section of your local telephone directory.

Transportation services

Transportation services are provided so persons with a developmental disability may participate in programs and/or other activities identified in the IPP. A variety of sources may be used to provide transportation including: public transit and other providers; specialized transportation companies; day programs and/or residential vendors; and family members, friends, and others. Transportation services may include help in boarding and exiting a vehicle as well as assistance and monitoring while being transported.

For more information about transportation services contact your regional center representative

Community Care Facilities

Community Care Facilities (CCFs) are licensed by the Community Care Licensing Division of the State Department of Social Services to provide 24-hour non-medical residential care to children and adults with developmental disabilities who are in need of personal services, supervision, and/or assistance essential for self-protection or sustaining the activities of daily living. Based upon the types of services provided and the persons served, each CCF vendored by a regional center is designated one of the following service levels:

- SERVICE LEVEL 1: Limited care and supervision for persons with self-care skills and no behavior problems.
- SERVICE LEVEL 2: Care, supervision, and incidental training for persons with some self-care skills and no major behavior problems.
- SERVICE LEVEL 3: Care, supervision, and ongoing training for persons with significant deficits in self-help skills, and/or some limitations in physical coordination and mobility, and/or disruptive or self-injurious behavior.
- SERVICE LEVEL 4: Care, supervision, and professionally supervised training for persons with deficits in self-help skills, and/or severe impairment in physical coordination and mobility, and/or severely disruptive or self-injurious behavior. Service Level 4 is subdivided into Levels 4A through 4I, in which staffing levels are increased to correspond to the escalating severity of disability levels.

For more information about Community Care Facilities, contact your local regional center or the: *California Department of Developmental Services, Residential Services Branch, P.O. Box 944202 Sacramento, CA 94244-2020*

Intermediate Care Facility Program Types (ICF/DD, ICF/DD-H, ICF/DD-N*)

Intermediate Care Facilities (ICF) are health facilities licensed by the Licensing and Certification Division of the California Department of Public Health (CDPH) to provide 24-hour-per-day services. There are three types of ICFs, which all provide services to Californians with developmental disabilities.

- **ICF/DD** (Developmentally Disabled)
"Intermediate care facility/developmentally disabled" is a facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.
- **ICF/DD-H** (Habilitative)
"Intermediate care facility/developmentally disabled-habilitative" is a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, habilitation, developmental, and supportive health services to 15 or fewer developmentally disabled persons who have intermittent recurring needs for nursing services, but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care.
- **ICF/DD-N** (Nursing)
"Intermediate care facility/developmentally disabled-nursing" is a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care. The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated.
- **DD-CNC*** (Continuous Nursing Care)
"The Developmentally disabled-continuous nursing care" program is licensed as an ICF/DD-N. However, the license is suspended while the facility operates under a Home and Community Based Waiver program, which provides 24-hour continuous nursing care for 4-8 medically fragile regional center consumers in a residential setting. DD/CNC development is currently limited by a regional center's assessed need for this program.

*Source: Health & Safety Code online: www.leginfo.ca.gov

For more information about Intermediate Care Facilities, contact your local regional center or the:
California Department of Developmental Services, Health Facilities Program Section
1600 9th Street, Room 320 (MS 3-9), Sacramento, CA 95814 (916) 654-1965 or e-mail: ddshfps@dds.ca.gov.

Updated from website 9/10/12

<http://www.dds.ca.gov/DDSHomePage.cfm>



Directory of Regional Centers

California has 21 regional centers with more than 40 offices located throughout the state that serve individuals with developmental disabilities and their families.

Regional Centers	Executive Director	Areas Served
<u>Alta California Regional Center</u> 2241 Harvard Street, Suite 100 Sacramento, CA 95815	Phil Bonnet (916) 978-6400	Alpine, Colusa, El Dorado, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, and Yuba counties
<u>Central Valley Regional Center</u> 4615 North Marty Avenue Fresno, CA 93722-4186	Robert Riddick (559) 276-4300	Fresno, Kings, Madera, Mariposa, Merced, and Tulare counties
<u>Eastern Los Angeles Regional Center</u> 1000 South Fremont Alhambra, CA 91802-7916 Mailing Address: P.O. Box 7916 Alhambra, CA 91802-7916	Gloria Wong (626) 299-4700	Eastern Los Angeles county including the communities of Alhambra and Whittier
<u>Far Northern Regional Center</u> 1900 Churn Creek Road, #319 Redding, CA 96002 Mailing Address: P. O. Box 492418 Redding, CA 96049-2418	Laura Larson (530) 222-4791	Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama, and Trinity counties
<u>Frank D. Lanterman Regional Center</u> 3303 Wilshire Boulevard, Suite 700 Los Angeles, CA 90010	Diane Campbell Anand (213) 383-1300	Central Los Angeles county including Burbank, Glendale, and Pasadena
<u>Golden Gate Regional Center</u> 875 Stevenson Street, 6th Floor San Francisco, CA 94103	James Shorter (415) 546-9222	Marin, San Francisco, and San Mateo counties
<u>Harbor Regional Center</u> 21231 Hawthorne Boulevard Torrance, CA 90503	Patricia Del Monico (310) 540-1711	Southern Los Angeles county including Bellflower, Harbor, Long Beach, and Torrance
<u>Inland Regional Center</u> 1365 S. Waterman Ave. San Bernardino, CA 92408 Mailing Address: P. O. Box 19037 San Bernardino, CA 92423	Carol Fitzgibbons (909) 890-3000	Riverside and San Bernardino counties



State of California
Department of Developmental Services

Regional Centers	Executive Director	Areas Served
<u>Kern Regional Center</u> 3200 North Sillect Avenue Bakersfield, CA 93308	Duane Law (661) 327-8531	Inyo, Kern, and Mono counties
<u>North Bay Regional Center</u> 10 Executive Court, Suite A Napa, CA 94558	Bob Hamilton (707) 256-1100	Napa, Solano, and Sonoma counties
<u>North Los Angeles County Regional Center</u> 15400 Sherman Way, Suite 170 Van Nuys, CA 91406-4211	George Stevens (818) 778-1900	Northern Los Angeles county including San Fernando and Antelope Valleys
<u>Redwood Coast Regional Center</u> 525 Second Street, Suite 300 Eureka, CA 95501	Clay Jones (707) 445-0893	Del Norte, Humboldt, Mendocino, and Lake counties
<u>Regional Center of the East Bay</u> 500 Davis Street, Suite 100 San Leandro, CA 94577	James M. Burton (510) 618-6100	Alameda and Contra Costa counties
<u>Regional Center of Orange County</u> 1525 North Tustin Avenue Santa Ana, CA 92705	Larry Landauer (714) 796-5100	Orange county
<u>San Andreas Regional Center</u> 300 Orchard City Drive, Suite 170 Campbell, CA 95008	Santi J. Rogers (408) 374-9960	Monterey, San Benito, Santa Clara, and Santa Cruz counties
<u>San Diego Regional Center</u> 4355 Ruffin Road, Suite 200 San Diego, CA 92123-1648	Carlos Flores (858) 576-2996	Imperial and San Diego counties
<u>San Gabriel/Pomona Regional Center</u> 761 Corporate Center Drive Pomona, CA 91768	R. Keith Penman (909) 620-7722	Eastern Los Angeles county including El Monte, Monrovia, Pomona, and Glendora
<u>South Central Los Angeles Regional Center</u> 650 West Adams Boulevard, Ste 200 Los Angeles, CA 90007-2545	Dexter Henderson (213) 744-7000	Southern Los Angeles county including the communities of Compton and Gardena
<u>Tri-Counties Regional Center</u> 520 East Montecito Street Santa Barbara, CA 93103-3274	Omar Noorzad, Ph.D. (805) 962-7881	San Luis Obispo, Santa Barbara, and Ventura counties



State of California
Department of Developmental Services

Regional Centers	Executive Director	Areas Served
<u>Valley Mountain Regional Center</u> 702 North Aurora Street Stockton, CA 95202	Paul Billodeau (209) 473-0951	Amador, Calaveras, San Joaquin, Stanislaus, and Tuolumne counties
<u>Westside Regional Center</u> 5901 Green Valley Circle, Suite 320 Culver City, CA 90230-6953	Michael Danneker (310) 258-4000	Western Los Angeles county including the communities of Culver City, Inglewood, and Santa Monica

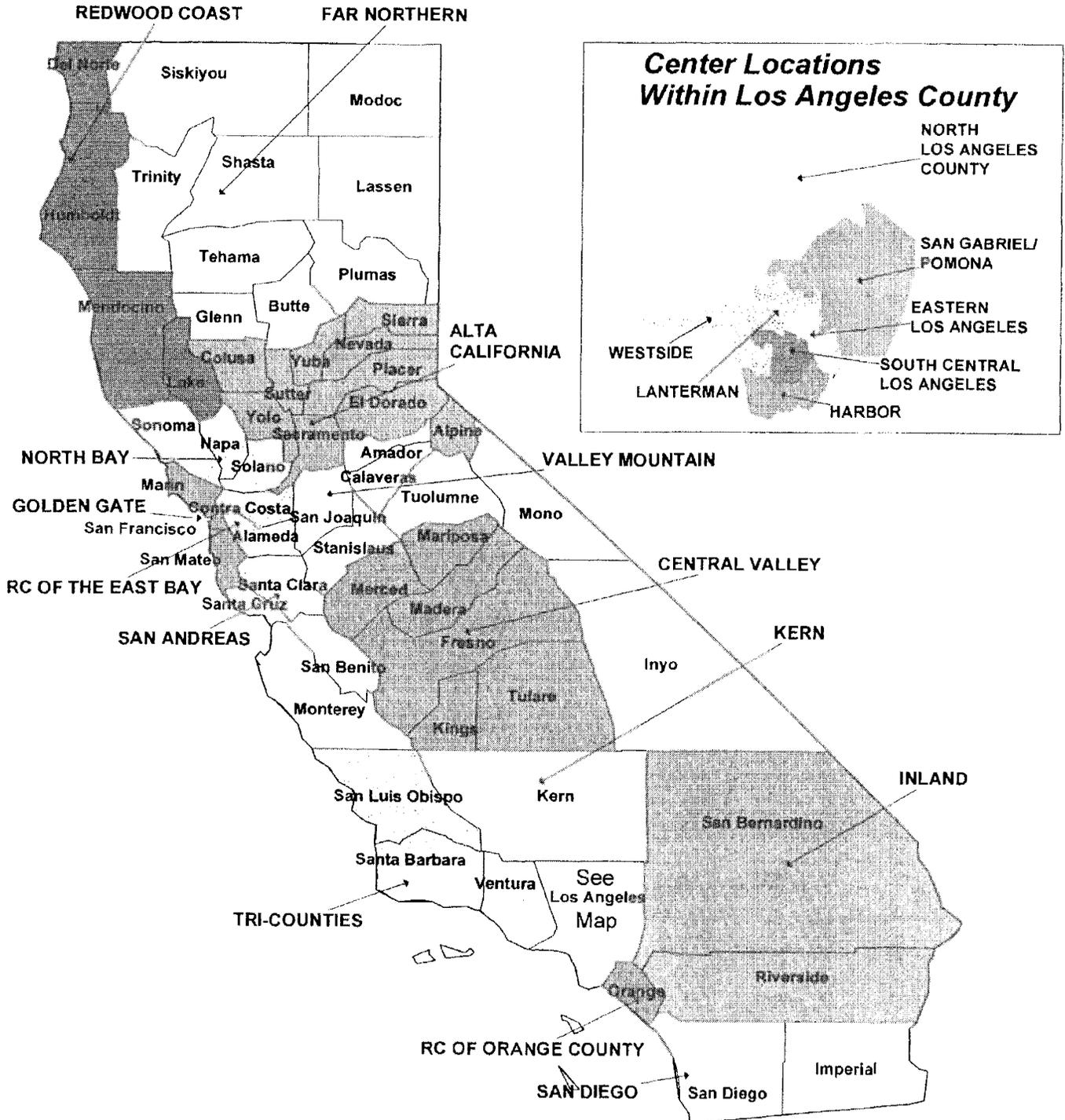
Last Updated: 2/28/2012

Updated off website 9/10/12

<http://www.dds.ca.gov/RC/RCList.cfm>

Department of Developmental Services Regional Centers

(Colors correspond to areas served by each Regional Center)



DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-1958



December 20, 2011

TO: REGIONAL CENTER DIRECTORS, ADMINISTRATORS AND CHIEF
COUNSELORS

SUBJECT: REGIONAL CENTER CONSUMERS' RECEIPT OF DENTAL SERVICES
UTILIZING DENTI-CAL INFRASTRUCTURE

As you know, the Department of Developmental Services (Department) has been working with staff from the Denti-Cal program section of the Department of Health Care Services (DHCS) regarding the use of the Denti-Cal program rules and infrastructure for the provision of dental services to regional center consumers age 21 and over. Beginning on January 13, 2012, dentists participating in the Denti-Cal program may treat regional center consumers, age 21 and over, who have Medi-Cal, consistent with the rules and payments (SMA) for the Denti-Cal program. The Department will reimburse the cost of these services with regional center funding. The development of this means of obtaining dental services represents an alternative, but does not impact regional centers' ability to purchase dental services directly from a vendored dentist.

The Department is promulgating an amendment to section 54310 of California Code of Regulations, Title 17 regarding vendorization of Denti-Cal dentists. The new provision states, in part, "...the documentation provided to the dentist by the Department of Health Care Services (DHCS) approving the dentist's enrollment in the Denti-Cal program, including the dentist in the Provider Master File and providing the dentist with a Medi-Cal provider number, constitutes vendorization for the purposes of providing services to consumers under Dentistry - Service Code 715. The dentist's status as a Denti-Cal provider is under the oversight of DHCS." Therefore, regional centers do not need to take any action to vendorize dentists providing services to this specific group of consumers through the Denti-Cal infrastructure. However, this provision does not apply when regional centers are paying for services directly.

To obtain a list of Denti-Cal dentists in your county, please visit Denti-Cal's home page at: www.denti-cal.ca.gov, click on the "Beneficiaries" tab, then click on the "Help in locating a Medi-Cal dentist" link. The list is updated weekly by DHCS. Each month, the Department will send DHCS a file containing information about those regional center consumers who are eligible to receive dental services through this system. If a dentist needs to verify eligibility, the dentist may do so by calling Denti-Cal's Provider Telephone Service Center, at (800) 423-0507. Eligible consumers may receive the same dental services previously available through DHCS' optional dental benefits; however, they are not subject to the \$1,800 annual benefit cap. The Denti-Cal website contains other helpful information for recipients, including answers to "Frequently Asked Questions" at the link above.

"Building Partnerships, Supporting Choices"

Regional Center Directors, Administrators and Chief Counselors
December 20, 2011
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The Department will reimburse DHCS for services on a monthly basis on behalf of the consumer's regional center. Because all services purchased by a regional center on behalf of a consumer must be reflected in the consumer's individual program plan, use of the Denti-Cal program for these individuals is predicated on the agreement that all regional centers would accept the responsibility to purchase any service offered by Denti-Cal.

At the end of every month, DHCS will send the Department a file containing the name, UCI number, etc. of each consumer who received dental services, the type of service received, the date the service was rendered, the service provider's name and contact information, and the cost of the service. The Department will in turn send each regional center a file containing the above information for those consumers associated with that specific regional center. Although, in some cases, regional centers may not know the specifics of services provided until after the fact, it is important that regional centers receive and maintain service related information for each consumer since the services are being purchased with regional center funds. DHCS will also send the Department a monthly claim, which the Department will pay directly. The Department will then send the detailed claims data to each regional center. The regional center is responsible to run a program developed by the Department to create an invoice and attendance records, process the claim through UFS, and submit a paper claim to the Department as "info only" for Denti-Cal. The Department will issue a Technical Bulletin to regional centers explaining the invoicing and claiming processes in the near future.

If an individual is denied a service for which a dentist has requested prior authorization, the individual has a right to a Fair Hearing through the Department of Social Services. Information regarding the process for filing for a Fair Hearing is also contained on the Denti-Cal website.

If you have questions regarding this correspondence or need clarification on how to access dental services for eligible individuals, please contact me at the telephone number above.

Sincerely,

Original Signed By

BRIAN WINFIELD
Acting Deputy Director
Community Operations Division

cc: ARCA



HOME AND COMMUNITY-BASED SERVICES (HCBS) WAIVERS

HCBS Waivers allow states that participate in Medicaid, known as Medi-Cal in California, to develop creative alternatives for individuals who would otherwise require care in a nursing facility or hospital. Medi-Cal has an agreement with the Federal Government, which allows for waiver services to be offered in either a home or community setting. The services offered under the waiver must cost no more than the alternative institutional level of care. Recipients of HCBS Waivers must have full-scope Medi-Cal eligibility.

WHAT SERVICES ARE OFFERED UNDER THESE HCBS WAIVERS?

The services available under these HCBS Waivers include case management, community transition services, private duty nursing, family training, home health aides, life-sustaining utility reimbursement, habilitation services, and respite care.

WHO PROVIDES THE SERVICES?

There are a variety of HCBS Waiver providers, including the following:

- Licensed and certified Home Health Agencies;
- Individually licensed HCBS Waiver Providers; or
- Unlicensed caregivers.

HOW LONG CAN ONE RECEIVE THESE SERVICES?

The beneficiary may receive these home- and community-based services as long as they are medically necessary, cost-neutral, and he/she meets the nursing facility or acute hospital level of care.

HOW DO I BECOME A HCBS WAIVER PROVIDER?

For information on becoming one of the following HCBS waiver providers or to request an application, please contact In-Home Operations (IHO) at (916) 552-9105 or email: IHOwaiver@dhcs.ca.gov.

- HCBS Waiver Nurse Provider – RN and LVN
- Marriage and Family Therapist
- Licensed Psychologist
- Professional Corporation
- Licensed Clinical Social Worker
- Non-Profit Organizations
- Employment Agency
- Personal Care Agency
- Home and Community-Based Services Nursing Facility (Congregate Living Health Facility)
- Public Authority - In Home Supportive Services



HOW DOES ONE REQUEST HCBS WAIVER SERVICES?

The beneficiary or their legal representative must contact (IHO) and request a HCBS Waiver application. Based upon the information on the Waiver application, the Nurse Evaluator II will determine if the individual meets the criteria for the HCBS waiver and schedule a home visit to discuss the waiver and waiver services that are available. Each HCBS waiver can only serve a limited number of individuals. Once that limit is reached, the names of individuals requesting waiver services will be placed on a waiting list based upon the date IHO received their completed HCBS Waiver application.

FOR MORE INFORMATION ABOUT IHO:

Telephone:

- Northern California (916) 552-9105
- Southern California (213) 897-6774

Email: IHOwaiver@dhcs.ca.gov

Updated from website 9/10/12

<http://www.dhcs.ca.gov/services/Pages/HCBSWaiver.aspx>



**In-Home Operations
QUICK REFERENCE GUIDE**
California Department of Health Care Services
Long-Term Care Division
In-Home Operations (IHO) Branch



WEBSITE:

For general information about In-Home Operations
or to view a copy of IHO's Home and Community Based Waivers

<http://www.dhcs.ca.gov/services/Pages/IHO.aspx>

E-mail: IHOwaiver@dhcs.ca.gov

IHO BRANCH CONTACT INFORMATION

NORTHERN REGION

P.O. Box 997437, MS 4502
Sacramento, CA 95899-7437
Phone (916) 552-9105
FAX (916) 552-9150
(916) 552-9151

SOUTHERN REGION

311 South Spring Street, Suite 313
Los Angeles, CA 90013
Phone (213) 897-6774
FAX (213) 897-7355
(213) 897-9314



IN-HOME OPERATIONS QUICK-REFERENCE GUIDE

THIS IS ONLY A REFERENCE GUIDE. PLEASE CALL ABOVE LISTED PHONE NUMBERS FOR ANY CLARIFICATION

HCBS WAIVER SERVICES

Eligibility	Full-scope Medi-Cal eligible and medically eligible beneficiary. Priority enrollment for an applicant who has been authorized for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for at least six months prior to his/her 21 st birthday who meet medical eligibility criteria; and for an applicant currently in an acute hospital who is eligible for placement in an HCBS Waiver.
Available Services	Home and Community-Based Services (HCBS) waivers are designed to assist in supporting a participant in his/her home as an alternative to care in a licensed health care facility. HCBS waiver services include: Case management, transitional case management; community transition: private duty nursing; family training; environmental accessibility adaptations; waiver personal care; life sustaining medical equipment operation expenses, habilitation; respite care; and personal emergency response systems.
Criteria for Services	HCBS waiver services may be authorized when medically necessary at a cost that is not greater than what may be provided in a licensed health care facility. These services must be prior authorized.
Place of Services	The participant's home or community setting.
Service Providers	HCBS waiver services providers include: licensed and certified home health agencies; congregate living facilities; licensed registered nurses; licensed vocational nurses; licensed clinical social workers; marriage & family therapists; licensed psychologists; nonprofit organizations; professional corporations; personal care or employment agencies; and unlicensed caregivers.
Requests for Service	A HCBS Waiver application (available upon request – see contact information including: website, e-mail, and phone number on cover page) must be completed and returned to In-Home Operations (IHO).
Required Documentation	Medical records (Including but not limited to): Medical information that supports the request for services; assessment and identification of skilled nursing care needs; home safety evaluation; Plan of Treatment (POT) signed by the physician, beneficiary/participant & caregivers; and a TAR requesting the services.

IN-HOME OPERATIONS

In-Home Operations (IHO) is part of the California Department of Health Care Services (DHCS). IHO has statewide responsibility for reviewing and authorizing home and community-services through the Medi-Cal Nursing Facility/Acute Hospital (NF/AH) Waiver.

IHO has two offices in California – the Northern Regional Headquarters office, located in Sacramento, and a Southern Regional office, located in Los Angeles.

The Northern Regional office is responsible for reviewing all new statewide requests for HCBS waiver services. Upon receipt and review of the NF/AH Waiver Application, the request for the NF/AH waiver services is then forwarded to the appropriate regional office for completing the intake process and ongoing administrative case management.

Home and Community-Based Services (HCBS) Waivers

Home- and Community-Based Services (HCBS) waivers are creative alternatives, allowed under federal law, for states participating in Medicaid (Medi-Cal in California), to be implemented in the home or community for certain Medi-Cal beneficiaries to avoid hospitalization or nursing facility placement. HCBS waivers are not part of the Medi-Cal State Plan benefit. Services provided under a waiver are not typically part of the benefit package available under federal Medicaid. California currently has the following seven HCBS waivers: Developmentally Disabled Waiver; Multi-Purpose Senior Services Program Waiver; Acquired Immune Deficiency Syndrome Waiver; Pediatric Palliative Care Waiver; Assisted Living Waiver; In-Home Operations (IHO) Waiver; and the Nursing Facility/Acute Hospital (NF/AH) Waiver.

The authorization and management of IHO and NF/AH waiver services are the responsibility of the IHO Branch. Under IHO, the current facility alternatives for these two HCBS waivers are: Acute Hospital; Adult or Pediatric Sub-Acute; Skilled Nursing Facility (SNF or NF level B); and, Intermediate Care Facility (ICF or NF level A).

Requests for waiver services can come from Medi-Cal providers, associated agencies, beneficiaries, families, friends, or advocates. Requests may be faxed, e-mailed, and telephoned to IHO. Upon receipt of the request for HCBS waiver services, IHO will send an HCBS Waiver application to the individual. Assessment for HCBS waiver services begins upon the receipt of the completed HCBS Waiver application by IHO.

Once a Medi-Cal home program is established for the Medi-Cal waiver participant, medically necessary waiver services are authorized by IHO that will assist the waiver participant in remaining safely at home. Additional Medi-Cal services authorized by IHO when medically appropriate for HCBS Waiver participants include equipment, supplies, therapies, and transportation. For information on these waivers please call (916) 552-9105 or visit our website at: <http://www.dhcs.ca.gov/services/Pages/IHO.aspx>

Nursing Facility Acute Hospital (NF/AH) Waiver

- Services are subject to prior authorization.
- The NF/AH waiver is designed:
 - For a person who has a long-term medical condition(s) and who meet the acute hospital, subacute nursing facility, skilled nursing facility B (skilled) or A (intermediate) level of care with the option of returning to and/or remaining in his/her home or home-like setting in the community in lieu of institutionalization;
 - To facilitate a safe and timely transition of medically needy Medi-Cal eligible beneficiaries from a medical facility to his/her home and community; and,
 - To offer Medi-Cal eligible beneficiaries who reside in the community but are at risk of being institutionalized within the next 30 days, the option of utilizing NF/AH Waiver services to develop a home program that will assist in safely meeting his/her home medical care needs.
- Participant must be Medi-Cal eligible. This can be established in one of two ways:
 - Community deeming rules/requirements, i.e., the regular financial rules for Medi-Cal eligibility; or,
 - Institutional deeming rules/requirements, i.e., the individual is assessed to be Medi-Cal eligible "as if" he/she were in a long-term care facility.

- Authorized services must be cost-neutral to the Medi-Cal program. This means that the total cost of providing waiver services and all other medically necessary Medi-Cal services to the participant must cost the same or less than the services would cost if incurred by the Medi-Cal program for providing care to the waiver participant in a comparable level facility.
- NF/AH waiver services include: Case management, transitional case management, community transition services, private duty nursing (including shared nursing services); family training; minor environmental accessibility adaptations; personal care services; medical equipment operating expenses; habilitation; respite care; and personal emergency response systems (including installation and testing).
- Services are provided in the participant's home that has been assessed to be a safe environment by an IHO Nurse Evaluator or an IHO designee.
- Services are authorized through appropriate licensed and certified home health agencies; congregate living facilities; licensed registered nurses; licensed vocational nurses; licensed clinical social workers; marriage & family therapists; licensed psychologists; nonprofit organizations; professional corporations; personal care or employment agencies; and unlicensed caregivers.
- Implementation of NF/AH waiver services also involves the active participation of the family and/or primary caregiver in the home care program. Participants must have an identified support network system available to them in the event the HCBS provider of direct care services is not able to provide the total number of hours approved and authorized by IHO. A family member and/or a primary caregiver should be proficient in the tasks necessary to care for the participant at home to ensure care is not interrupted. This proficiency requirement may be satisfied by training, as necessary to safely carry out the plan of treatment and/or by providing direct care to the participant on an ongoing basis. The involvement of the family and/or the primary caregiver helps to ensure a safe home program for the participant.
- Services are prescribed by the participant's community-based primary care physician in accordance with regulations outlined in the CCR, Title 22, Division 3.

ONLINE RESOURCES FOR MEDI-CAL SERVICES

Long-Term Care Division HCBS Waivers and Programs:

<http://www.dhcs.ca.gov/services/ltc/Pages/default.aspx>

California Code of Regulations, Title 22, Division 3: www.ccr.oal.ca.gov

Medi-Cal Provider Bulletins: www.medi-cal.ca.gov

State Statutes – Health and Safety Code; Welfare and Institutions Code: www.oal.ca.gov

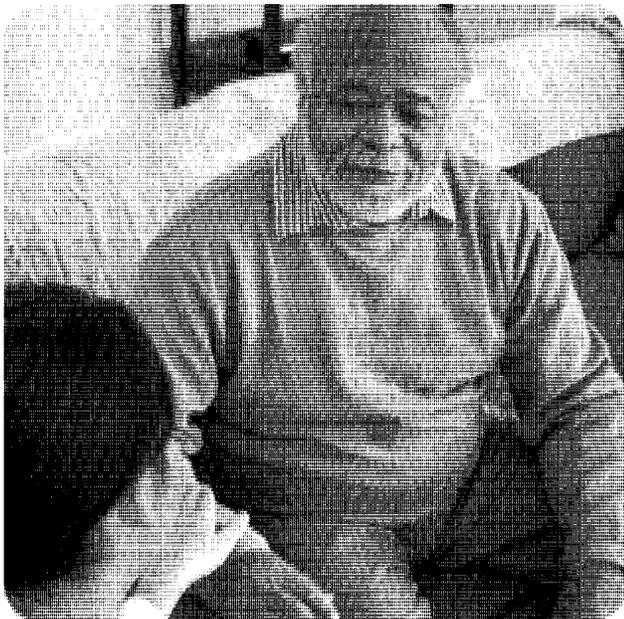
Overview of the IHSS Program

The IHSS program provides services to eligible people over the age of 65, the blind and/or disabled.

The goal of the IHSS program is to allow you to live safely in your own home and avoid the need for out of home care.

Services almost always need to be provided in your own home. This could be a house, apartment, hotel, or the home of a relative.

If you receive Supplemental Security Income (SSI) or meet all Medi-Cal income eligibility requirements, you may be able to receive IHSS services. IHSS is a Medi-Cal program and is funded by federal, state, and county dollars.



Services

These are the types of services IHSS can provide:

- Personal care services like dressing, bathing, feeding, toileting
- Paramedical services like helping with injections, wound care, colostomy and catheter care under the direction of a licensed medical professional
- House cleaning
- Cooking
- Shopping
- Laundry
- Accompaniment to and from medical appointments

Some of the things IHSS cannot pay for include:

- Moving furniture
- Paying bills
- Reading mail to you
- Caring for pets, including service animals
- Gardening
- Repair services
- Sitting with you to visit or watch TV
- Taking you on social outings
- Waiting for you in the doctor's office

Application Process

1. How to Apply

Contact the In-Home Supportive Services program in your county. A county representative will ask you questions to gather information about the nature of your disability, things that you need help with, your income, and assets. This may take up to 20 minutes.

2. Home Visit

A social worker will come to your home to determine the types of authorized services that you need and the number of hours for each service. Some of the things the county will consider are your medical condition, living arrangement, and any resources that may already be available.

3. Health Care Certification Form

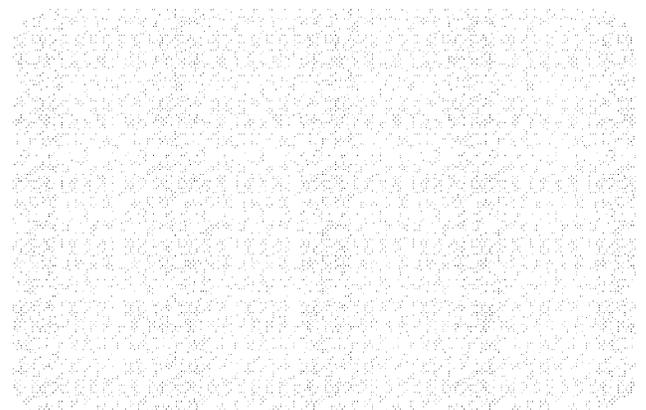
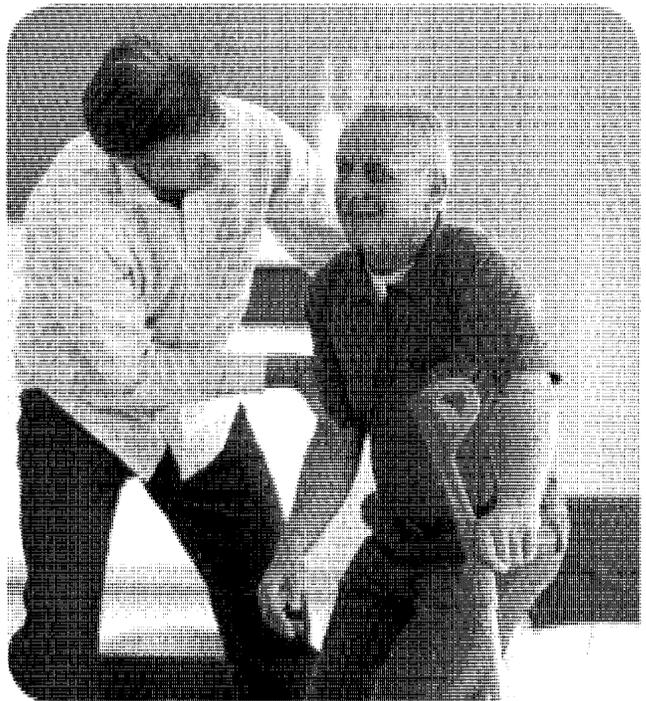
You will receive a form for your doctor to complete, certifying your need for IHSS. This form must be completed before services can be authorized.

4. Authorization

The county will send you a Notice of Action (NOA) telling you if you have been approved for IHSS. The NOA will specify what services have been approved, how much time is authorized for each service, and how many total monthly hours have been approved.

Hiring Provider(s)

Once eligibility is established, you can hire one or more people to provide your care. A friend or relative may serve as your care provider, or a referral may be obtained through the IHSS Public Authority Caregiver Registry. Your care provider must complete all the necessary provider enrollment steps prior to starting work. You or your provider can contact your social worker or Public Authority for more information about provider enrollment requirements.



3. The provider will be paid at the rate set by the county for IHSS providers.

4. The hours of work for this job are shown below.

Changes in the scheduled days and hours are to be agreed upon by both parties, with advance notice. Some providers may need to work split shifts each day in order to meet the consumer's needs.

	MON	TUES	WED	THURS	FRI	SAT	SUN
Hours							
Hours							

5. IHSS does not pay provider gas or transportation expenses.

The consumer and provider, by signing this document, agree to the terms outlined above. If the agreement changes, both parties will initial and date the changes.

Consumer/Employer Signature

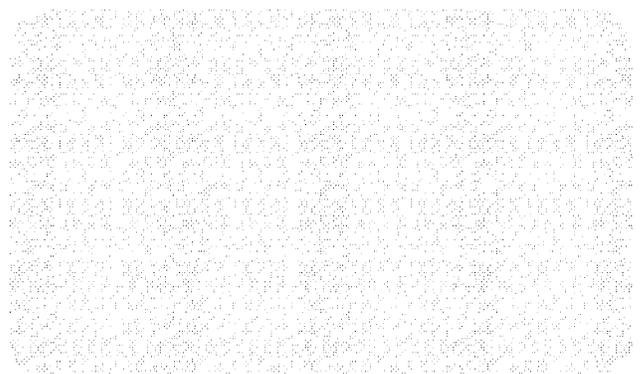
Date

Phone Number

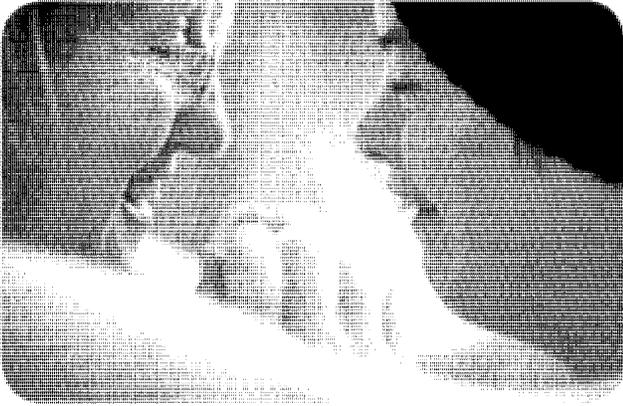
Provider/Employee Signature

Date

Phone Number



Getting Started With Your New Provider



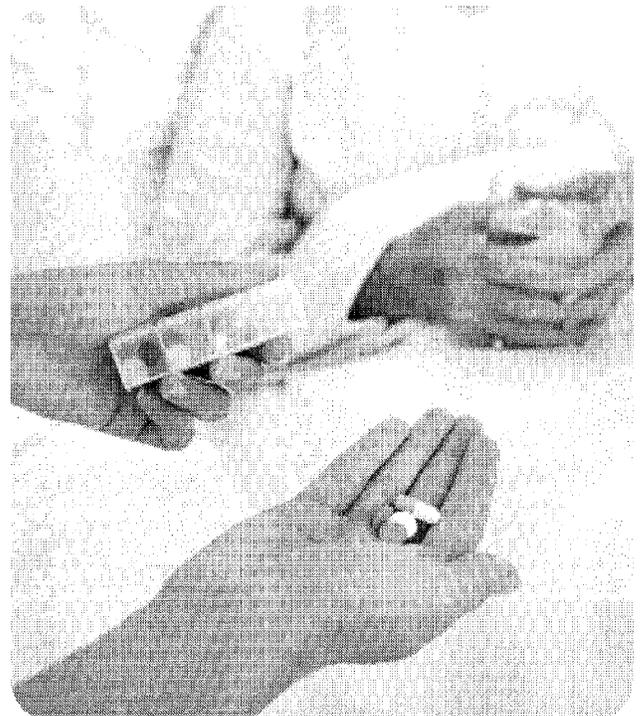
Starting off on the right foot

During your first meeting with a new provider, it is important to tell them what you expect. It is best to talk about any difficult issues and agree on things before he/she starts work.

Some of the things you may want to talk to your provider about are listed below.

- **Authorized tasks review**
Explain what tasks the provider will be doing for you and how much time he/she can spend on each task. The county will send you a list of authorized tasks and the amount of time authorized when they approve or change your hours. Be sure to tell your provider how you would like to have the tasks done.

- **Health issues**
Tell your provider about any allergies, special diet needs, and other issues that require special care.
- **Infectious diseases**
It is best for you and your provider to tell each other if either of you have any infectious diseases, including HIV, Hepatitis, Tuberculosis (TB), and others.
- **Supplies**
Show the provider where supplies are kept and how to correctly use any special equipment.
- **Medications**
Explain what help you need, if any, and go over your daily medication schedule.



- **Emergency information**

Share all of the information your provider needs to know if an emergency happens. Include who to call in case of an emergency and how to get out of the house. Post emergency information in an easy to see place at all times.

- **Work schedule**

Be clear on what days your provider will be coming and how many hours he/she will work each day. Agree on a way to keep track of hours so you can make sure the timesheet is filled out correctly. Consider using a calendar or note pad as a way to keep track of tasks and hours worked each day.

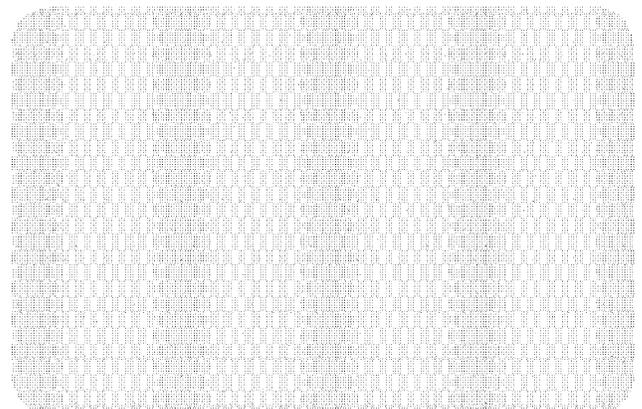
- **Contact information**

Give each other all the telephone numbers where you can be reached and the best times for you to contact each other.



- **Transportation for medical appointments and errands**

IHSS does not pay for the cost of gas, car insurance, or public transportation. Make sure you are clear on who will pay these costs, and that your provider has car insurance and a valid driver's license.



IHSS Authorized Tasks

Mark the tasks you need your provider to do and show how often the task needs to be done. Talk about anything special you want him/her to know as you go through the list. Write notes to help your provider remember your requests.

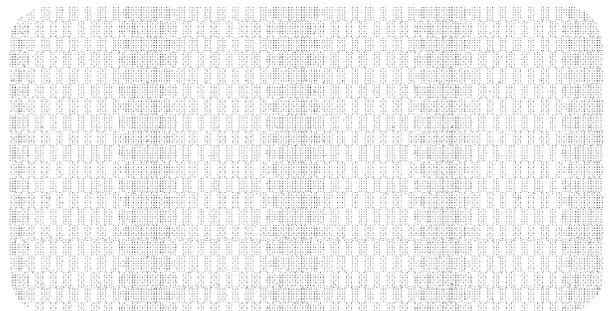
REMEMBER: IHSS will only pay for services that have been authorized by your social worker. When authorizing hours for someone to help you, your social worker considered the things you were able to do safely without help. It is important for you to remain as independent as possible, so you should not ask your provider to do things you can do for yourself safely.

Use the chart below to show whether the tasks need to be done daily (D), weekly (W), monthly (M), or on another schedule (O) such as two times per week.

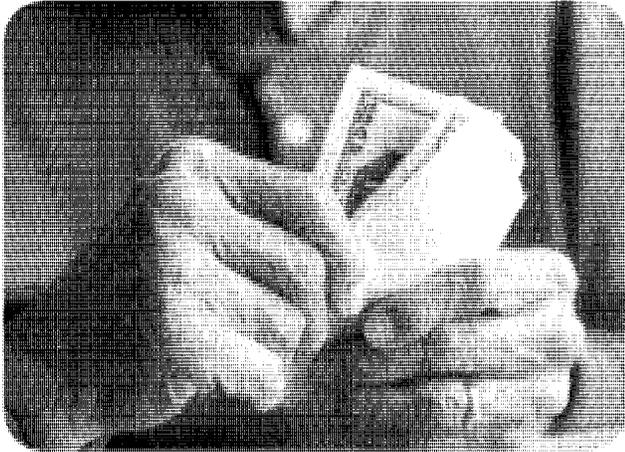
D=Daily	W=Weekly	M=Monthly	O=Other
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Authorized Task	How often	Notes
Housework		
<input type="checkbox"/> Mop kitchen and bathroom floors		
<input type="checkbox"/> Clean bathroom		
<input type="checkbox"/> Make bed		
<input type="checkbox"/> Change bed linen		
<input type="checkbox"/> Clean sinks		
<input type="checkbox"/> Clean stovetop		
<input type="checkbox"/> Clean oven		
<input type="checkbox"/> Clean refrigerator		
<input type="checkbox"/> Vacuum/sweep		
<input type="checkbox"/> Wipe counter		
<input type="checkbox"/> Dust		
<input type="checkbox"/> Empty trash		

Authorized Task	How often	Notes
Meals		
<input type="checkbox"/> Prepare meals		
<input type="checkbox"/> Meal cleanup		
Laundry		
<input type="checkbox"/> Wash, dry, fold, and put away laundry		
Shopping		
<input type="checkbox"/> Grocery shopping		
<input type="checkbox"/> Other shopping and errands		
Personal Care Services		
<input type="checkbox"/> Dressing		
<input type="checkbox"/> Grooming and oral hygiene		
<input type="checkbox"/> Bathing		
<input type="checkbox"/> Bed bath		
<input type="checkbox"/> Bowel and bladder care		
<input type="checkbox"/> Menstrual care		
<input type="checkbox"/> Help with walking		
<input type="checkbox"/> Move in and out of bed		
<input type="checkbox"/> Help on/off seat or in/out of vehicle		
<input type="checkbox"/> Repositioning		
<input type="checkbox"/> Rub skin		
<input type="checkbox"/> Assistance with prosthesis/meds		
Paramedical Services		
<input type="checkbox"/> Blood sugar checks		
<input type="checkbox"/> Injections		
<input type="checkbox"/> Other paramedical services		
Accompaniment Services		
<input type="checkbox"/> To medical appointments		
<input type="checkbox"/> To alternative resources		



Suggestions on How to Handle Money



If your provider is authorized to shop and run errands, you will need to give him/her the money to pay for the items you need. It is important that you take steps to protect both of you when you give your provider money.

1. If you need to have your provider get money out of your purse or wallet, always watch him/her. If the wallet or purse is in another room, ask him/her to bring it to you so you can get the cash out.
2. When the provider returns, count the change, look at the receipt to make sure that only those items requested were purchased, and ask your provider to initial the log.
3. Keep receipts in a large envelope or folding file so you can easily answer any questions that come up.
4. Do not share any of your bank information with your provider.

Be very organized about the use of money to help avoid misunderstandings.

Keeping a Log

You should write down the amount of money you gave to your provider, the amount spent, and the amount of change returned. You can use a notebook for this or copy the log provided on the back of this page. Below is a sample of how to complete the log.

Date	Money given to provider			Amount Spent (from receipts)	Change returned to consumer		
	Amount \$	Consumer Initials	Provider Initials		Amount \$	Consumer Initials	Provider Initials
10/15/12	\$20.00	FM	SS	\$16.85	\$3.15	FM	SS
10/22/12	\$5.00	FM	SS	\$4.25	\$0.75	FM	SS

Communicating With Your Provider



How you communicate with your provider can affect the quality of care you receive.

Having good communication is the first step to a positive working relationship.

In order to communicate well, always state your needs clearly. Listen to how your provider responds and ask questions about anything you do not understand.

Take time to learn about your provider.

- Ask your provider what name he/she would like to be called and use that name.
- Ask about any habits your provider may have that could affect you such as smoking, and talk about habits you have that your provider should be aware of.

Make sure what you are saying is being understood by your provider.

- Don't talk too fast or too slow.
- If you are talking to your provider and he/she looks confused, ask them if they understand what you are saying. By asking your provider, you will know for sure if he/she understood you or if you need to provide more details.

Helpful hints for good communication.

- Keep the lines of communication open to avoid misunderstandings.
- It may help to use humor and patience when dealing with difficult situations. The tone of your voice can also improve the outcome.
- Take responsibility for your own feelings and respect your provider's concerns by using "I" statements.



For example:

*"I see/hear/feel (state the issue).
It makes me feel (state your feelings).
I need (state a possible solution)."*



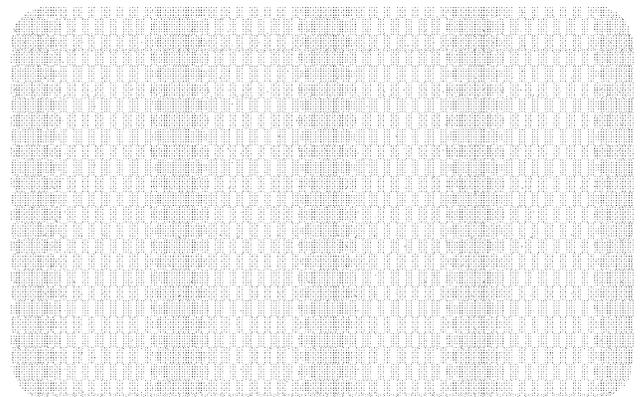
This might sound like:

"I understand this task is hard to learn, but it makes me feel uncomfortable when you grumble under your breath. I would like you to ask me for more direction and let me know what you are feeling so we can work out the problem."

"This is the third time this week you have been 20 minutes late. I'm feeling frustrated because my schedule is off when you are late. I need you here on time."

Keep the lines of communication open and focused on your care.

- Be friendly, but keep your relationship as professional as possible. Remember he/she is there to provide IHSS services for you.
- Your provider may not want to share details about his/her personal life. Respect their privacy.
- Cultural differences may sometimes affect how you get along and may create misunderstandings. Talk about these things immediately and work on a solution that will satisfy both of you.



Deciding When to Fire a Provider

As an employer, you have the right to fire your provider for any reason, but you should think about this decision carefully before you take action.



Can the problems be solved?

It can be hard to tell someone that you no longer need their services. Try to work on any minor problems with your provider before you decide to fire him/her.

Talk to your provider about your concerns.

Try to tell your provider as soon as you see a problem. It is best not to let problems build up, but if they do, make a list of the things you are unhappy about and decide what must change in order for you to keep your provider. Have an open talk with your provider and reach agreements about any improvements you need to see in his/her job performance. Tell him/her when the improvements will need to be made.

Remember that communication is a two-way street. Allow your provider to ask questions and be open to any thoughts and concerns he/she may have.

If you are not comfortable about having this talk alone, ask a friend or family member to be there to support you.

If your provider is not willing to improve.

If your provider does not improve his/her performance, it may be time to end his/her employment. If it is possible, it is best to give your provider two weeks' notice. This will give him/her time to look for a new job and you time to get a new provider.

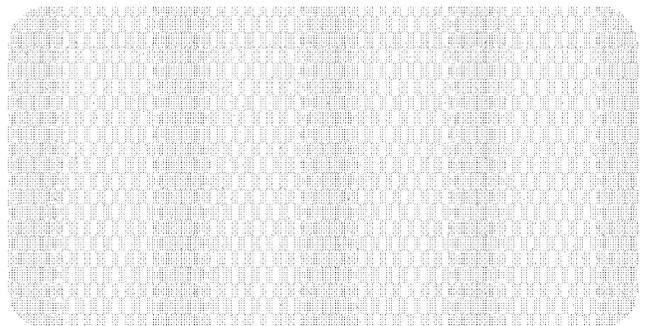
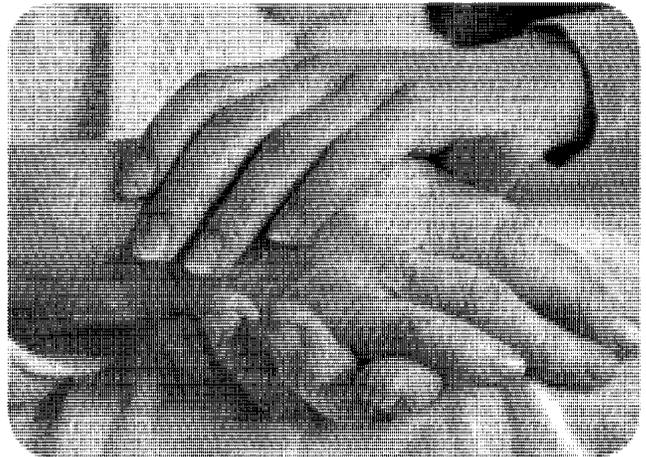


Terminate an unsafe provider right away!

If your provider is treating you in an abusive or threatening manner, you should call 911 and fire him/her immediately. Your personal safety is most important. If you need help doing this, call your IHSS county office, friends, or family members to help you.

Some reasons for firing your provider might be:

- Not meeting your care needs
- Stealing your money or personal property
- Coming in late often or not coming to work at all
- Using your personal property without permission



If You Need A New Provider Quickly

If you have to fire your provider without notice, you have several options to find a new person quickly:

- Contact your Public Authority for a list of available providers.
- Ask a family member or friend for short-term help (remember all providers must be fingerprinted and pass a criminal background check to be paid by IHSS).

Always contact your IHSS county office if you change providers.

Recognizing Abusive Behaviors

Sometimes a provider, family member (including a child), or friend steps over the line and becomes abusive.

In California, abusing a child, a person over 65, or anyone between the ages of 18 and 64 who has physical or mental limitations, is a crime punishable by law.

Abuse can occur in many ways including physical or sexual abuse, financial abuse, neglect, and psychological abuse or intimidation. Here are some examples of abuse:

- Being slapped, hit, choked, pinched, kicked, shoved, raped, or molested.
- Being constantly yelled at, threatened with bodily harm, or threatened to be left alone.
- Being left alone by a care provider when you cannot get necessary food, water, clothing, shelter, or health care.



- Being kept from getting mail, telephone calls, or visitors; or prevented from leaving your home without good reason.
- Having money, property, or items of value being taken by force or without your approval.
- Being neglected by someone who should be providing care, food, or water.

Report Abuse!

If you are being abused, even by a family member, you should get help right away by contacting:

- **911**
- **Adult Protective Services (APS)**

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Supervising Your Provider

As an employer, you will need to supervise your provider. This may feel uncomfortable if you have never done this before. However, the following information may help.

1. Let your provider know what tasks must be completed each time he/she works.

If it seems like there is not enough time to do all the authorized services, you and your provider should talk about how to make the best use of the IHSS time authorized. If your condition changes and you need more or less hours, contact your county IHSS office.



2. Communicate your needs.

Your provider needs to know how you like things done so he/she can complete tasks in a way that works for you.

- **Be clear.** Explain in as much detail as possible how you would like your provider to complete each authorized task. Keep in mind the amount of time your provider has to do the task. You may be more comfortable starting with things like housework or laundry before talking about any personal care needs.
- **Be patient.** You may need to remind your provider how you would like him/her to do things more than once.
- **Be specific.** If you would like your authorized tasks done in a specific way, let your provider know.

3. Be reasonable in what you expect.

- A new provider may need to work for you a few times before learning your expectations and needs.

4. Let your provider know how things are going.

- **Say something positive** when he/she does things the way you like them done.
- **Say something to correct** your provider when tasks are not completed the way you want them. Politely let him/her know how you specifically want things done.

Some helpful tips include:

- Use a friendly tone of voice.
- Don't blame or humiliate your provider.
- Treat your provider with respect.

5. It is important NOT to ask your provider to do unauthorized tasks or services not covered.

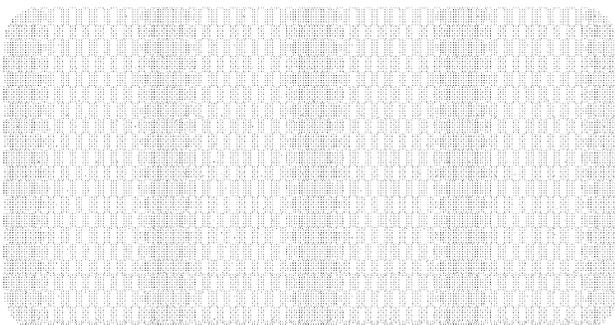
When the social worker assesses your needs, he/she will decide which IHSS services to authorize for you. You should not ask your provider to do services not authorized or not covered by IHSS. If you need help with tasks not covered by the IHSS program such as taking care of pets, assistance with mail or finances, or accompaniment to social activities, you should ask family members, friends, church volunteers, or others to help you.

6. Make good use of time.

As your provider's employer and supervisor, it is your job to make sure he/she is completing the IHSS services within the authorized time. Your provider should not be doing anything except providing IHSS services to you while they are being paid as an IHSS care provider.

Your provider should NOT be:

- Making personal telephone calls
- Watching TV
- Spending too much time visiting with you
- Bringing children or others to work
- Doing his/her personal business or activities



Paramedical Services

What is a Paramedical Service?

In IHSS, paramedical services are services that require authorization and training by a medical professional before they can be provided.

Some examples of paramedical services are:

- Administering medication or giving injections
- Blood/urine testing
- Wound care
- Catheter care and ostomy irrigation
- Any treatments requiring sterile procedures
- Enemas, digital stimulation, or the insertion of suppositories
- Tube feeding
- Suctioning

Let your new provider know what will be expected.

During the job interview, you should discuss all of the IHSS services, including paramedical, for which you have been approved IHSS hours. Some providers may not be comfortable providing some types of personal care and/or paramedical services and may not want the responsibility that comes with this type of care.

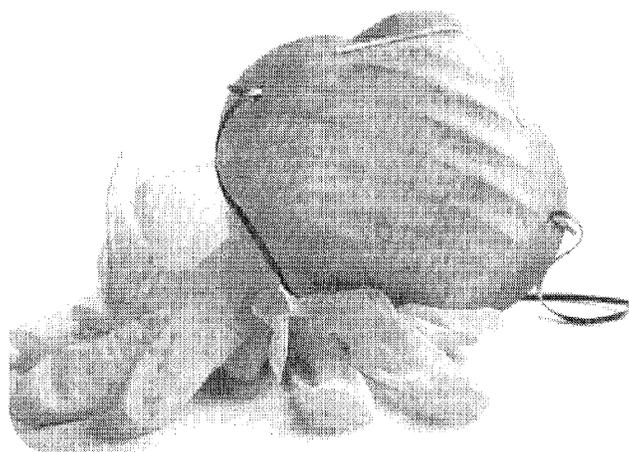
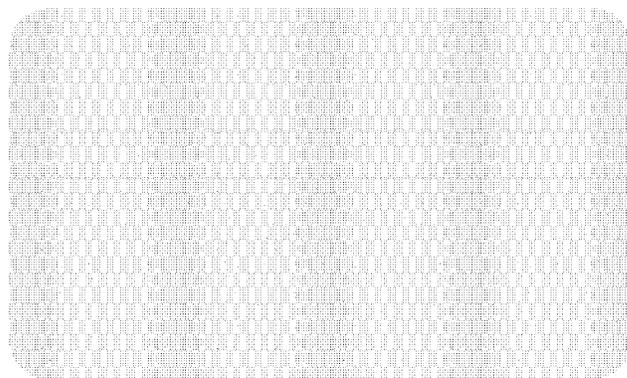
Your provider must be trained to perform paramedical services.

IHSS regulations require that a licensed healthcare professional, such as a doctor, order and direct the paramedical services. Your doctor will need to complete a paramedical form, and you will also need to sign this form. The completed form must be received by the county before your provider can be paid to provide these services.

- You need to make arrangements for your new provider to be trained by your doctor on how to provide any paramedical services you need and the risks involved. If you are not sure about how the services should be done, you should also ask your doctor about this.



- You and your provider should also know what to do if there is an emergency while your provider is performing paramedical services.
- It is very important that your provider NOT perform any paramedical service for you until he/she has received proper training by a licensed healthcare professional.



Things to keep in mind:



Always be sure that your provider washes his/her hands and wears gloves before performing any paramedical task. This will help to protect the health of both you and your provider.



Paramedical services needs may change more frequently than other services. If your needs change, you should contact your social worker so he/she can request a new paramedical order from your doctor.



Your provider may also need to receive additional training on any new paramedical services your doctor may order.

Finding, Interviewing and Hiring a Provider

Finding a Provider

Hiring a provider is an important task, and you should take the time to find the right person.

As the employer, you can hire anyone who meets IHSS provider enrollment requirements and can meet your needs. This may be a family member, friend, or someone referred from the Public Authority Registry. Other ways to find a provider may be through your church, posting a flyer, placing an ad in your local newspaper, or simply by word of mouth.

Remember to be careful about what personal information you give out about yourself in this process. Never put your home address on a flyer. If you cannot find a provider, contact your county IHSS office or Public Authority for assistance.

Interviewing Providers

Before you interview a provider, you should take the time to review the services that have been authorized for you and how much time has been authorized for each service. If you feel that one provider cannot provide all of the services you need or work all of the authorized hours, you may wish to hire more than one provider. If you have specific needs, such as a special diet or finding someone who is capable of lifting, be sure to mention this during the interview.

You may find the following steps helpful:

1. Screen applicants through a telephone interview.
2. Meet in person with the strongest candidates.
3. Check references.



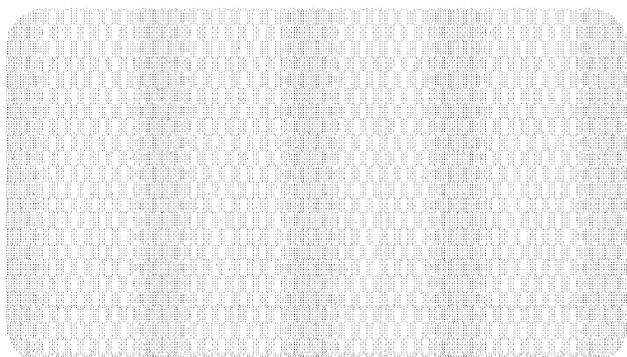
Telephone Screening Interview

During this phone call, you should get a good idea of the person's availability, experience, and ability to perform the needed tasks. This is also a good time to let them know that IHSS providers must attend a provider orientation, be fingerprinted, and pass a background check. If you are satisfied with the person, the next step would be to set up a time to meet with him/her to discuss your needs and authorized services and find out more about him/her.

Face-to-Face Interview

This interview can take place in your home or in a public place nearby. Consider asking a friend or family member to join you so that they can help with the interview and help decide who to hire. If possible, it is a good idea to interview more than one person. Make notes during the interview that you can refer to later when checking references or choosing who to hire. Here is some additional information to talk about during the interview:

- Ask to see identification. This may be a valid California driver's license or identification card with a photo.
- Explain your expectations for work behavior including the use of your belongings, arrival and departure times, and other information that will be important for the person you hire to know.
- Go over the services and hours authorized for you.
- Ask if they have been an IHSS provider before, and if they have gone through the provider enrollment process, including being fingerprinted.
- Give them a chance to ask you questions about the job and the services that you need.



Checking Provider References

Checking references will provide you with valuable information about the person you are thinking about hiring. When calling references, ask questions that will give you an idea of the kind of work they did, how long they were employed, their reliability, and their strengths and weaknesses. Keep notes about what the references tell you as this may help you decide who to hire.

Making the Decision

Look at your notes and compare the strengths, qualifications, and references of each person you interviewed and decide which one best meets your needs. Once you have made your decision, let the person know and then contact your county IHSS office so that your provider can begin the enrollment process if they have not already done this.



Setting and Maintaining Boundaries

Part of your job as the employer is to set expectations for your provider.

Restrictions on tasks and hours.

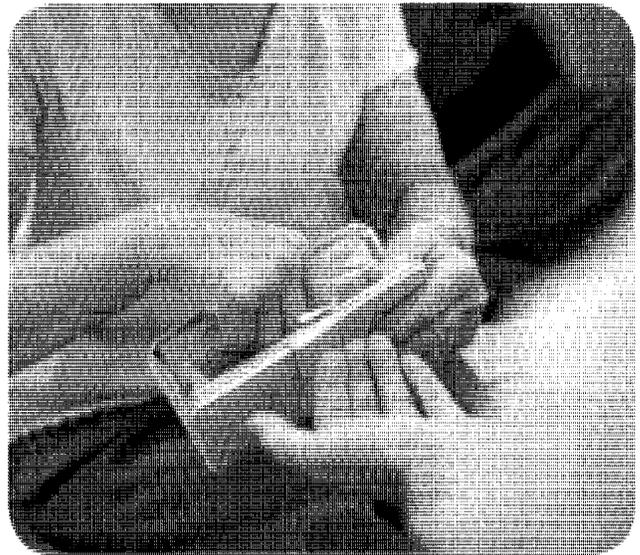
- Do not ask your provider to do things or work hours that have not been authorized. IHSS will not pay for unauthorized tasks or extra hours.

Professional behavior when the workplace is a home.

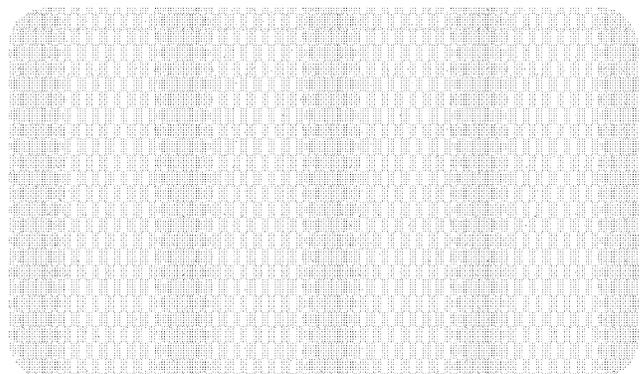
- Your provider should not bring children or others to your home. Your home is a workplace, and his/her job is to provide IHSS services for you.
- Your provider should not be spending his/her time visiting with you instead of working. Your provider may need to be politely reminded to stay on task.
- He/she should bring his/her own lunch or dinner if working at meal time.
- He/she should not use your property or belongings for his/her own needs.

Protecting your privacy.

- Your provider should not share your name, address, telephone number, health, family situation, or behaviors with any unauthorized people.



- It is important for your provider to know about your health conditions and family contacts in case of an emergency. However, keep other personal information private.
- Your provider should not have access to your checkbook, bank accounts, credit cards, financial information, or to money that is kept in your home.
- You should secure any valuables in a safe place and not tell your provider where they are kept.



Things to Avoid

- **Do not let your provider sign your name at any time.**
- **Do not sign a timesheet that is incorrect.**
- **Do not sign a blank timesheet.**
- **Do not share your bank information with your provider and do not add their name to your savings, checking, or credit card accounts.**
- **Do not share your Social Security number.**
- **Ask for a receipt if you give money to your provider to purchase something for you.**
- **Do not leave valuables or important documents in a visible location.**
- **Keep an eye on things such as telephone usage, medications, etc.**
- **Do not let him/her borrow money, vehicles, or personal belongings.**
- **Do not get involved in your provider's personal life.**

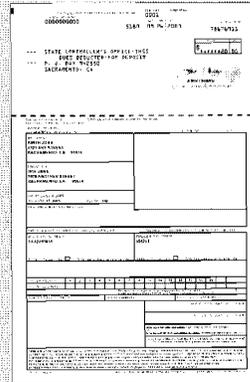
Timesheets

As the employer, you are responsible for keeping track of the number of hours a provider works each day and checking to make sure that the correct number of hours are entered on timesheets.

If you have multiple providers, you must also make sure that each provider does not work more than the number of hours they have been assigned.

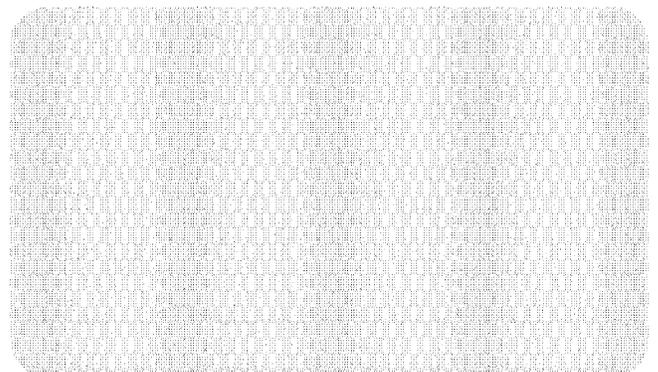
Keeping track of service hours.

- Timesheets are sent to each provider two times each month and are attached to the check and/or pay stub that the provider receives.
- If you have more than one provider, you will need to decide how many hours each provider should work each month. If you need help with this, contact your county IHSS office.
- The authorized hours should be spread throughout the month to ensure that your care needs are met. In most cases, the hours worked the first half of the month should be about half of your total hours.



Providers are only eligible to be paid for the authorized hours they worked.

- It is YOUR responsibility to let each provider know how many hours are assigned to him/her. Make sure you and your provider(s) agree on the number of hours of work for each week.
- Use a calendar or other tool to keep track of the amount of time worked by your provider(s). Fill in the number of hours worked every time he/she works and ask him/her to write their initials next to the number.
- Before signing the timesheet, compare the hours the provider has put in with your records to make sure he/she included only hours actually worked.



Here are some additional tips to help you and your provider avoid timesheet problems:

1. Use black or blue ink only to write the hours worked. Numbers must be readable. Timesheets completed in pencil will not be accepted.
2. A zero (0) should be entered for any days that the provider does not work.
3. Make sure you and your provider agree on how many hours he/she worked before you sign the timesheet. If you have disagreements with your provider about the number of hours worked and cannot reach agreement, call your county IHSS office for help.
4. Check to make sure the hours on the timesheet for the pay period are not more than the hours that are authorized. Your provider will not be paid for any additional hours.
5. Do not send any other documents with the timesheet.
6. Do not use correction fluid or tape to fix an entry. To correct a mistake, cross out what's wrong and enter the correct information. Both you and your provider should initial any change.
7. Do not cross out or change the names or pay periods in the boxes at the top of the timesheet. Timesheets are only good for the person and pay period listed.
8. Sign and date the timesheet in ink at the end of the pay period, and **not before**. Both you and the provider must sign the timesheet **after** the hours have been worked.
9. Timesheets are due as soon as possible after the 15th and the last day of each month. The correct mailing address is provided by your county.
10. If the provider moves, he/she must notify the local IHSS office or Public Authority to request an address change form. This should be done within 10 days of moving.

Common Timesheet Mistakes

- Information is left out.
- The timesheet is not signed by both the provider and the consumer.
- A pencil is used to fill out or sign the timesheet.
- The numbers cannot be read.
- A mistake is covered with correction fluid or tape.
- The number of hours worked in the pay period is not entered correctly.
- Some of the information on the timesheet is torn off when the pay stub (the upper part of the form) was detached.
- The timesheet is mailed before the last day worked in the pay period.
- More hours are claimed than were authorized for payment.

Making any of these mistakes will cause a delay in processing because the timesheet will be returned for correction.

Share-of-Cost

What is a Share-of-Cost?

Most people receive IHSS as a part of their Medi-Cal benefits. Depending on the amount of income received, some people must agree to pay a certain amount each month toward their Medi-Cal expenses, before Medi-Cal will pay.

The money that must be paid before Medi-Cal will pay is called a Share-of-Cost (SOC). The SOC allows a person with income above the allowed amount to receive IHSS if he/she agrees to pay the SOC.

Your SOC may be paid to your IHSS provider, a pharmacy, doctor's office, or when purchasing other medical services or goods.

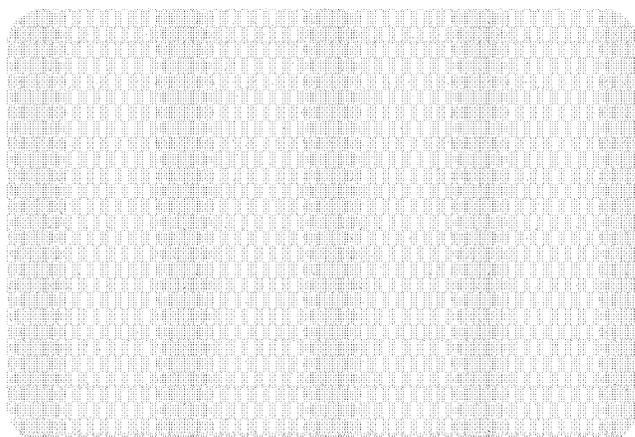
How Does Share-of-Cost Work?

You will pay your share to the provider when you receive an "Explanation of Share-of-Cost" letter that identifies the amount of the SOC to be paid that pay period. The SOC amount will also appear on your provider's timesheet under "Share-of-Cost Liability."



The amount you need to pay your provider may change each pay period, depending on whether you have paid your SOC for other medical expenses before the timesheet is processed each pay period.

If you have more than one IHSS provider, you will not be able to choose which provider your SOC is paid to. Any SOC that you have not paid will be subtracted from the first IHSS provider's timesheet that is processed by the county. If you or your provider have questions about the SOC, contact your county IHSS or Public Authority office.



Here are some examples of how Share-of-Cost works:

Example 1:

Mrs. Smith has a SOC of \$200 for the month of June.	\$200
She sees her doctor on the 5 th and pays \$50 at the doctor's office.	-\$50
She fills a prescription on the 6 th and pays \$60 at the pharmacy.	-\$60
The total amount Mrs. Smith has paid toward her SOC is \$110 (\$50 + \$60).	\$110
When Mrs. Smith's provider submits his timesheet on the 16 th , Mrs. Smith has a remaining SOC balance of \$90 (\$200 – \$110).	\$90
The State will deduct \$90 from her provider's paycheck.	
Mrs. Smith will need to pay her IHSS provider/employee \$90.	\$90

Example 2:

Mr. Lee has a SOC of \$100 for the month of June.	\$100
He sees his doctor on the 5 th and pays \$75 at the doctor's office.	-\$75
He fills a prescription on the 6 th and pays \$25 at the pharmacy.	-\$25
The total amount of Mr. Lee's expenses is \$100 (\$75 + \$25).	\$100
Mr. Lee has met his SOC for the month.	\$0
Mr. Lee's provider submits her timesheet on the 16 th .	
The State will pay for all of the authorized hours worked in June, and Mr. Lee will not have to pay any money to his IHSS provider.	\$0

Teaching and Demonstration

Teaching and Demonstration services may be authorized to allow your provider to teach you how to perform some of the IHSS services that you currently receive.

Eligible Services

Your provider may be paid to show you how to perform the following services:

- Housework such as sweeping, vacuuming, washing and waxing your floors, washing your kitchen counters and sinks, and cleaning the bathroom.
- Preparing and cleaning up after meals.
- Washing and drying your laundry.
- Personal care services such as feeding, bathing, and dressing.
- Yard work for removal of high grass or weeds when they could cause a fire.

Important Information

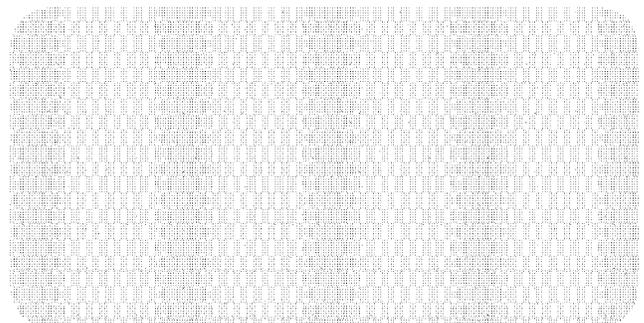
If you would like to find out if you are eligible to have your provider teach you how to do some of the services you now receive, here are some things you need to know:

- Your provider must have the skills to be able to teach you how to perform the services.
- Teaching and Demonstration services can only be authorized for three months.



- The goal of Teaching and Demonstration is to allow you to become more independent. This means that because you will need less help after your provider has finished teaching you how to do the services for which Teaching and Demonstration is approved, your IHSS hours may be reduced.

Contact your county IHSS office for more information on this service. Your social worker will determine whether this service can be approved for you.



ASSISTANCE DOG SPECIAL ALLOWANCE (ADSA) PROGRAM

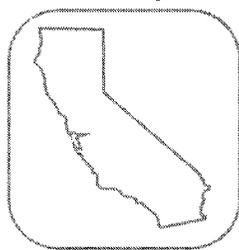
FACT SHEET

What?

The Assistance Dog Special Allowance (ADSA) Program provides a monthly payment to eligible persons who use a guide, signal, or service dog to help them with needs related to their physical disabilities. The allowance is to help pay the costs of food, grooming, and health care for the dogs.

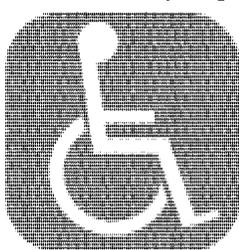
Who?

To be eligible for the ADSA program, an individual must meet **all four** of the following criteria:



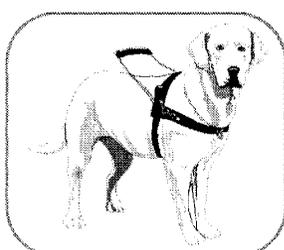
I

Lives in California



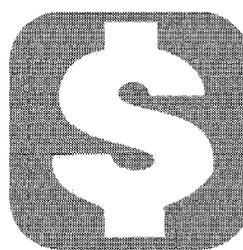
II

Is blind, deaf, hard of hearing, or physically disabled



III

Uses the services of a trained guide, signal, or service dog



IV

Receives benefits from one or more of these programs:

- SSI – Supplemental Security Income
- SSP – State Supplementary Payment
- IHSS – In-Home Supportive Services
- SSDI – Social Security Disability Insurance (SSDI recipients must also meet federal poverty guidelines)
- CAPI – Cash Assistance Program for Immigrants

How?

To obtain an application or more information about the ADSA program, contact:

California Department of Social Services

Office of Services to the Blind

744 P Street, M.S. 8-16-94

Sacramento, CA 95814

ADSAUser@dss.ca.gov

Phone: (916) 657-2628 or TTY (916) 651-6248

www.cdss.ca.gov/cdssweb/Assistance_184.htm

The Laws and Regulations Governing this Program Are:
Welfare and Institutions Code Sections 12553 and 12554
CDSS Manual of Policies and Procedures Section 46-430
www.cdss.ca.gov/getinfo/pdf/eas14.pdf



THE WRONG AND THE BETTER WAY TO DOCUMENT

When thinking about, “How do I document this case,” always paint a solid picture of need so that others who review the case will be able to understand the need for services and hours authorized. This solid picture should always identify the consumer’s functional impairments and the risk they pose to the consumer, and should spell out how In-Home Supportive Services will reduce the risk. In addition, remove all judgmental comments; instead, simply report observed behaviors and environmental conditions.

Here are a few examples that reflect two different ways to document FI ranking and/or hours authorized. The “better way” examples are often abbreviated versions of appropriate documentation. Documentation should always include information about the FI ranking and the hours authorized:

Wrong way: “The consumer needs Meal Preparation services.”

Better way: “Consumer has congestive heart failure, which causes her to become short-of-breath, with minor exertion. As a result, she is only able to prepare a light breakfast (she states she has more energy in the morning), and needs meal preparation services for lunch and dinner.”

[NOTES: Here the second example presents a description of functioning, but is missing information regarding types of meals and time required to prepare the meals and number of days a week needed.]

Wrong way: “Consumer’s house is filthy.”

Better way: “During the home visit, I observed animal feces on the floor in several places. Consumer’s couch appeared stained, and had the odor of urine emanating from it. I noticed a pile of unwashed dishes in the kitchen sink, and a layer of black mold in the bathroom sink.”

[NOTES: Here the “better way” presents facts and detailed observations; the statement, as originally written, could be an expression of the worker’s judgment based on her own standards of cleanliness and does not provide information regarding how the social worker came to this conclusion.]

Wrong way: “Consumer needs one hour per week for Ambulation.”

Better way: “During the home visit, I observed consumer attempting to ambulate. His gait appeared unsteady – he nearly fell twice during the visit – and he stated that he is afraid to walk unassisted. Consumer stated that he spends approximately 8-9 minutes per day, getting to and from the bedroom, bathroom and kitchen. This is equivalent to 1 hour per week for Ambulation.”

[NOTES: MPP 30-757.14(k) defines Ambulation as, “consisting of assisting the recipient with walking or moving the consumer from place to place inside the home...” Based on the information, this consumer would also need assistance to and from the car for medical appointments. It should be evaluated and addressed here.]

Wrong way: “Consumer no longer needs Bathing services.”

Better way: “Telephone call from consumer. She stated that her broken wrist is completely healed, and that her orthopedic surgeon removed her arm-cast today. She further stated that she is now bathing for herself, unassisted. Bathing services removed as of this date.”

[NOTES: In this case, the consumer stated no further need for Bathing services, but the removal of a cast does not, per se, mean that the consumer can return to the former functioning level immediately. The worker would need additional information about the consumer’s functioning now before eliminating Bathing. It is possible that the orthopedic surgeon will prescribe a regimen of physical therapy to regain functioning in the consumer’s hand. If the fracture was in the consumer’s dominant hand, then it is probable that the consumer will still need assistance with Bathing and Dressing until full functioning is regained.]

Wrong way: “Consumer needs total care. Maximum hours authorized.”

Better way: “Consumer has Multiple Sclerosis, and she spends the entire day in bed. She requires assistance with all ADLs and IADLs because she lacks the physical strength and endurance to perform any Domestic and Related Services or Personal care.”

[NOTES: Here the “better way” presents a description of functioning, and its connection to the specific types of services needed to address the impairment. Good documentation would also address hours of service needed. The social worker should not assume that all consumers who need care in most or all areas of IHSS would need maximum hours. Appropriate questions should be asked to determine specific tasks, amount of time, and frequency needed.]

Wrong way: “Consumer needs Protective Supervision.”

Better way: “According to the physician’s evaluation on a SOC 821, the consumer has a diagnosis of dementia from Alzheimer’s disease and a history of wandering in the street, unable to recognize danger.”

[NOTES: Here the physician’s evaluation suggests elements of the consumer’s behavior and cognitive limitations that could assist the SW in concluding that Protective Supervision is warranted. However, a full evaluation should be done by the SW, using the Protective Supervision criteria found in MPP 30-757.17 et seq. Additional information should be gathered about current behavior that consumer exhibits that places him/her at risk for injury, hazard or accident. Additionally, information should be solicited from others involved in the care of the consumer such as involved family members, the Regional Center, Mental Health, Day Care Centers, schools, etc.]

Wrong way: “Consumer was uncooperative.”

Better way: “Three months ago, I suggested to consumer that the local Senior Center would be a resource for him, for both socialization and daily lunches. To date, he continues to state a feeling of isolation; however he has not contacted the Senior Center yet.”

[NOTES: The “better way” describes the consumer’s statements and actions and the social worker’s efforts to resolve some of the issues identified during the home visit; the “wrong way” suggests uncooperativeness. Consumers have the right to refuse services, and not to follow the SW’s suggestions. While, from the SW’s perspective, going to the Senior Center could reduce social isolation, the social worker should determine if there are other issues that can be resolved such as of transportation.]

HEY, HEY, HEY, READ ALL ABOUT IT!

IHSS Social Workers are Documenting! Documenting! Documenting!

Documentation is important in each and every one of our IHSS cases; it allows the reader to have a visual picture of what took place while the social worker was in the home, and what has transpired since the home visit. This is important when, and if, the case is transferred to another worker or another county. It lays a foundation, which a consumer's history is built on. Case narrative is the readers visual picture of what has been going on with the consumer, his/her family dynamics, living environment, provider history and any changes in the consumer's health conditions.

Documentation / Narrative will be a valuable resource to you when you need to fall back on certain dates and times that a particular incident took place. It can be anything from a consumer being hospitalized, to a consumer alleging abuse by a caretaker. (Remember however, narrative alone is not enough if there is an allegation of abuse, you must also cross-report any abuse to APS/Law Enforcement on a SOC 341).

When documenting your case it is simple, just pretend that you work for the local news paper, no it is not the Daily Planet, it is the "IHSS" or the "Independent Helping Services Sentinel". Sentinel means "Look out, or Guard" which is the job of each social worker to look out for the best interest of their consumer, and guard them against possible fraud, or neglect. As a reporter for the Sentinel, it is your job to be accurate, grab the reader's attention and tell a story that will allow your reader to be there with you.

Remember you are a star reporter, the Clark Kent of Social Services, you may not have a cape, and phone booths are really hard to find these days, but you have something more powerful, and that is you are a social worker. You are providing services to the elderly and dependent adult allowing them to remain in their own home as long as possible. So what you need to do to insure safety, and insure that your consumer is receiving the appropriate services, is simple, just follow the rules of journalism: Who, What, When, Where, How, and Why. So grab your mighty pen, which can write faster than a speeding bullet, okay maybe not faster, but pretty quickly, and practice the following:

Who is calling you?	The client, doctor, family member, Lois Lane, or a friend?
What are they calling you about?	Need a new provider, changes in their medical conditions, no longer in the home, hospitalized, can't find a phone booth or just needing information about other community resources that may be available to them.
When did the incident occur?	Was it today, yesterday, last week, last year or will it be sometime in the future.
Where was the client when it occurred?	In her own home, in the hospital or racing a locomotive.
How has this affected the client?	Emotionally, physically, financially? Did the provider quit, or has consumer hired a new provider.
Why did this happen?	Was it because of the consumer, the provider, a family member? Was it because of bills were not being paid, or because of theft?

*Remember the importance of documentation: "If it isn't documented it did not happen."

State Hearings:

When going to a State Hearing, it is important that you have completed an assessment tool, covering each area of service, and documented the home visit. The State Hearing Judge will rely on documented information from your case, and testimony from you, the consumer, and other witnesses. If you did not document certain events, and the consumer denies that you addressed these issues, it will be a case of “he said, she said” and the Judge usually will err on the side of the consumer. So for better results on those rare occasions when you have a case that is appealed by a consumer, you need to make sure that your documentation is accurate, filed appropriately in your case, and that it allows the reader reviewing your case to build a visual picture of what transpired during your home visit, and how you came up with your assessments, and the hours you granted or denied.

If you follow the simple rules of journalism, who knows-one day when a new social worker comes down the road and picks up one of your cases they may say “Wow who was that Super Social Worker?!!!!!!”

NARRATIVE GUIDE

(Note: This is only a guide. Each case should be reviewed on a case-by-case basis and documented according to your specific findings and county procedures.)

*Remember to always address: **Who? What? When? Why? How?***

1. Reason for the interaction (annual reassessment, client request because of recent hospitalization, etc).
2. Age of consumer.
3. Current living arrangement (note who else is present during the interview).
4. Condition of the home (cleanliness, cluttered, odors, unkempt, lifestyle choice).
5. Consumer's general attitude and condition during the interview (ability to understand and answer questions).
6. Consumer's diagnosis (past and present).
7. Observations noted at the time of the home visit.
8. Consumer's current functional capabilities/limitations.
9. A summary supporting any changes to Functional Index Ranking.

Example:

Prior notes indicate the consumer was able to walk or move around inside the house without assistance. Due to a recent hip surgery and failure to show any significant improvement and the fact the consumer can no longer walk or move around the house without being at risk of falling and/or injury, the consumer currently requires assistance with ambulation.

Or

Prior notes indicate the recipient had hip surgery 6 months ago with significant medical improvement. It was observed that the consumer is now able to stand, walk, and move around inside the house without any limitations. The consumer does not require assistance walking or moving around inside the house.

10. Complete name of alternative resources and/or voluntary services and hours provided.
11. Description and justifications for Protective Supervision needs or changes.
12. Description and justifications for Paramedical needs or changes.
13. If it was established at the prior home visit that Paramedical services were temporary, a review and notation should be documented in the summary regarding the continuance or denial of the current Paramedical services.

CHALLENGING CASE SCENARIO

SARAH

You are a new worker on a caseload. One of your consumers, Sarah, is due for a reassessment. You read the case record and learn that Sarah is a 71-year-old woman who lives alone in a three-bedroom house. Sarah's diagnoses include rheumatoid arthritis, hypertension, and heart disease. She is deaf in her left ear and has had both knees replaced and the joints in her right hand replaced. She currently has minimal use of her right hand and almost no use of her left hand. She walks slowly with a cane. She has a three-wheel electric scooter that she uses when she goes outside of her house. She uses the scooter to go to a nearby grocery store and restaurant. She says she prefers to use the cane inside of her house because she wants to maintain her ability to ambulate within the house and is afraid she will lose this if she relies on the scooter for inside mobility. She currently receives assistance with Domestic and all Related Services as well as some assistance with Bathing, Oral Hygiene and Grooming, with Care and Assistance with Prosthesis (setting up her Medi-set), Transfer and Accompaniment to Medical Appointments which includes physical therapy. Sarah has a niece who lives on the East Coast who she seldom has contact with, but no other family. She has been known to have many pets and is very attached to them. She spends her time watching TV and trying to be active in community activities. She has access to a computer and is able to use it with her right hand.

Sarah has been receiving IHSS for approximately five years, and the case record indicates that she has had several social workers during that time for various reasons. The case record also contains numerous notes regarding frequent phone calls, most of which are complaints about the providers and the quality of their services. You note that in the last year she has gone through five different providers. There is also indication that Sarah frequently calls and requests assistance with utility bills and paying for medications which she says are not covered by Medi-Cal. She states she knows of other people that get the same medications paid for by Medi-Cal but her pharmacist refuses to "jump through the hoops".

The case record indicates that the last call made to the county was last month. During this phone call, Sarah states that she learned at the last Public Authority Advisory Committee meeting that there is now an IHSS Quality Assurance section in the county. She states that she is happy to know that the county is now assuring the quality of the services that she receives and that she would like for them to come out and talk to her about the quality of the services she has been getting. When asked for specific information, she states the following current complaints:

- She prints recipes from the Food Channel and asks the housekeeper to use them and the provider refuses. She does not like the food that the provider prepares and would prefer to eat her meals at the nearby restaurant.
- She asks the provider to change her sheets each day when she comes (three days per week) and the provider says she does not have enough time. She wants the provider to have more hours so she can change the sheets three times per week. She says she sleeps better when her sheets smell fresh.
- She expects the provider to care for her pets.
- The provider refuses to drive Sarah to lunch when she goes out with her friends once every week.
- She needs a "lift chair" because she often has trouble getting up from a seated position and fell once.

Sarah indicates that unless these things are corrected, she will be firing her current provider. The case record indicates that there was a recent call from the Public Authority indicating that Sarah has asked that they send her a new list of providers to interview, but that they currently do not have any names to send to her.

The notes documenting the last telephone call indicate that Sarah had a great deal of difficulty hearing on the telephone and that the social worker had to repeat information several times. The social worker also indicated in the notes that Sarah is just an unhappy person, that there are no providers who could provide services to her satisfaction, and that Sarah will not listen to her when she explains that her requests are beyond the scope of IHSS.

Group Tasks – Part 1 – Preparing for the Home Visit

- What things will I need to know before going on the home visit?
- What questions will I ask to get clear and concise information?
- What approach could I take to maximize my success?
- What environmental issues should I consider?

Group Tasks – Part 2 – Addressing Issues

When you arrived for the home visit, Sarah begins by pulling out a list of problems that she wants to discuss. All of the issues previously identified by Sarah in her most recent phone call were on the list.

- Assume that during the home visit you attempted to resolve all of the issues that were identified and any additional issues that you believed that needed to be addressed. As a group, identify the information you gave to Sarah in response to each of the issues you have been assigned.
- How do you think Sarah responded to the information you gave her?
- Are there any IHSS services that Sarah is not receiving that she may qualify for?
- What referrals would you make to try to resolve some of Sarah's complaints and maximize her ability to remain safely at home?
- Identify any additional information you will need to obtain before completing the assessment and any additional forms that you will need.

Group Tasks – Part 3 – Authorization of Hours

- Using the Authorizing Hours information provided, complete the Documentation Worksheet to show how the hours were assessed for the tasks indicated. Include appropriate documentation.
- Determine if an HTG exception exists and, if so, document the reason for the exception on the Documentation Worksheet.
- Complete the grid portion of the SOC 293 for the tasks indicated.

AUTHORIZING HOURS – SARAH

Bathing and Grooming

Sarah requires assistance getting in and out of the tub, washing her body, shampooing her hair and brushing her hair. Sarah says that she has always bathed on a daily basis and that it is a problem for her that her provider comes only 3 days per week. She says that she has very dry skin and that her doctor has told her that she should bathe every day using a special moisturizing soap. You determined during the home visit that Sarah’s FI rank for Bathing and Grooming is a “4”. Sarah indicates that it takes her about 20 minutes to bathe, which includes shampooing her hair. It takes 10 minutes to blow dry and brush her hair after bathing. Her neighbor comes over on the days when the provider is not there and helps her bathe and do her hair.

Documentation Worksheet

Bathing, Oral Hygiene, and Grooming			Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need
FI Rank (Enter)	4		Assistance with bathing (getting in/out of tub, washing body and hair)				
Rank 2	0.50	1.92	Blow dry/brush hair after bathing				
Rank 3	1.27	3.15	Oral hygiene				
Rank 4	2.35	4.08	Grooming				
Rank 5	3.00	5.10	Reason for assistance:				
Note: Compare Total Need with above range.			Additional information to document exceptions to guidelines and identification of Alt. Resources:				

Grid Portion of SOC 293

Total Need	Adjustments	Individual Need	Alternative Resources	Auth. For Purchase	Unmet Need

Meal Preparation

Sarah indicates during the home visit that she has toast and tea for breakfast each day which she can prepare herself. She indicates that she likes to eat her main meal in the middle of the day because she does not sleep well when she eats a large meal in the evening. She states she usually has a cup of soup or something light in the evening which she fixes herself.

Sarah states her provider comes 3 days per week, and that she usually tries to prepare her main meal while she is there as well as meals for her to reheat on the days she is not there. Sarah's FI rank for Meal Preparation and Cleanup is a "3" based on the fact that while she has someone prepare all seven main meals, she reheats four of her weekly meals that her provider prepares in advance. Sarah says it usually takes the provider about 1 hour each time she is there to prepare her main meal and the meals for the days that she is not there. The types of meals she prepares typically include some type of meat/poultry, starch and fresh vegetable.

In response to Sarah's complaints about the types of meals and quality of meals her current provider cooks, the social worker discussed the following options: Restaurant Meals Allowance and Meals on Wheels. Sarah said that she would not accept Meals on Wheels because she had tried it before and the food was so bad she had ended up feeding it to her pets. She thinks that Restaurant Meals Allowance would be better for her because she could go to the nearby restaurant each day and order whatever she wanted.

Documentation Worksheet

Meal Preparation			Needs help with <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner				
FI Rank (Enter)	3		Meal	Example of Typical Meal	Need Per Meal	# of Days Per Week	Total Need
	Low	High					
Rank 2	3.02	7.00	Breakfast				
Rank 3	3.50	7.00	Lunch				
Rank 4	5.25	7.00	Dinner				
Rank 5	7.00	7.00	Snacks				
<p>Note: Compare Total Need with above range.</p>			Reason for assistance:				
			Shared living exceptions (required when services not prorated):				
			Additional information to document exceptions to guidelines and identification of Alt. Resources such as MOW:				

Grid Portion of SOC 293

Total Need	Adjustments	Individual Need	Alternative Resources	Auth. For Purchase	Unmet Need

Ambulation

Sarah is able to ambulate inside of her apartment without assistance. She also is able to ambulate to and from the car when she goes to medical appointments because she uses an electric scooter when she goes outside of the house. She does require assistance getting the electric scooter in and out of the vehicle at home and at the destination. She goes to her primary care doctor once per month and to physical therapy two times per week. Her FI ranking in Ambulation is a "3". While Sarah is able to get in and out of the provider's car without assistance, it takes 5 minutes to retrieve her scooter and load it into the car for her to use when she arrives at the doctor's office. It takes another 5 minutes for the provider to remove the scooter from her car, to get it ready for Sarah to use it to ambulate from the parking lot to the doctor's office. The same times are necessary to load the scooter back into the provider's car when leaving the doctor's office, and finally to remove it from the car when arriving back at Sarah's home. She also requires assistance to her car when she attends an advisory committee meeting once per month. Sarah states that she takes public transportation (Medi-van) when she goes to physical therapy, but prefers to have her provider take her to the doctor and to the advisory committee meetings. Sarah indicates that Medi-Cal pays for the transportation to the physical therapist. She states that additional time is needed when she goes to the doctor because her provider must wait for her there and it takes about two hours.

Documentation Worksheet

Ambulation		
FI Rank (Enter)	3	
	Low	High
Rank 2	0.58	1.75
Rank 3	1.00	2.10
Rank 4	1.75	3.50
Rank 5	1.75	3.50

Note: Compare Total Need with above range.

Walking Inside Home				
From/To	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need Per Week

Retrieving Assistive Device(s)				
Device	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need Per Week

Assistance From House To Car And Car To House For Medical Appt. & Alt. Resource				
	Time Assessed	# of Times Per Month	Total Need Per Month	Total Need Per Week (Monthly Need ÷ 4.33)
Assisting transfer in and out of car and with putting scooter in and out of car for trip to M.D.				
Assistance putting scooter in and out of Medi-van for trips to PT				

Reason for assistance:

Additional information to document exceptions to guidelines and identification of Alt. Resources:

Grid Portion of SOC 293

Total Need	Adjustments	Individual Need	Alternative Resources	Auth. For Purchase	Unmet Need

**IN-HOME SUPPORTIVE SERVICES
NOTICE OF ACTION.**

Note: This notice relates ONLY to your Social Services.
It does NOT affect your receipt of SSI/SSP or Social Security.
KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.

IF REQUESTING A STATE HEARING, PLEASE SEND T

YOUR
IHSS
OFFICE

Your County

Sarah Rockford
123 Main Street
Mytown, CA 99999

Case Number	60-10-123345-00
Date Mailed	02-08-2008

Your Authorization for In-Home Supportive Services has been changed effective 03-01-2008

NOW				WAS			
Your Countable Income:	\$	_____		Your Countable Income:	\$	_____	
Minus SSI/SSP Benefit Level:	\$	_____		Minus SSI/SSP Benefit Level:	\$	_____	
Your Share of Cost:	\$	_____		Your Share of Cost:	\$	_____	
Minus Assessed IHSS Cost:	\$	_____		Minus Assessed IHSS Cost:	\$	_____	
Income in Excess of Assessed Cost:	\$	_____		Income in Excess of Assessed Cost:	\$	_____	
SERVICES				SERVICES			
	HOURS NOW	PREVIOUS HOURS	(+) INCREASE OR (-) DECREASE		HOURS NOW	PREVIOUS HOURS	(+) INCREASE (-) DECREASE
DOMESTIC SERVICES per month:	6.00	6.00		ACCOMPANIMENT SERVICES per week:			
Clean floors, wash kitchen counters, stoves, refrigerators, bathroom; store food, supplies; take out garbage; dust, pick up; bring in fuel; change; make bed and miscellaneous.				Medical Appointment:	0.23	0.23	0.00
HEAVY CLEANING (one month only):	_____	_____		To Alternative Resources:	_____	_____	_____
RELATED SERVICES per week:				YARD HAZARD ABATEMENT:			
* Prepare Meals:	3.00	2.00	+1.00	Remove Grass, or Weeds, Rubbish (one month only):	_____	_____	_____
** Meal Cleanup:	1.50	2.00	-.50	Remove Ice, Snow, per week:	_____	_____	_____
Routine Laundry:	1.00	1.00		PROTECTIVE SUPERVISION per week:	_____	_____	_____
Shopping for Food:	1.00	1.00		TEACHING/DEMONSTRATION per Week: (no more than three months duration)	_____	_____	_____
Other Shopping Errands:	.50	.50		* PARAMEDICAL SERVICE per week:	_____	_____	_____
NON-MEDICAL PERSONAL SERVICES per week:				TOTAL WEEKLY HOURS X 4.33:	_____	_____	_____
* Respiration Assistance:	_____	_____	_____	ADD DOMESTIC SERVICE HOURS:	_____	_____	_____
* Bowel, Bladder Care:	_____	_____	_____	ADD HEAVY CLEANING:	_____	_____	_____
* Feeding:	_____	_____	_____	ADD REMOVE GRASS, ETC.:	_____	_____	_____
* Routine Bed Baths:	_____	_____	_____	TOTAL MONTHLY HOURS (rounded to the nearest tenth)	48.8	50.6	-1.8
* Dressing:	_____	_____	_____		NOW	WAS	
* Menstrual Care:	_____	_____	_____	Restaurant Meal Allowance:	\$ _____	\$ _____	
* Ambulation:	.08	0.00	+ 0.08				
* Move In/Out of Bed:	.50	.50					
* Bathe, Oral Hygiene/Grooming:	2.00	3.00	-1.00				
* Rub Skin, Repositioning, Help On/Off Seats, In/Out of Vehicle:	_____	_____	_____				
* Care/Assistance with Prosthesis:	.08	.08					

"Since you meet the criteria for 20 hours or more in starred (*) ser you can get an advance payment to pay your own provider. If you to get advance payment, contact your service worker. The double sts (***) service is included in the 20 hours only when assistance with fee preparation of meals and meal cleanup are all required."

The above action(s) is supported by Federal Law (Social Security Act), State Law (Welfare and Institutions Code), Federal Regulations (Co Federal Regulations), State Regulations (California Administrative Code and State Department of Social Services Manual of Policies and Proceed

Your authorization for In-Home Supportive Services has been changed effective 03/01/2008

You must report immediately any changes that might affect your eligibility or need for In-Home Supportive Services such as change in income, property, living arrangement, medical condition or ability to work. If you have any questions or think additional facts should be considered contact:
District Office: 01 Service Worker: Mary Worker SW#: All Telephone: 555-555-5555

YOU HAVE THE RIGHT TO FILE A WRITTEN OR ORAL REQUEST FOR A STATE HEARING. PLEASE SEND YOUR WRITTEN REQUEST TO THE COUNTY ADDRESS ON THE TOP RIGHT HAND CORNER OF THIS FORM.