

HANDBOOK CONTINUES

(E) Potential overpayments, due to beneficiary possession of other health coverage that is not subject to post-service reimbursement, shall be processed by the Department to determine and recover actual overpayments in all cases. The actual overpayment in such cases shall be the actual cost of services paid by the Department which would have been covered by a private health insurance or other health coverage, had the coverage been known to the Department. The actual overpayment shall not include any costs which can be recovered directly by the Department from the health insurance carrier or other source.

(3) Refer those cases where there appears there may be fraud to the Investigations Branch of the Department.

(4) Take appropriate action to collect overpayments in accordance with Section 50787.

.7 DHS regulation Section 50787 reads:

Demand for repayment

- (a) The Department or the county unit contracted to collect overpayments shall demand repayment or actual overpayments in accordance with procedures established by the Department.
- (b) The Department or the county unit contracted to collect overpayments may take other collection actions as permitted under state law.

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NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 10554, 12304.5 and 14132.95, Welfare and Institutions Code.

30-769 PAYROLLING FOR INDIVIDUAL PROVIDERS**30-769**

- .1 This section governs the procedures that shall be followed by counties making payments under the delivery method specified in Section 30-767.13. Counties shall not enter into any agreements or contracts to make payment to individual providers.
- .2 County Responsibility
 - .21 The CRT counties shall directly input required data and initiate transactions into the system via terminals located in the county.
 - .22 The Paper counties shall input required data and initiate transactions on prescribed forms and submit those forms to the payrolling contractor.
 - .221 Exception: Special preauthorized transactions may be initiated by phone to the payrolling contractor. The prescribed document shall subsequently be sent from the payrolling contractor to the county confirming the transaction.
 - .23 For purposes of the payrolling system, the initial authorization period begins in the calendar month in which the first day of authorization occurs and continues until changed.

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.24 General Process

.241 The counties shall:

- (a) Enter prescribed data on all recipients and providers, as defined in Section 30-767.13, into the payrolling system.
- (b) Change data as necessary to ensure correct payment to the correct individual.
- (c) Authorize the disbursement of all funds paid by the payrolling contractor by:
 - (1) Reviewing all time sheets prior to entry of time sheet data into the system to ensure consistency between hours reported and hours authorized.
 - (2) Reviewing any significant discrepancies between hours reported and hours authorized to determine the reason and take corrective action as indicated.
 - (3) Initiating special transactions as described in .25 below.
- (d) Retain completed time sheets as required by Section 23-353 in such a manner that they are easily accessible for review.
- (e) Respond to and resolve payment inquiries from recipients and providers. The payrolling contractor will provide all necessary information.

.25 Special Transaction

.251 Special transactions are used to handle situations which fall outside the normal payroll process. Counties shall be held responsible for closely monitoring and controlling the use of the following transactions.

.252 The county shall initiate emergency/supplemental checks for:

- (a) Payments resulting from retroactive state hearing decisions.
- (b) Payments resulting from prior underpayments.
- (c) Payments in excess of the base rate as provided in Section 30-764.

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- (d) Payments for severely impaired recipients in advance pay status who become eligible for payment between a pay cycle.
 - (e) Payments where the county finds that an emergency situation exists.
 - (f) Payments to counties for reimbursements of emergency checks as described in .26 below.
 - (g) Payments for other unusual situations not provided for by the regular payrolling process and where the county deems appropriate.
 - (h) Payments for time sheets submitted three or more months beyond the current payroll cycle.
- .253 A request for a replacement check shall be made expeditiously by the county but no sooner than five (5) days from the date the original check should have been received.
- .254 A void transaction shall be used:
- (a) When a payroll check is returned to the payrolling contractor or county.
 - (b) When a payroll check is mutilated.
 - (c) When a payroll check is not in the possession of the county or the payrolling contractor.
- .255 Adjustment transactions shall be used to make adjustments to tax records when any of the following occur:
- (a) An overpayment.
 - (b) An underpayment.
 - (c) An incorrect deduction.
- .26 County issued payments shall only be issued in cases of extreme emergency when the county finds that the emergency check procedure provided in .252 is not adequate.

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- .261 The county shall issue checks for an amount not to exceed ninety (90%) percent of the amount the recipient/provider should receive.
- .262 The county shall be reimbursed for payments made under .261 above by the payrolling contractor using the emergency/supplemental check transaction.
- .263 The county shall not receive reimbursement until an emergency/ supplemental transaction has been initiated to pay the recipient/ provider the remaining balance.
- .264 The county shall receive a time sheet before the transaction in .261 or .263 above shall occur. Exception: The county may issue a check prior to receipt of a time sheet for a severely impaired recipient who opted for advance pay.
- .27 The counties shall be responsible for verifying eligibility of recipients for IHSS between January 1, 1978 and December 31, 1979 as needed for retroactive tax payments.
- .28 The county shall ensure that all providers are informed of the requirements they must meet in order to be paid.
- .3 The County Has The Sole Responsibility For Determining And Investigating Fraud And Forgery for Non-PCSP
 - .31 The county shall, with no effect on current county procedures:
 - .311 Identify suspected fraud cases;
 - .312 Determine if actual fraud exists;
 - .313 Take appropriate action as necessary.
 - .32 The county will be notified by the payrolling contractor if an original check has already been cashed when a replacement check is requested. The county shall then follow the applicable procedure in the user's manual.
- .4 PCSP Fraud or Forgery

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.41 DHS regulation Section 50782 reads:

Fraud occurs if an overpayment occurs and the beneficiary or the person acting on the beneficiary's behalf willfully failed to report facts as specified in Section 50781(b) with the intention of deceiving the Department, the county department or the Social Security Administration for the purpose of obtaining Medi-Cal benefits to which the beneficiary was not entitled.

.42 If PCSP fraud or forgery occurs, DHS will follow the procedures cited in DHS regulation Section 50793.

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.5 Return Check Procedures

.51 Counties which receive a returned check from a provider or recipient shall follow the applicable procedures in the user's manual.

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.6 Refunds/Recoupment

.61 Counties which receive refunds or recoupments shall:

.611 Deposit the money received in a county account; and

.612 Send a monthly check to the payrolling contractor for the amount of refund/recoupment received during the previous month in accordance with applicable procedures in the User's Manual.

.7 Recipient Responsibility

.71 It is the responsibility of the recipient to report to social services staff accurately and completely all information necessary to complete the SOC 311.

.72 The recipient, within his/her physical, emotional, educational or other limitations, shall:

.721 Designate the authorized hours per provider within the total of the recipient's authorized hours.

.722 Designate each provider(s) portion of the share of cost.

.723 Sign and date the prescribed time sheet to:

(a) Verify payment of the share of cost to the appropriate provider(s).

(b) Verify that services authorized were rendered by the appropriate provider.

.724 Inform social services staff of any changes affecting the payrolling process.

.73 Payments for authorized services rendered shall be sent to the recipient's appropriate provider. The recipient shall not receive payment for services except as provided in .731 through .734 below.

.731 Severely impaired recipients as defined under Section 30-753, shall have the option of choosing to directly receive their payment at the beginning of each authorized month. Such payment shall be the net amount exclusive of the appropriate withholdings.

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- .732 In direct payment cases, where a recipient is incapable of handling his/her financial and legal affairs and has a legal guardian or conservator, direct payment shall be made to the recipient's legal guardian or conservator at such person's request.
- .733 Payment may be made to a recipient's guardian, conservator, substitute payee, or person designated by the recipient.
- .734 When payment is made as a result of a state hearing decision.
- .735 If the recipient is severely impaired he/she shall be notified in writing of the right to hire and pay his/her own provider, and to receive his/her monthly cash payment in advance.
- .736 When direct payment is made to a recipient, guardian, conservator, or substitute payee, the provider shall be hired, supervised, and paid by such payee. In such cases, the recipient or the person authorized to act in the recipient's behalf shall insure that the services provider is capable of and is providing the services authorized.
- .737 It shall be the responsibility of the severely impaired recipient, legal guardian or conservator who receives payment in advance to submit their provider's time sheets at the end of each authorized service month to the appropriate county social services office.

.8 **Provider Benefits**

- .81 The department has elected to provide the worker's compensation coverage required by Welfare and Institutions Code Section 12302.2 through a single statewide insurance policy. Additional insurance coverage will not be reimbursed as an IHSS program cost.
- .82 The department has elected to handle the payment of the unemployment insurance tax, unemployment disability insurance tax, and social security tax required by Welfare and Institutions Code Section 12302.2 through the payrolling system.
- .83 The department has elected to require the payrolling contractor to deduct the employee's share of the following taxes from the payment to the provider or the recipient:

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- .831 Social security.
 - .832 State disability insurance.
 - .84 The department has elected to deduct and transmit the state and federal income tax withholdings due on the provider's earnings for those providers who voluntarily request this service.
- .9 Excessive Compensation
- (See Section 30-769.91 (Handbook) for examples of excessive compensation)

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- .91 Excess compensation to an individual provider but is not necessarily limited to the following circumstances:
 - .911 The provider was paid for more hours than authorized or more hours than worked.
 - .912 The provider was paid at a higher hourly rate than appropriate.
 - .913 The share of cost withheld from provider's payment was less than the recipient affirms was paid to the provider.

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- .92 All excess provider compensation is recoverable. The county shall demand repayment from the provider. The county shall be permitted to seek recovery of excess compensation by civil suit.
 - .93 Provider Fraud or Forgery
- If the county suspects that excess provider payment occurred because of fraudulent devices of the provider, forgery, or collusion between the provider and the recipient, the county shall investigate the suspected fraud, forgery, or collusion. If the facts warrant prosecution and the county does not have an investigative unit, the county shall refer the matter directly to the county district attorney's office for investigation and possible prosecution.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Section 14132.95, Welfare and Institutions Code.

30-770 ELIGIBILITY STANDARDS**30-770**

- .1 Persons applying for IHSS under Sections 30-755.112, .113 and .114 shall meet the SSI/SSP eligibility standards except as modified by Section 30-755.1.
- .2 Detailed eligibility standards shall be those located in 20 CFR Part 416, except as modified by IHSS regulations beginning with Section 30-750.
- .3 Definitions.
 - .31 For the purposes of eligibility for IHSS, a child means an individual who is neither married nor the head of a household, and who is under the age of 18, or under the age of 22 and a student regularly attending a school, college, or university, or a course of vocational or technical training designed to prepare him/her for gainful employment.
 - .311 For the purposes of deeming for IHSS, a child means an individual who is neither married nor the head of a household, and who is under the age of 18.
 - .312 Regularly attending school means being enrolled in eight semester or quarterly hours weekly in a college or university, or 12 hours weekly in a secondary school. In a course of vocational or technical training, 15 clock hours weekly are required; without shop practice, at least 12 hours weekly are required.
 - .313 Eligible spouse means an aged, blind, or disabled individual who is the husband or wife of another aged, blind, or disabled individual who has not been living apart from such other aged, blind, or disabled individual for more than six months.
- .4 Residency
 - .41 Residency in State Required

To be eligible for IHSS, an individual shall be a U.S. citizen, or an eligible alien pursuant to Welfare and Institutions Code Section 11104. The individual shall also be a California resident, physically residing in the state except for temporary absence as noted below in Sections 30-770.42 through .45, with the intention to continue residing here.

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Welfare and Institutions Code Section 11104 states:

"Aliens shall be eligible for aid only to the extent permitted by federal law.

"An alien shall only be eligible for aid if the alien has been lawfully admitted for permanent residence, or is otherwise permanently residing in the United States under color of law. No aid shall be paid unless evidence as to eligible alien status is presented."

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.42 Physical Absence from the State

Physical absence from the state indicates a possible change of state residence. The county shall make inquiry of a recipient who has been continuously absent from the state for 30 days or longer in order to ascertain the recipient's intent to maintain California residency. If the inquiry establishes that the recipient is no longer a California resident, authorization for IHSS shall be discontinued.

.421 The county inquiry to the recipient will require the recipient to submit a written statement that:

- (a) Declares his/her anticipated date of return to the state, or his/her intent not to return to the state;
- (b) Declares his/her reason for continued absence from the state; and
- (c) Provides needed information on his/her location and status of household arrangements.

.422 The county will include in the inquiry to the recipient a statement that his/her failure to respond to the inquiry by a specified date will result in his/her ineligibility and the discontinuation of IHSS.

30-770 ELIGIBILITY STANDARDS (Continued)**30-770****.43 Evidence of Residence Intention**

- .431 The written statement of the recipient is acceptable to establish his/her intention and action on establishing residence unless the statement is inconsistent with the conduct of the person or with other information known to the county.
- .432 If the recipient does not respond by the specified date to the inquiry of residence, it shall be presumed that he/she does not intend to maintain California residency, and authorization for IHSS shall be discontinued when the absence exceeds 60 days in accordance with regulations (Sections 30-759.7 and 10-116).
- .433 If the recipient responds to the inquiry and advises the county that he/she does not intend to return to California, authorization for IHSS shall be discontinued in accordance with regulations.

.44 Absence from State for More than 60 Days

- .441 If the recipient responds to the inquiry and advises the county that he/she intends to maintain his/her California residence, but he/she remains or has remained out of state for 60 days or longer, his/her continued absence is prima facie evidence of the recipient's intent to have changed his/her place of residence to a place outside of California, unless he/she is prevented by illness or other good cause from returning to the state at the end of 60 days. Such absence in itself is sufficient evidence to support a determination that the recipient has established residence outside of California. Therefore, his/her intent to return must be supported by one or a combination of the following:
 - (a) Family members with whom the recipient lived, currently live in California;
 - (b) The recipient has continued maintenance of his/her California housing arrangements (owned, leased, or rented);
 - (c) The recipient has employment or business interest in California;
 - (d) Any other act or combination of acts by the recipient which establishes his/her intent to reside in California.

30-770 ELIGIBILITY STANDARDS (Continued)**30-770**

- .442 Even if the recipient's intent to reside in California is supported by .441 above, the following evidence shall be utilized to determine the recipient's intent to reside in California:
- (a) The recipient has purchased or leased a place of residence out of state since leaving California;
 - (b) The recipient has been employed out-of-state since leaving California;
 - (c) The recipient has obtained an out-of-state motor vehicle driver's license after leaving California;
 - (d) The recipient has taken any other action which indicates his/her intent to establish residence outside of California.

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- .443 Welfare and Institutions Code Section 1110 states that if a recipient is prevented by illness or other good cause from returning to California at the end of 60 days, and has not by act or intent established residence elsewhere, he shall not be deemed to have lost his residence in this state. The following is added by Welfare and Institutions Code Section 11100.1(a):

For purposes of the In-Home Supportive Services Program ... "good cause," as defined in Section 11100, shall include, but is not limited to, the following:

- (1) Outpatient medical treatment necessary to maintain the recipient's health where the medical treatment is not available in California.
- (2) Short-term schooling or training necessary for the recipient to obtain self-sufficiency where training which would achieve that objective is not available or accessible in California.
- (3) Court-issued subpoena or summons.

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30-770 ELIGIBILITY STANDARDS (Continued)**30-770**

- (a) For outpatient medical treatment out of state, good cause for continuing to receive benefits while absent from the state for more than 60 days shall also include the situation where the medical treatment is not accessible in California.
- (b) Accessible in these regulations means attainable for the recipient in California, given the dysfunctioning and needs of the recipient.
- (c) Other good cause reasons for continuing to receive IHSS benefits while absent from the state for over 60 days shall be consistent with the good cause reasons contained in Welfare and Institutions Code Section 11100.1.
 - (1) The situation shall be of an urgent or emergency nature:
 - (2) The service required shall be necessary to maintain the physical or psychological health of the recipient:
 - (3) The services required or like services shall be either not available or not accessible in California.

.444 A recipient absent from California for more than 60 days and who is not prevented from returning to this state because of illness or other good cause shall have his/her authorization for IHSS discontinued in accordance with regulations.

.45 Absence from the State Exceeding Six Months

.451 Authorization for IHSS shall be suspended for any recipient who leaves the state and who remains absent from the state for a period which exceeds six months, notwithstanding the fact that the recipient has continued to receive IHSS benefits beyond 60 days because he/she was prevented from returning to the state due to illness or other good cause, as specified in Sections 30-770.43 and .44. Suspension of benefits will be in accordance with notice of Action regulations contained in Sections 30-759.7 and 10-116.

30-770 ELIGIBILITY STANDARDS (Continued)**30-770**

- .452 In-Home Supportive Services shall not be resumed until the recipient, upon returning to the state, requests a reassessment of need from the county, and the reassessment has been completed in accordance with regulations (Section 30-763).
- .46 Outside the United States While Absent from the State
- .461 In-Home Supportive Services shall be discontinued for any recipient who is outside the United States for all of any month, or for 30 days in a row, as such an individual is no longer eligible to receive SSI/SSP. Discontinuation of benefits will be in accordance with notice of action regulations.
- (a) Upon the individual's return to the United States, and upon his/her reestablishment as an SSI/SSP recipient, an SSI/SSP eligible recipient, or an individual who would be eligible for SSI/SSP except for excess income, he/she may again apply for IHSS benefits. The county shall redetermine IHSS eligibility and perform a needs assessment based on current circumstances.
- (b) "United States" includes the 50 states, the District of Columbia, and the Northern Mariana Islands.
- .47 Continuation of IHSS While Absent from the State
- .471 When the county has determined that the recipient is entitled to the continuation of IHSS benefits while absent from the state (the recipient is absent from the state for 60 or more days and is prevented from returning due to illness or other good cause, as determined in Sections 30-770.42, .43, and .44), the following apply:
- (a) The recipient shall continue to receive the same number of hours of IHSS that were authorized prior to his/her temporary absence. This level of authorization will continue until a reassessment is required.
- (b) The recipient's out-of-state individual provider (IP) shall be reimbursed at the county's lowest current IP base rate.
- (c) The recipient must continue to mail time sheets to the county as required by regulations.

30-770 ELIGIBILITY STANDARDS (Continued)**30-770****.5 State Program Noncitizen Status**

.51 A noncitizen victims of human trafficking, domestic violence, or other serious crimes as defined under the Trafficking and Crime Victims Assistance Program (TCVAP), MPP Chapter 70-100, shall be eligible for IHSS if all other eligibility criteria are met.

.511 A victim of human trafficking must meet the same eligibility criteria as those used for the TCVAP found in MPP Sections 70-102 and 70-103.1. For examples of documentation requirements, please see Sections 70-103.2 through .4.

.512 A victim of domestic violence or other serious crimes must meet the same eligibility criteria as those used for the TCVAP found in MPP Section 70-104.1. For examples of the definition of a noncitizen victim of serious crime, please see Handbook Section 70-104.11. For examples of documentation requirements, please see Section 70-104.12.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Senate Bill 1569 (Chapter 672, Statutes of 2006). Reference: Sections 13283 and 18945, Welfare and Institutions Code.

30-773 RESOURCES**30-773**

- .1 All resources, both liquid and non-liquid, shall be evaluated based upon their equity value with the exception of automobiles, which shall be evaluated as specified in .6(c) below.
- .2 Each aged, blind, or disabled individual whose eligibility for aid commenced on or after January 1, 1974 may have countable resources not in excess of \$1,500 in value and be eligible.
- .3 An individual who is living with either an eligible or ineligible spouse may have countable resources not in excess of \$2,250 in value and remain eligible.
 - .31 The \$2,250 limitation includes the resources of such spouse.
- .4 The resources of a recipient child who is living with his/her parent, parents, or parent and spouse of parent, shall be deemed to include that portion of the countable resources of his/her parent(s) and spouse of parent which exceeds \$1,500 in value in the case of one parent, or \$2,250 in value in the case of two parents or parents or parent and spouse.
 - .41 For the purposes of this section, a recipient child is an unmarried person under the age of 18.
- .5 Individuals receiving AB, ATD, or OAS in December 1973, including individuals who applied for aid in December 1973 and met all the conditions of eligibility for payment in that month, shall continue to be subject to the property limitations in effect in December 1973 unless the recipient would be advantaged by the regulations regarding resource limitations currently in effect.
- .6 In determining the countable resources of an individual, and spouse if any, the following items shall be excluded:
 - (a) The home.
 - (b) Household goods and personal effects to the extent that the combined equity value does not exceed \$2,000. Where the equity value exceeds \$2,000, the excess shall be counted toward the resources limitation.

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30-773 **RESOURCES (Continued)** **30-773**

- (h) Any other resources deemed excludable by the Secretary of Health and Human Services under the provisions of Title XVI of the Social Security Act.
- (i) Restricted allotted land owned by an enrolled member of an Indian tribe.
- (j) Per capita payments distributed pursuant to any judgment of the Indian Claims Commission or the Court of Claims in favor of any Indian tribe as specified in Public Law 93-134.
- (k) Shares of stock and money payments made to Alaskan Natives under the Alaskan Native Claims Settlement Act provided that the payments or stock remain separately identifiable and are not commingled with nonexempt resources. Any property obtained from stock investments under the Act shall not be exempt.
- (l) Tax rebates, credits or similar temporary tax relief measures which state or federal laws specifically exclude from consideration as a personal property resource. The specific rebates and credits listed in Section 30-775.42(a) shall also be exempt as property provided that the monies retained are not commingled and are separately identifiable as a proportionate share of the recipient's property.
- (m) Otherwise countable resources shall be exempt up to the amount of benefits paid on behalf of the applicant/recipient for long-term care services under a State certified long-term care insurance policy or certificate, certified by the State to provide such exemption.
 - (1) Any income generated by such exempt property is countable as income in the month received. See Section 30-775.

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- (A) An example of income generated by such exempt property would be rental income generated by an exempt resource.

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- (2) The burden shall be rebuttably presumed to have been met if the applicant/recipient presents a "SERVICE SUMMARY" signed by a representative of the insurance company verifying that the applicant/recipient is a holder of an insurance policy or certificate certified by the State to provide the exemption, and specifying the total amount of qualifying benefits paid out under the policy to date.
- (3) The amount of the qualifying benefits stated to have been paid in the "SERVICE SUMMARY" referred to in Section 30-773.6(m)(2) shall be the amount of the exemption to which the applicant/recipient is entitled.
- (4) If the statement by the insurance company is found to be erroneous, the county shall promptly notify the California Department of Health Services.
- (5) If the statement by the insurance company is such that the county cannot determine whether the applicant/recipient is covered by a qualifying policy or the amount of the benefits paid out on behalf of the beneficiary, the county shall deny the exemption. When an exemption is denied, the county shall refer the recipient to the California Department of Health Services for assistance and shall notify the California Department of Health Services of the reasons for this determination.

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30-773 **RESOURCES (Continued)** **30-773**

- .73 During the period that the excess property is held and is under disposition, in accordance with the individual's agreement to dispose of the property, any IHSS payments made shall be considered to be overpayments.
 - .731 The net proceeds from the disposition of the excess property shall be considered to be available for liquidation of overpayments occurring during the disposition period in accordance with Section 30-768.3.
- .74 The disposition of the excess property shall be accomplished within a six-month period in the case of real property and within three months in the case of personal property.
 - .741 The time period shall begin on the date the agreement is signed by the individual.
 - (a) In the case of a disabled individual, the time period shall begin on the date of the disability determination.
 - .742 The time limits may be extended another three months where it is found that the individual had "good cause" for failing to dispose of the property within the original time period.
 - (a) "Good cause" shall exist if, despite reasonable and diligent effort on his/her part, he/she was prevented by circumstances beyond his/her control from disposing of the property.

NOTE: Authority cited: Section 22009(b), Welfare and Institutions Code. Reference: Section 22004, Welfare and Institutions Code.

30-775 **INCOME** **30-775**

- .1 Income means the money or other gain periodically received by an individual for labor or service, or from property, investment, operations, etc. Income may be in the form of cash, including checks and money orders; in-kind items; real property; or personal services.
 - .11 When the item of receipt is not in the form of cash, the cash equivalent shall be determined.
 - .12 An individual's or individual and eligible spouse's income shall include all of his/her or their income in cash or in-kind, both earned and unearned.

30-775 **INCOME (Continued)** **30-775**

- .13 An individual's income shall also include those amounts of income of his/her eligible spouse, or, if the individual is a child as defined in Section 30-770.3, of his/her parent and parent's spouse residing in the same household.
 - .14 If income after applying the allowable disregards or exclusions exceeds the appropriate SSI/SSP benefit level, the excess shall be applied to the cost of IHSS.
- .2 Earned Income
- .21 Earned income means:
 - .211 Gross wages.
 - .212 Net earnings from self-employment.
 - (a) Net earnings shall be determined by deducting from gross earnings from self-employment all ordinary and necessary business expenses. Principal payments on encumbrances and personal income taxes shall not be considered expenses. Schedules attached to Form 1040 of the IRS for various types of self-employment may be used to verify allowable expenses.
 - .213 Those amounts of countable earned income deemed to be available to the individual from the income of his/her ineligible spouse, or parent(s) in the case of a recipient child.
 - (a) When a parent and recipient child live in a household with the parent's spouse, who is not the parent of the child, the income of the parent's spouse shall also be deemed to the child.
 - (b) Deeming procedures shall conform to those specified in 20 CFR 416.1185, as set forth on the form(s) developed and approved by the department.
- .3 Unearned Income.
- .31 Unearned income means all other available income.
 - .32 In evaluating the amount of unearned income which is available to the individual, consideration shall be given to any necessary costs involved in obtaining or securing the income.

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- (d) Home produce.
 - (1) The value of agricultural products which are not raised in connection with a trade or business and are utilized for consumption by the household.
 - (A) If the produce is sold, the net earnings shall be countable as earned income.
- (e) Foster care payments.
 - (1) Payments for the foster care of a child who is not an eligible individual but who resides in the same home as such individual and was placed there by a public or nonprofit agency.
- (f) Support payment from an absent parent.
 - (1) One-third of any payment received from an absent parent for an eligible individual who is a child as defined in Section 30-770.3.
 - (A) The remainder shall be countable as unearned income.
- (g) Readers and educational scholarships for the blind.
 - (1) Funds, not available to meet basic needs, awarded for readers and educational scholarships by a high school, institution of higher learning, or a vocational or technical training institution to a recipient due to his/her blindness while he/she is regularly attending any public school or any institution of higher learning in this state.
- (h) Vendor payments.
 - (1) Payments made from any source to a vendor in order to meet the needs of the recipient for medical or social services, as determined by the county welfare department. When the vendor is the recipient's spouse, the provisions of .213 above shall apply.

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- (m) Domestic Volunteer payments.
 - (1) Payments made under the Domestic Volunteer Services Act of 1973 to welfare recipients who are VISTA volunteers.

- (n) Supplemental food assistance.
 - (1) The value of supplemental food assistance received under the Child Nutrition Act (WIC) and the National School Lunch Act, as specified in Public Laws 92-433 and 93-150.

- (o) Energy assistance allowances.
 - (1) Payments or allowances made under any federal, state or local laws for the purpose of energy assistance, e.g., Low Income Energy Assistance Program (EAP), Energy Crisis Assistance Program (ECAP), and Crisis Intervention Programs (CIP) payments.
 - (A) Such payments or allowances shall be clearly identified as energy assistance by the legislative body authorizing the program or providing the funds.

.43 The following disregards shall be applied in the order listed below:

- .431 Infrequent or irregular income.
 - (a) Unearned income.
 - (1) Unearned income which does not exceed \$60 per quarter and is received not more than once per quarter or cannot be reasonably anticipated.
 - (b) Earned income.
 - (1) Earned income which does not exceed \$30 per quarter and is received not more than once per quarter or cannot be reasonably anticipated.

- .432 Student exemption.
 - (a) Up to \$1,200 per calendar quarter of the earned income of the recipient who is a child and a student, but in no instance more than \$1,620 per calendar year.

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Welfare and Institutions Code Section 12306.5 states that any public or private agency, including a contractor as defined in Welfare and Institutions Code Section 12302.1, who maintains a list or registry of prospective In-Home Supportive Services providers shall require proof of identification from a prospective provider prior to placing the prospective provider on a list or registry or supplying a name from the list or registry to an applicant for, or recipient of, In-Home Supportive Services.

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- .11 Proof of identification shall not be required for prospective providers to remain on a list or registry that existed before April 1, 1988. However, proof of identification shall be required prior to providing those prospective providers' names to an applicant or recipient of In-Home Supportive Services, or prior to providing the names of any prospective providers where proof of identification has not been established.

- .12 Proof of identification shall include, but is not limited to, one of the following:
 - .121 A positive photograph identification from a government source, such as:
 - (a) a valid California driver's license;
 - (b) a valid identification card issued by a government agency; or
 - (c) a valid military identification card.

 - .122 A valid student identification card issued by an accredited college or university.

HANDBOOK BEGINS HERE**.1 Scope of Services**

DHS regulation Section 51183 reads:

Personal Care Services.

Personal care services include (a) personal care services and (b) ancillary services prescribed in accordance with a plan of treatment.

(a) Personal care services include:

- (1) Assisting with ambulation, including walking or moving around (i.e. wheelchair) inside the home, changing locations in a room, moving from room to room to gain access for the purpose of engaging in other activities. Ambulation does not include movement solely for the purpose of exercise.
- (2) Bathing and grooming including cleaning the body using a tub, shower or sponge bath, including getting a basin of water, managing faucets, getting in and out of tub, or shower, reaching head and body parts for soaping, rinsing, and drying. Grooming includes hair combing and brushing, shampooing, oral hygiene, shaving and fingernail and toenail care.
- (3) Dressing includes putting on and taking off, fastening and unfastening garments and undergarments, and special devices such as back or leg braces, corsets, elastic stockings/garments and artificial limbs or splints.
- (4) Bowel, bladder and menstrual care including assisting the person on and off toilet or commode and emptying commode, managing clothing and wiping and cleaning body after toileting, assistance with using and emptying bedpans, ostomy and/or catheter receptacles and urinals, application of diapers and disposable barrier pads.

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30-780 PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY
(Continued)

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- (5) Repositioning, transfer, skin care, and range of motion exercises.
- (A) Includes moving from one sitting or lying position to another sitting or lying position; e.g., from bed to or from a wheelchair, chair, or sofa, and the like, coming to a standing position and/or rubbing skin and repositioning to promote circulation and prevent skin breakdown. However, if decubiti have developed, the need for skin and wound care is a paramedical service.
- (B) Such exercises shall include the carrying out of maintenance programs, i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain range of motion in paralyzed extremities; and assistive walking.
- (6) Feeding, hydration assistance including reaching for, picking up, grasping utensil and cup; getting food on utensil, bringing food, utensil, cup to mouth, manipulating food on plate. Cleaning face and hands as necessary following meal.
- (7) Assistance with self-administration of medications. Assistance with self-administration of medications consists of reminding the beneficiary to take prescribed and/or over-the-counter medications when they are to be taken and setting up Medi-sets.
- (8) Respiration limited to nonmedical services such as assistance with self-administration of oxygen, assistance in the use of a nebulizer, and cleaning oxygen equipment.
- (9) Paramedical services are defined in Welfare and Institutions Code Section 12300.1 as follows:
- (A) Paramedical services include the administration of medications, puncturing the skin or inserting a medical device into a body orifice, activities requiring sterile procedures, or other activities requiring judgment based on training given by a licensed health care professional.

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**30-780 PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY
(Continued)****30-780**

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- (B) Paramedical services are activities which persons could perform for themselves but for their functional limitations.
- (C) Paramedical services are activities which, due to the beneficiary's physical or mental condition, are necessary to maintain the beneficiary's health.
- (b) Ancillary services are subject to time per task guidelines when established in Sections 30-757 of the Department of Social Services' Manual of Policies and Procedures and are limited to the following:
 - (1) Domestic services are limited to the following:
 - (A) Sweeping, vacuuming, washing and waxing of floor surfaces.
 - (B) Washing kitchen counters and sinks.
 - (C) Cleaning the bathroom
 - (D) Storing food and supplies.
 - (E) Taking out the garbage.
 - (F) Dusting and picking up.
 - (G) Cleaning oven and stove.
 - (H) Cleaning and defrosting refrigerator.
 - (I) Bringing in fuel for heating or cooking purposes from a fuel bin in the yard.
 - (J) Changing bed linen.
 - (K) Miscellaneous domestic services (e.g., changing light bulbs and wheelchair cleaning, and changing and recharging wheelchair batteries) when the service is identified and documented by the case worker as necessary for the beneficiary to remain safely in his/her home.

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**30-780 PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY
(Continued)****30-780**

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- (2) Laundry services include washing and drying laundry, and is limited to sorting, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry if dryer is not routinely used, mending, or ironing, folding, and storing clothing on shelves, in closets or in drawers.
- (3) Reasonable food shopping and errands limited to the nearest available stores or other facilities consistent with the beneficiary's economy and needs; compiling a list, bending, reaching, and lifting, managing cart or basket, identifying items needed, putting items away, phoning in and picking up prescriptions, and buying clothing.
- (4) Meal preparation and cleanup including planning menus; e.g., washing, peeling and slicing vegetables; opening packages, cans and bags, mixing ingredients; lifting pots and pans; reheating food, cooking and safely operating stove, setting the table and serving the meals; cutting the food into bite-size pieces; washing and drying dishes, and putting them away.
- (5) Assistance by the provider is available for accompaniment when the beneficiary's presence is required at the destination and such assistance is necessary to accomplish the travel limited to:
 - (A) Accompaniment to and from appointments with physicians, dentists and other health practitioners. This accompaniment shall be authorized only after staff of the designated county department has determined that no other Medi-Cal service will provide transportation in the specific case.
 - (B) Accompaniment to the site where alternative resources provide in-home supportive services to the beneficiary in lieu of IHSS. This accompaniment shall be authorized only after staff of the designated county department have determined that neither accompaniment nor transportation is available by the program.

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- (6) Heavy Cleaning which involves thorough cleaning of the home to remove hazardous debris or dirt.
 - (7) Yard hazard abatement which is light work in the yard which may be authorized for:
 - (A) removal of high grass or weeds and rubbish when this constitutes a fire hazard.
 - (B) removal of ice, snow or other hazardous substances from entrances and essential walkways when access to the home is hazardous.
 - (c) Ancillary services may not be provided separately from personal care services listed in subsection (a) above.
- .2 Personal Care Services Program Tasks

DHS regulation Section 51350 reads:

Personal Care Services.

- (a) Personal care services as specified in Section 51183 are provided when authorized by the staff of a designated county department based on the state approved Uniformity Assessment tool. To the extent not inconsistent with statutes and regulations governing the Medi-Cal program, the needs assessment process shall be governed by the Department of Social Services' Manual of Policies and Procedures Sections 30-760, 30-761, and 30-763.
- (b) Personal care services may be provided only to a categorically needy beneficiary as defined in Welfare and Institutions Code, Section 14050.1, who has a chronic, disabling condition that causes functional impairment that is expected to last at least 12 consecutive months or that is expected to result in death within 12 months and who is unable to remain safely at home without the services. The services shall be provided in the beneficiary's home or other locations as may be authorized by the Director subject to federal approval. Personal care services authorized shall not exceed 283 hours in a calendar month.

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**30-780 PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY
(Continued)****30-780**

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- (c) Personal care services will be prescribed by a physician. The beneficiary's medical necessity for personal care shall be certified by a licensed physician. Physician certification shall be done annually.
- (d) Registered nurse supervision consists of review of the service plan and provision of supportive intervention. The nurse shall review each case record at least every twelve months. The nurse shall make home visits to evaluate the beneficiary's condition and the effectiveness of personal care services based on review of the case record or whenever determined as necessary by staff of a designated county department. If appropriate, the nurse shall arrange for medical follow-up. All nurse supervision activities shall be documented and signed in the case record of the beneficiary.
- (e) Paramedical services when included in the personal care plan of treatment must be ordered by a licensed health professional lawfully authorized by the State. The order shall include a statement of informed consent saying that the beneficiary has been informed of the potential risks arising from receipt of such services. The statement of informed consent shall be signed and dated by the beneficiary, the personal representative of the beneficiary, or in the case of a minor, the legal parent or guardian.
- (f) Grooming shall exclude cutting with scissors or clipping toenails.
- (g) Menstrual care is limited to external application of sanitary napkin and cleaning. Catheter insertion, ostomy irrigation and bowel program are not bowel or bladder care but paramedical.
- (h) Repositioning, transfer skin care, and range of motion exercises have the following limitations:
 - (1) Includes moving from one sitting or lying position to another sitting or lying position; e.g., from bed to or from a wheelchair, or sofa, coming to a standing position and/or rubbing skin and repositioning to promote circulation and prevent skin breakdown. However, if decubiti have developed, the need for skin and wound care is a paramedical service.

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**30-780 PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY
(Continued)****30-780**

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- (2) Range of motion exercises shall be limited to the general supervision of exercises which have been taught to the beneficiary by a licensed therapist or other health care professional to restore mobility restricted because of the injury, disuse or disease. Range of motion exercises shall be limited to maintenance therapy when the specialized knowledge or judgment of a qualified therapist is not required and the exercises are consistent with the beneficiary's capacity and tolerance. Such exercises shall include the carrying out of maintenance programs, i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain range of motion in paralyzed extremities; and assistive walking.
- .3 Personal Care Services Program Required Documentation

DHS regulation Section 51476.2 reads:

Personal Care Services Records.

Each county shall keep, maintain, and have readily retrievable, such records as are necessary to fully disclose the type and extent of personal care services provided to a Medi-Cal beneficiary. Records shall be made at or near the time the service is rendered or the assessment or other activity is performed. Such records shall include, but not be limited to the following:

- (a) Time sheets
- (b) Assessment forms and notes
- (c) All service records, care plans, and orders/prescriptions ordering personal care.

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30-780 PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY 30-780
(Continued)

- .4 Eligibility for PCSP shall be limited to those IHSS recipients who do not receive IHSS advance payment as specified in Section 30-769.731.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Section 14132.95, Welfare and Institutions Code; and the State Plan amendment, Approved pursuant to Sections 12301.2 and 14132.95(b), Welfare and Institutions Code.

30-785 IN-HOME SUPPORTIVE SERVICES (IHSS) PLUS WAIVER PROGRAM 30-785**(a) Program and Special Definitions**

- (1) The IHSS Plus Waiver program will follow the IHSS, Program Definitions and Special Definitions, specified in MPP Section 30-700 and 30-701, unless otherwise specified.

(b) Eligibility

- (1) A person is eligible for the IHSS Plus Waiver who is a California resident, living in his/her own home and is aged, blind or disabled according to Medi-Cal based definitions, and;
- (2) Has been found eligible for full-scope federally funded Medi-Cal based upon either;
- (A) receipt of cash assistance through SSI/SSP, CalWORKs cash aid or Foster Care, or
- (B) an eligibility determination completed by a Medi-Cal Eligibility Worker for full-scope federally funded Medi-Cal, in accordance with Medi-Cal regulations located at Title 22, California Code of Regulations (CCR), Division 3, Subdivision 1, Chapters 1 and 2, and;
- (3) Has an assessed need, based upon a needs assessment as described in MPP Section 30-761, and;
- (4) Receives at least one of the following;
- (A) Restaurant Meal Allowance as specified in MPP Section 30-757.134;
- (B) Advance Pay as specified in MPP Section 30-769.73;
- (C) Service(s) provided by his/her spouse as allowed in MPP Section 30-763.41; or
- (D) Service(s) as a minor child provided by his/her parent as allowed in MPP Section 30-763.45, and;

30-785 IN-HOME SUPPORTIVE SERVICES (IHSS) PLUS WAIVER PROGRAM 30-785
(Continued)

(5) Any applicable share of cost has been met.

(A) In determining the applicable share of cost the following shall apply;

1. Medi-Cal rules regarding share of cost will be followed for purposes of determining Medi-Cal eligibility in accordance with Title 22, CCR, Division 3, Chapter 2, Articles 10, 11 and 12.
2. To the extent a recipient comes within the terms of the supplemental payment program described in Welfare and Institutions Code Section 12305.1, a share-of-cost compensation as described in that section shall be performed. The applicable share of cost for such recipients shall include the supplementary payment authorized in that section.

(c) Process for Determination of Eligibility for IHSS Plus Waiver Services

- (1) The process for determining eligibility for the IHSS Plus Waiver program shall be in accordance with MPP Section 30-755.2.

(d) Need

- (1) Designated county staff shall determine the recipient's level of ability, dependence, physical assistance and need in accordance with MPP Section 30-756.

(e) Program Content

- (1) IHSS Plus Waiver program content shall be the same as the program content expressed in MPP Section 30-757.
 - (A) A person who is eligible for a service provided pursuant to the IHSS Plus Waiver shall not be eligible for any service through the IHSS program.
 - (B) A person who is eligible for all of their services pursuant to the PCSP shall not be eligible for any service through the IHSS Plus Waiver or IHSS programs.

(f) Time Per Task and Frequency Guidelines

- (1) When assessing the need for services the assessed time shall be in accordance with MPP Section 30-758.

30-785 IN-HOME SUPPORTIVE SERVICES (IHSS) PLUS WAIVER PROGRAM 30-785
(Continued)**(g) Application Process**

- (1) The IHSS Plus Waiver application process shall follow the MPP Section 30-759, except for 30-759.3.
- (2) Presumptive disability is determined in accordance with Medi-Cal regulations located at Title 22, CCR, Division 3, Section 50167(a)(1)(C).
- (3) Additionally, for those not already determined eligible for full-scope federally funded Medi-Cal, a determination for Medi-Cal eligibility must be completed before final eligibility for the IHSS Plus Waiver can be established.
- (4) Intercounty transfers of the IHSS Plus Waiver service case must be coordinated with the intercounty transfer of the Medi-Cal eligibility case.

(h) Responsibilities

- (1) IHSS Plus Waiver applicant/recipient and county responsibilities shall be the same as the responsibilities specified in MPP Section 30-760(b).

(i) Needs Assessment Standards

- (1) Services shall be authorized only in cases which meet the conditions established in MPP Section 30-761.1 and eligibility as specified in MPP Section 30-785(b).
- (2) Needs Assessments are performed in accordance with MPP Section 30-761.2, except;
 - (A) A reassessment must be completed prior to the end of the twelfth calendar month from the last assessment.
- (3) IHSS staff shall be staff of a designated county department as specified in MPP Section 30-761.3.

(j) Service Authorization

- (1) Authorization for services shall be determined in accordance with MPP Section 30-763.

(k) Individual Provider's Compensation

- (1) The computation of payment, rate of compensation and employer responsibilities for the IHSS Plus Waiver program shall follow the guidelines specified in MPP Section 30-764.

30-785 IN-HOME SUPPORTIVE SERVICES (IHSS) PLUS WAIVER PROGRAM 30-785
(Continued)**(l) Cost Limitations**

- (1) The cost limitations that apply to all payments made for IHSS Plus Waiver Services shall follow the guidelines specified in MPP Section 30-765.

(m) County Plans

- (1) Each county welfare department shall develop and submit a county plan to CDSS no later than 30 days following receipt of its allocation, which specifies the means by which the IHSS Plus Waiver program will be provided in order to meet the objectives and conditions within its allocation as specified in MPP Section 30-766.

(n) Service Delivery Methods

- (1) The county shall arrange for the provision of IHSS Plus Waiver through one or more of the Service Delivery Methods as specified in MPP Sections 30-767.11, .12 and .13.

(o) Overpayment/Underpayments

- (1) For purposes of determining overpayments, action on overpayments and demand for repayment for an IHSS Plus Waiver recipient. DHS regulation Sections 50781, 50786 and 50787 (MPP Handbook Sections 30-768.5, .6 and .7) shall apply.

(p) Payrolling for Individual Providers

- (1) Counties shall follow the payrolling-for-individual-providers procedures, specified in MPP Section 30-769, for individual providers who provide services to IHSS Plus Waiver recipients.

(q) Provider Identification

- (1) Proof of provider identification shall follow the guidelines specified in IHSS, Provider Identification, MPP Section 30-776.

NOTE: Authority cited: Sections 10553, 10554, 12300, 14132.95, and 14132.951, Welfare and Institutions Code; and 42 USC, Section 1315(a) of the Social Security Act. Reference: Sections 12300, 12305.1, 14132.95, and 14132.951, Welfare and Institutions Code, and Special Terms and Conditions (STC) for the California IHSS Plus Waiver, granted under Section 1115 Demonstration Project.

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ATTACHMENT B

ANNOTATED ASSESSMENT CRITERIA

Annotated Assessment Criteria is designed to assist you in the application of rankings specified in Manual of Policies and Procedures (MPP) Section 30-756 which are applied to evaluate a recipient's capacity to perform certain In-Home Supportive Services (IHSS) tasks safely. The Annotated Assessment Criteria describes each functional rank in more detail as it applies to an individual's capacity to perform certain types of tasks specified in MPP Section 30-757, and it provides sample observations you might make for each ranking, characteristics of a recipient who might be ranked at each level, and questions which might elicit the information needed to determine the appropriate rank. These samples are lists of possible indicators, not definitive standards.

General

Following are general questions that may be asked of applicants to help determine whether need exists:

- * How frequently have you been seen by a doctor?
- * Has the doctor limited your activities?
- * When does your family come to see you and how do they feel about your condition?
- * What can family/friends/neighbors do to help you?
- * Who has been helping you up to this point?
- * Why are you asking for help now?
- * How have circumstances changed?
- * How long have you been having difficulty?
- * What is limiting your activities?
- * How do you feel about the status of your health?
- * How long do you think you will need this service?
- * How would you manage if your provider called in sick one day?

Information to be given and reinforced periodically:

- * A clear explanation of the recipient's responsibilities in the county's delivery system.
- * IHSS is a program which provides only those services necessary for the recipient's safety which the recipient is unable to perform.

Observations

A number of observations are applicable to all functions. These involve observing the recipient getting up from a chair, ambulating, standing, reaching, grasping, bending, and carrying; and observing the recipient's endurance and mental activity. In the following text, the first eight observable behaviors above are referred to as "movement." All of these functions can usually be observed by noting how the recipient admitted you into the housing unit and shaking his/her hand

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when arriving; asking the recipient to show you the housing unit; asking the recipient to show you all his/her medications; asking him/her to get his/her Medi-Cal card for you; and asking him/her to sign the application. If the above-listed functions have not been adequately demonstrated in the course of the interview, it is sometimes helpful to ask the recipient for a glass of water. Since the ranking of functioning is hierarchical, observations and questions in a lower rank are likely to apply to a higher one. Observations lead to a general assumption as to the appropriate level of functioning, and follow-up questions elicit information as to what assistance is necessary for the level of functioning observed. This listing is not all-inclusive, nor does the presence of one behavior on the list necessarily create the basis for the ranking. All your senses are involved in gaining cues to determine the recipient's functioning as a whole

General

The following are general regulatory standards that apply to all functions. The standards for each function are defined in more detail in individual scales that follow.

Rank 1: Independent: Able to perform function without human assistance although the recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his/her safety. A recipient who ranks a "1" in any function shall not be authorized the correlated service activity.

Rank 2: Able to perform a function but needs verbal assistance such as reminding, guidance, or encouragement. No hands-on assistance is required in rank 2.

Rank 3: Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.

Rank 4: Can perform a function but only with substantial human assistance.

Rank 5: Cannot perform the function with or without human assistance.

Rank 6: Paramedical Services needed. (**ALL** functions in the task are met by Paramedical).

Variable Functioning

If the recipient's functioning varies throughout the month, the functional rank should reflect the functioning on reoccurring bad days. It is not solely based on a "worst" day scenario (e.g., a recipient who suffers from arthritis will have days when pain is significant and days when pain is mild; therefore, in this case you would rank a recipient based on the reoccurring days where the frequency of pain is significant).

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DEFINITION OF SERVICES LISTED ON THE SOC 293 "H" LINE

Domestic Services

Sweeping, vacuuming, and washing/waxing floors; washing kitchen counters and sinks; cleaning the bathroom; storing food and supplies; taking out garbage; dusting and picking up; cleaning oven and stove; cleaning and defrosting refrigerator; bringing in fuel for heating or cooking purposes from a fuel bin in the yard; changing bed linen; changing light bulbs; and wheelchair cleaning and changing/recharging wheelchair batteries.

The following is the application of functional rank specific to Domestic services with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to perform all domestic chores without a risk to health or safety.

Recipient is able to do all chores though s/he might have to do a few things every day so that s/he doesn't overexert her/himself.

- * **Observations:** Observe if the home is neat and tidy. Observe if the recipient's movement is unimpaired.
- * **Example:** Recipient with no signs of impairment moves easily about a neat room, bending to pick up items and reaching to take items from shelves.
- * **Question:** Are you able to do all the household chores yourself, including taking out the garbage?

Rank 2: Able to perform tasks but needs direction or encouragement from another person.

Recipient is able to perform chores if someone makes him/her a list or reminds him/her.

- * **Observations:** Observe if the recipient seems confused or forgetful and has no observable physical impairment severe enough to seem to limit his/her ability to do housework; if there is incongruity in what you observe, such as dirty dishes in cupboard.
- * **Example:** Young man apparently physically healthy, but obviously confused and forgetful, is being reminded that it is time for him to sweep and vacuum.
- * **Questions:** How do you manage to keep your apartment clean? Has anyone been helping you up to this time?

Rank 3: Requires physical assistance from another person for some chores (e.g., has a limited endurance or limitations in bending, stooping, reaching, etc.).

- * **Observations:** Observe if the recipient has some movement problems as described above; has limited endurance; is easily fatigued; or has severely limited eyesight. Observe if the home is generally tidy, but needs a good cleaning; if it is apparent that the recipient has made attempts to clean it, but was unable to.
- * **Example:** Small frail woman answers apartment door. Apartment has some debris scattered on carpet and quite-full trashcan is sitting in kitchen area. The remainder of apartment is neat.
- * **Questions:** Have you been doing the housework yourself? What have you been doing about getting your housework done up until now?

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Rank 4: Although able to perform a few chores (e.g., dust furniture or wipe counters) help from another person is needed for most chores.

- * **Observations:** Observe if the recipient has limited strength and impaired range of motion. Observe if the house needs heavy cleaning.
- * **Example:** Recipient walking with a cane is breathing heavily in cluttered living room. The bathtub and toilet are in need of cleansing. The recipient's activities are limited because of shortness of breath and dizziness.
- * **Questions:** What household tasks are you able to perform? Has your doctor limited your activities?

Rank 5: Totally dependent upon others for all domestic chores.

- * **Observations:** Observe if dust/debris is apparent; if there is garbage can odor; if the bathroom needs scouring; if household chores have obviously been unattended for some time. Observe if the recipient has obvious limited mobility or mental capacity.
- * **Examples:** Bed-bound recipient is able to respond to questions and has no movement in arms or legs. Frail elderly man is recovering from heart surgery and forbidden by doctor to perform any household chores.
- * **Questions:** Are there any household tasks you are able to perform? What is limiting your activities? Who has been helping you to this point?

Laundry

Gaining access to machines, sorting laundry, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry, folding and sorting laundry, mending and ironing. (Note: Ranks 2 and 3 are not applicable to determining functionality for this task.)

The following is the application of functional rank specific to Laundry services with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to perform all chores.

- * **Observations:** Observe if the recipient's movement seems unimpaired; if s/he seems able to ambulate, grasp, bend, lift, and stand adequately; if s/he is wearing clean clothes.
- * **Example:** Recipient is apparently physically fit. The recipient's movements during interview indicate that s/he has no difficulty with reaching, bending, or lifting.
- * **Questions:** Are you able to wash and dry your own clothes? Are you also able to fold and put them away?

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Rank 4: Requires assistance with most tasks. May be able to do some laundry tasks (e.g., hand wash underwear, fold and/or store clothing by self or under supervision).

- * **Observations:** Observe if the recipient has some impairment in movement, is nodding, displays forgetfulness, or has severely limited eyesight; if the recipient's clothing is stained or spotted.
- * **Example:** Frail woman is unable to transfer wet wash to the dryer, particularly, sheets and towels. Housemate encourages her to help with sorting and folding, etc.
- * **Questions:** Are you able to lift and transfer wet articles in the laundry? How have you handled this laundry up to now? Who has been doing your laundry for you up to this time? Has the doctor suggested that you do some simple tasks with your arms and hands?

Rank 5: Cannot perform any task, is totally dependent on assistance from another person.

- * **Observations:** Observe if there are severe restrictions of movement.
- * **Example:** Quadriplegic recipient is seated in wheelchair, obviously unable to perform laundry activities.
- * **Questions:** Who does your laundry now? What has changed in your circumstances that resulted in your asking for help now?

Shopping and Errands

Compiling list; bending, reaching, lifting, and managing cart or basket; identifying items needed; transferring items to home and putting items away; telephoning in and picking up prescriptions; and buying clothing. (Note: Ranks 2 and 4 are not applicable to determining functionality for this task.)

The following is the application of functional rank specific to Shopping and Errands with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Can perform all tasks without assistance.

- * **Observations:** Observe if movement seems unimpaired and the recipient seems oriented.
- * **Example:** Social worker questions elderly man whose responses indicate that he is able to do his own shopping and can put groceries and other items away. Although his movements are a little slow, it is evident that he is capable of performing this task.
- * **Question:** How do you take care of your shopping and errands?

Rank 3: Requires the assistance of another person for some tasks (e.g., recipient needs help with major shopping needed but can go to nearby store for small items, or the recipient needs direction or guidance).

- * **Observations:** Observe if the recipient's movement is somewhat impaired; if the recipient has poor endurance or is unable to lift heavy items; if s/he seems easily confused or has severely limited eyesight; if there is limited food on hand in refrigerator and cupboard.

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- * **Example:** Recipient goes to corner market daily to get a few small items. Someone else makes a shopping list.
- * **Questions:** Do you have difficulty shopping? What are the heaviest items you are able to lift? Do you usually buy the items you planned to purchase? Do you have any difficulty remembering what you wanted to purchase or making decisions on what to buy? (Ask recipient's significant other whether the recipient has difficulty making decision on what to buy or if recipient's mental functioning seems impaired.)

Rank 5: Unable to perform any tasks for self.

- * **Observations:** Observe if movement or mental functioning is severely limited.
- * **Example:** Neighbors help when they can. Teenaged boy comes to recipient's door and receives money and list from recipient to purchase a few groceries.
- * **Questions:** Has someone been shopping for you? How do you get your medications?

Meal Preparation/Meal Cleanup

Meal Preparation includes such tasks as planning menus; removing food from refrigerator or pantry; washing/drying hands before and after meal preparation; washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-size pieces.

Meal Cleanup includes loading and unloading dishwasher; washing, rinsing, and drying dishes, pots, pans, utensils, and culinary appliances and putting them away; storing/putting away leftover foods/liquids; wiping up tables, counters, stoves/ovens, and sinks; and washing/drying hands.

Note: Meal Cleanup does not include general cleaning of the refrigerator, stove/oven, or counters and sinks. These services are assessed under Domestic services.

The following is the application of functional rank specific to Meal Preparation/Meal Cleanup with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Can plan, prepare, serve, and cleanup meals.

- * **Observations:** Observe if the recipient's movement seems unimpaired.
- * **Example:** Recipient cooks and freezes leftovers for reheating.
- * **Questions:** Are you able to cook your own meals and cleanup afterwards? Are you on a special diet? If yes, describe.

Rank 2: Needs only reminding or guidance in menu planning, meal preparation, and/or cleanup.

- * **Observations:** Recipient seems forgetful. There is rotten food, no food in refrigerator, or a stockpile of candy bars only. Recipient's clothes are too large, indicating probable weight loss. There are no signs of cooking.

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- * **Example:** Elderly recipient is unable to plan balanced meals, has trouble knowing what to eat so eats a lot of desserts and snacks, sends granddaughter to purchase fast foods. Recipient leaves dishes near the sofa where s/he eats; s/he reuses dirty dishes if not reminded to wash and dry them.
- * **Question:** Are you able to prepare and cleanup your own meals?

Rank 3: Requires another person to prepare and cleanup main meal(s) on less than a daily basis (e.g., recipient can reheat food prepared by someone else, can prepare simple meals, and/or needs some help with cleanup but requires another person to prepare and cleanup with more complex meals which involve, peeling, cutting, etc., on less than a daily basis).

- * **Observations:** Observe if the recipient's movement is impaired; if s/he has poor strength and endurance or severely limited eyesight; if s/he appears adequately nourished and hydrated.
- * **Example:** Recipient can reheat meals, make a sandwich, and get snacks from the package. Recipient has arthritis that impairs her/his grasp; s/he is unable to wash dishes because s/he cannot hold on to dishes.
- * **Questions:** What type of meals are you able to prepare for yourself? Can you lift casserole dishes and pans? Can you reheat meals that were prepared for you ahead of time? Are you able to wash dishes? Can you wipe the counter and stove?

Rank 4: Requires another person to prepare and cleanup main meal(s) on a daily basis.

- * **Observations:** Recipient has movement and endurance problems and has very limited strength of grip.
- * **Example:** Recipient is unable to stand for long periods of time. Recipient can get snacks from the refrigerator like fruit and cold drinks, can get cereal, or make toast for breakfast, etc.
- * **Questions:** Can you stand long enough to operate your stove, wash, dry, and put away dishes and/or load/unload the dishwasher?

Rank 5: Totally dependent on another person to prepare and cleanup all meals.

- * **Observations:** Observe if the recipient has severe movement problems or is totally disoriented and unsafe around the stove.
- * **Example:** Recipient has schizophrenia. Recipient believes that when s/he gets wet the water has the power to enable people to read her/his mind. Provider cuts up food in bite-sized portions and carries tray to bed-bound recipient.
- * **Questions:** Are you able to prepare anything to eat for yourself? Does your food and drink need to be handled in any special way? Can you wash dishes?

Rank 6: ALL functions in the task are met by Paramedical.

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Ambulation

Assisting the recipient with walking or moving from place to place inside the home, including to and from the bathroom; climbing or descending stairs; moving and retrieving assistive devices, such as a cane, walker, or wheelchair, etc.; and washing/drying hands before and after performing these tasks. Ambulation also includes assistance to/from the front door to the car **(including getting in and out of the car)** for medical accompaniment and/or alternative resource travel.

The following is the application of functional rank specific to Ambulation with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Requires no physical assistance though recipient may experience some difficulty or discomfort. Completion of the task poses no risk to his/her safety.

- * **Observations:** Observe if the recipient is steady on feet, able to maneuver around furniture, etc. Observe if the recipient needs to grab furniture or walls for support. Have the recipient show you the home and observe ambulation.
- * **Questions:** Do you ever have any difficulty moving around? Have you ever had to use a cane or walker? Do you feel safe walking alone in your home?

Rank 2: Can move independently with only reminding or encouragement (e.g., needs reminding to lock a brace, unlock a wheelchair or to use a cane or walker).

- * **Observations:** Observe if the recipient can use his/her walker or cane of his/her own volition; if recipient can rely appropriately on an appliance; if there is an assistive device visible in a corner rather than right beside the recipient when s/he is sitting; how well the recipient is able to move about with an assistive device; if there is any modifications observable in the home such as grab bars, etc.
- * **Questions:** Do you ever have trouble handling your device? Are there times when you forget and get somewhere and need help getting back or do not wish to use your device? What happens then? Have you experienced any falls lately? Describe.

Rank 3: Requires physical assistance from another person for specific maneuvers (e.g., pushing wheelchair around sharp corner, negotiating stairs or moving on certain surfaces).

- * **Observations:** Observe if the recipient needs to ask you for assistance; if the recipient appears to be struggling with a maneuver that could put her/him at risk if unattended; if recipient appears strong enough to handle the device; if there are architectural barriers in the home.
- * **Questions:** Are there times when you need to rely on someone else to help you get around the house? What kind of help do you need and when? What happens when there is no one to help you? Are there certain times of day or night when movement is more difficult for you? Are all areas of your home accessible to you?

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Rank 4: Requires assistance from another person most of the time. Is at risk if unassisted.

- * **Observations:** Observe if the recipient is able to answer the door; get back safely to his/her seat; if there is clutter on the floor, scattered rugs, or stairs; if there is obvious fatigue or labored breathing; if there are bruises, scabs, bumps, or burns (signs of falls) on the recipient.
- * **Questions:** Is there someone in the home helping you now? If so, what is the level of assistance?

Rank 5: Totally dependent upon others for movement. Must be carried, lifted, or assisted into a wheelchair or gurney at all times.

- * **Observations:** Observe if the recipient appears to be immobile; if s/he appears to be uncomfortable or in pain; if s/he has any fears related to being moved; if s/he makes needs known.
- * **Questions:** Who is available to help you when you need to be moved? Do you feel s/he is able to do so without causing you undue pain or discomfort? Is there anything that needs to be changed to make you more comfortable?

Bathing, Oral Hygiene, and Grooming/Routine Bed Bath

Bathing (Bath/Shower) includes cleaning the body in a tub or shower; obtaining water/supplies and putting them away; turning on/off faucets and adjusting water temperature; assistance with getting in/out of tub or shower; assistance with reaching all parts of the body for washing, rinsing, drying, and applying lotion, powder, deodorant; and washing/drying hands.

Oral Hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands.

Grooming includes combing/brushing hair; hair trimming when the recipient cannot get to the barber/salon; shampooing, applying conditioner, and drying hair; shaving; fingernail/toenail care (excluding toenail clipping) when these services are not assessed as Paramedical services for the recipient; and washing/drying hands.

Note: Bathing, Oral Hygiene, and Grooming does not include getting to/from the bathroom. These tasks are assessed as mobility under Ambulation services.

Routine Bed Bath includes cleaning basin or other materials used for bed sponge baths and putting them away; obtaining water and supplies; washing, rinsing, and drying body; applying lotion, powder, and deodorant; and washing/drying hands before and after bathing.

The following is the application of functional rank specific to Bathing, Oral Hygiene, and Grooming/Routine Bed Baths with suggestions that may help inform the determination as to rank:

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Rank 1: Independent: Able to bathe, brush teeth, and groom self safely without help from another person.

- * **Observations:** Observe if the recipient's mobility is unimpaired; if the recipient is clean and well groomed; if there is assistive equipment in the bathroom.
- * **Questions:** Do you ever require any assistance with Bathing, Oral Hygiene, or Grooming? Are you able to get in and out of the tub or shower safely? Have you ever fallen?

Rank 2: Able to bathe, brush teeth, and groom self with direction or intermittent monitoring. May need reminding to maintain personal hygiene.

- * **Observations:** Observe if the recipient has body odors, unwashed hair, dirt or grime on body, un-manicured fingernails; if the recipient is unshaven, displays a lack of oral hygiene or general poor grooming habits; if the recipient is unaware of his/her appearance.
- * **Questions:** Are there times when you forget to bathe, brush your teeth, and groom yourself, or it seems just too much bother? Does anyone help you organize your bath or shower?

Rank 3: Generally able to bathe and groom self, but needs assistance with some areas of body care (e.g., getting in and out of shower or tub, shampooing hair, or brushing teeth).

- * **Observations:** Observe if the recipient has weakness or pain in limbs or joints; difficulty raising arms over head, frailty, general weakness, unsteady gait indicating a safety risk; if the bathroom is not set up to meet the recipient's safety needs (e.g., grab bars, tub bench); if recipient's grooming indicates an unaddressed need.
- * **Example:** Recipient has fear associated with lack of movement.
- * **Questions:** Are there areas of bathing, oral hygiene, or grooming that you feel you need help with? What? When? How do you get into the shower or tub? Do you ever feel unsafe in the bathroom? Have you ever had an accident when bathing? What would you do if you did fall?

Rank 4: Requires direct assistance with most aspects of bathing, oral hygiene, and grooming. Would be at risk if left alone.

- * **Observations:** Observe if the recipient requires assistance with transfer; has poor range of motion, weakness, poor balance, fatigue; skin problems (e.g., indications of a safety risk). Determine how accessible and modified the bathroom is to meet the recipient's needs.
- * **Questions:** How much help do you need in taking a bath and washing your hair? If there were no one to help you, what would be left undone? Do you experience any loss of sensation to your body? Do you have any fears related to bathing? Have you fallen when getting into or out of the tub or shower? What would you do if you did fall?

Rank 5: Totally dependent on others for bathing, oral hygiene, and grooming.

- * **Observations:** Observe if there is any voluntary movement and where; if the recipient exhibits good skin color, healthy, clean skin and hair; if bathing schedules/activities are appropriate for the recipient's specific disability/limitations.

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- * **Questions:** Are you satisfied with your bathing, oral hygiene, and grooming routines? Does anything frighten or scare you when you are bathed?

Dressing/Prosthetic Devices:

Dressing/Prosthetic Devices: Putting on/taking off, fastening/unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments, undergarments, corsets, elastic stockings, braces, and prosthetic devices; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing.

The following is the application of functional rank specific to Dressing/Prosthetic Devices with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to put on, fasten, and remove all clothing. Clothes self appropriately for health and safety.

- * **Observations:** Observe if the recipient is appropriately dressed; if clothing is buttoned, zipped, laced; if the recipient has no difficulty with small hand movements as demonstrated by his/her ability to sign the application.
- * **Questions:** Do you ever have any difficulty getting dressed (e.g., buttoning or zipping clothing, etc.).

Rank 2: Able to dress self; but requires reminding or direction.

- * **Observations:** Observe the appropriateness of the recipient's dress for room temperature or if the recipient's clothing is bizarre (e.g., wearing underwear outside of clothing); if the clothing is buttoned, zipped, laced; if the clothing is relatively clean, is mended if necessary, is the correct size for recipient; if the recipient is blind; if the recipient is alert and aware of his/her appearance.
- * **Questions:** Are there times when it seems just too much of a bother to get dressed for the day? Does anyone ever comment to you on how you are dressed? Are you warm enough or too warm? Could you use some help in getting your clothes organized for the day?

Rank 3: Unable to dress self completely without the help of another person (e.g., tying shoes, buttoning, zipping, putting on hose, brace, etc.).

- * **Observations:** Observe if the recipient's clothes are correctly fastened; if the recipient apologizes or seems embarrassed about the state of his/her dress; if the recipient asks you for any assistance; if the recipient is disabled in his/her dominant hand; if the recipient has impaired range of motion, grasping, small hand movement; if the recipient needs special clothing.
- * **Questions:** Are there any articles of clothing you have difficulty putting on or fastening? Do you need help with clothing items before you feel properly dressed? Do you need to use a special device in order to get dressed? Do you use Velcro® fastening?

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Rank 4: Unable to put on most clothing items by self. Without assistance the recipient would be inappropriately or inadequately clothed.

- * **Observations:** Observe if the recipient's range of motion and other movements are impaired. Observe if the recipient is dressed in bed clothes, robe, and slippers rather than street clothes; if the recipient appears too cold or too warm for the room temperature; if the recipient seems willing to try to adapt to alternate methods of dressing.
- * **Questions:** Do you feel unable to get out or have people visit because you are unable to get adequately dressed? Do you ever feel too hot or too cold because you cannot put on or take off the necessary clothing to make you feel more comfortable? Has your health ever been affected because you have not been able to dress appropriately for the weather or temperature?

Rank 5: Unable to dress self at all, requires complete assistance from another.

- * **Observations:** Observe if the recipient is capable of voluntary movement? If the recipient's clothing appears comfortable and clean; if the recipient appears satisfied with the degree of dress. Determine if the recipient would prefer a dress and shoes rather than a robe and slippers all of the time.
- * **Questions:** How do you change your clothing? Do you ever feel too warmly or too coolly dressed? Is your clothing comfortable and clean enough? Do you get changed as often as you feel necessary?

Bowel, Bladder, and Menstrual Care

Bowel, Bladder, and Menstrual Care: Assisting with using, emptying, and cleaning bedpans/bedside commodes, urinals, ostomy, enema, and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable barrier pads; putting on/taking off disposable gloves; wiping and cleaning recipient; assisting with getting on/off commode or toilet; and washing/drying hands. Menstrual care is limited to the external application of sanitary napkins and external cleaning and positioning for sanitary napkin changes, using and/or disposing of barrier pads, managing clothing, wiping, cleaning, and washing/drying hands.

Note: This task does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program, or colostomy irrigation. These tasks are assessed as Paramedical services. In assessing Menstrual care, it may be necessary to assess additional time in other service categories such as Laundry, Dressing, Domestic, Bathing, Oral Hygiene, and Grooming. Also, if a recipient wears diapers, time for menstrual care should not be necessary

The following is the application of functional rank specific to Bowel, Bladder, and Menstrual care with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to manage Bowel, Bladder, and Menstrual care with no assistance from another person.

- * **Observations:** Observe if recipient's movement is unimpaired and odor of urine present; if the recipient has had colon cancer, observe if the recipient wears a colostomy or ostomy bag or if there are ostomy or colostomy bags present.

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- * **Questions:** Do you need any help when you have to use the toilet? Do you also use a bedside commode, urinal, or bedpan? Do you have any problems getting to the bathroom on time?

Rank 2: Requires reminding or direction only.

- * **Observations:** Observe if the recipient seems disoriented or confused; if urine smells are detectable; if furniture is covered with barrier pads or plastic; if adult diapers are in the recipient's bedroom or bathroom; if the recipient takes diuretics such as Lasix®; if the recipient's clothing is stained, indicating that there is an incontinence problem.
- * **Questions:** In the past month, have you had difficulty getting to the toilet/commode on time? If yes, how often? Does someone remind you?

Rank 3: Requires minimal assistance with some activities but the constant presence of the provider is not necessary.

- * **Observations:** Observe if there are moderate movement impairments; if there is severe limitation of use of the recipient's hands; if the recipient needs a boost to transfer.
- * **Questions:** Do you have any problems using the bathroom or managing your clothes? Does anyone help you? If yes, what kind of assistance do you need and how often? Are you able to empty your urinal/commode (if used)? Do you have accidents? How often do the accidents occur? Are you able to cleanup after them?

Rank 4: Unable to carry out most activities without assistance.

- * **Observations:** Observe the severity of the recipient's movement problems; if the recipient is unable to transfer unassisted; the recipient's or provider's statement as to the quantity or frequency of daily laundry and any indication that hand laundry is done daily. Observe if there is a large amount of unwashed laundry with the odor of urine or fecal matter. Observe if there are meds such as stool softeners visible.
- * **Questions:** Who helps you? How? Is s/he available every time you need help? Do you need more help at certain times of the day/night?

Rank 5: Requires physical assistance in all areas of care.

- * **Observations:** Observe if the recipient has any voluntary movement; if the recipient is bedfast or chair bound; if the recipient is able to make her/his needs known.
- * **Questions:** Who helps you? What is your daily routine? Do you also need assistance with activities we classify as Paramedical Services?

Rank 6: ALL functions in the task are met by Paramedical

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Transfer

Transfer: Assisting from standing, sitting, or prone position to another position and/or from one piece of equipment or furniture to another. This includes transfer from a bed, chair, couch, wheelchair, walker, or other assistive device generally occurring within the same room.

Note: Transfer does not include assistance on/off toilet. This task is assessed as part of Bowel, Bladder, and Menstrual Care. Care of pressure sores (skin and wound care). This task is assessed as part of Paramedical services.

The following is the application of functional rank specific to Transfer with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to do all transfers safely without assistance from another person though recipient may experience some difficulty or discomfort. Completion of task poses no risk to his/her safety.

- * **Observations:** Observe if the recipient's movement is unimpaired; if s/he is able to get out of a chair unassisted when s/he shows you the house; if s/he shifts weight while sitting.
- * **Questions:** Do you ever need a boost to get out of bed or out of the chair? When? How often? Do you ever have difficulty moving around?

Rank 2: Able to transfer, but needs encouragement or direction.

- * **Observations:** Observe if the recipient seems confused and has trouble getting out of a chair (probably more problematic in getting out of bed). Determine if the recipient is bed bound on bad days.
- * **Questions:** Does anyone help you get out of bed in the morning? How does s/he help you?

Rank 3: Requires some help from another person (e.g., routinely requires a boost).

- * **Observations:** Observe the length of time it takes the recipient to answer door; the sounds heard as the recipient comes to door; if the recipient asks you for a boost when s/he gets up to get medications, or is shaky when using assistive device; if the recipient is obese and has a great deal of difficulty getting up.
- * **Questions:** Do you always have difficulty getting out of a chair? Who helps you? How? How often? Do you also have trouble getting out of bed? What kind of help do you need? (Expressing interest in how the recipient has solved one problem usually encourages her/him to tell you ways s/he have solved other problems.)

Rank 4: Unable to complete most transfers without physical assistance. Would be at risk if unassisted.

- * **Observations:** Observe if the recipient uses an assistive device for mobility; if the recipient's joints are deformed from arthritis or some other disease; if the recipient is wearing a cast or brace; if someone in house assists the recipient to get up if s/he uses a walker or is in a wheelchair; if there are bruises, scabs, or bumps or burns on the recipient.

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- * **Questions:** Who helps you? How? How often? Both in getting into and out of bed, in and out of chair/wheelchair? Do you need more help at certain times of the day/night?

Rank 5: Totally dependent upon another person for all transfers. Must be lifted or mechanically transferred.

- * **Observations:** Observe if the recipient appears to be immobile; if s/he appears to be uncomfortable or in pain; if s/he has any fears related to being moved; if the recipient makes needs known.
- * **Questions:** Who is available to help you when you need to be moved? Do you feel they are able to do so without causing you undue pain or discomfort? Is there anything that needs to be changed to make you more comfortable?

Eating

Assisting with consumption of food and assurance of adequate fluid intake consisting of eating or related assistance to recipients who cannot feed themselves or who require other assistance with special devices in order to feed themselves or to drink adequate liquids. Eating task includes assistance with reaching for, picking up, and grasping utensils and cup; cleaning face and hands; and washing/drying provider's hands.

Note: This does not include cutting food into bite-sized pieces or puréeing food, as these tasks are assessed in Meal Preparation services.

The following is the application of functional rank specific to Eating with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to feed self.

- * **Observations:** Observe if there is no impairment in grasp indicated when the recipient signs the application or handles medicine bottles; if there is a cup or glass next to the recipient's chair; observe how the recipient takes a drink.
- * **Questions:** Do you need any help eating? (Since deterioration usually occurs in a hierarchical manner and feeding oneself is the last function to lose, questions may not be necessary if the recipient is able to dress self and scores 1 in Bowel and Bladder Care except in cases where the recipient seems mentally impaired.)

Rank 2: Able to feed self, but needs verbal assistance such as reminding or encouragement to eat.

- * **Observations:** Observe if the recipient appears depressed, despondent, or disoriented; if the recipient's clothes seem large for the recipient, indicating possible recent weight loss; if there is rotten food, no food in refrigerator, or a stockpile of Twinkies®, only; if there are not any signs of cooking.
- * **Questions:** What have you eaten today? How many meals do you eat each day? Do you have trouble with a poor appetite? What is the difficulty? Are there times you forget to eat? Does it sometimes seem like it takes too much effort to eat? Do you have trouble deciding what to eat?

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Rank 3: Assistance needed during the meal (e.g., to apply assistive device, fetch beverage or push more food within reach, etc.), but constant presence of another person is not required.

- * **Observations:** Observe if manual dexterity is impaired, particularly of dominant hand; if there are straws or cups with spill-proof lids; if the recipient has difficulty shaking hands; if s/he has severely limited eyesight.
- * **Questions:** Do you need help in feeding yourself? Do you need to use special utensils to feed yourself? Do you feel that you get enough to eat? Do you have difficulty reaching food on your plate or reaching your glass?

Rank 4: Able to feed self some foods, but cannot hold utensils, cups, glasses, etc., and requires constant presence of another person.

- * **Observations:** Food stains on clothing; shakiness of hands; deformity of hands with limitation in ability to grasp or hold trays, towels, bibs.
- * **Questions:** Does someone help you eat? How? How often? Do you eat with the rest of the family? Can you feed yourself finger foods? Are you able to use a fork or spoon? Do you have difficulty chewing or swallowing? If so, how do you deal with the problem?

Rank 5: Unable to feed self at all and is totally dependent upon assistance from another person.

- * **Observations:** Observe if the recipient has no use of upper extremities; if there are trays, towels, bibs, etc., near the recipient.
- * **Questions:** What is your daily routine for eating meals?

Rank 6: ALL functions in the task are met by Paramedical.

Respiration

Respiration is limited to non-medical services such as assistance with self-administration of oxygen and cleaning oxygen equipment and IPPB machines.

The following is the application of functional rank specific to Respiration with suggestions that may help inform the determination as to rank:

Rank 1: Does not use respirator or other oxygen equipment or is able to use and clean independently.

- * **Observations:** Observe the oxygen equipment present; if the recipient coughs or wheezes excessively or if breathing is labored.
- * **Question:** Are you able to clean and take care of the equipment yourself?

Rank 5: Needs help with self-administration and/or cleaning.

- * **Observations:** Observe the same things above and if when the recipient ambulates if s/he has difficulty with breathing or breathing is laborious. Observe the recipient's meds; if the recipient has weakness or immobility in conjunction with breathing problems; if there is a referral from an oxygen supplier indicating the recipient is not taking care of the equipment properly.

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- * **Questions:** Are you able to clean and take care of the equipment yourself? If not, how does it get done? How often do you use the equipment? Have you had difficulty administering your own oxygen or using your breathing machine? (If yes, refer for Paramedical service.) Who cleans equipment after you use it?

Rank 6: ALL functions in the task are met by Paramedical.

MENTAL FUNCTIONING

Memory

Recalling learned behaviors and information from distant and recent past.

The following is the application of functional rank specific to Memory with suggestions that may help inform the determination as to rank:

Rank 1: No problem: Memory is clear. Recipient is able to give you accurate information about his/her medical history; is able to talk appropriately about comments made earlier in the conversation; has good recall of past events. The recipient is able to give you detailed information in response to your questions.

- * **Observations:** Observe if recipient's responses to your questions indicate that s/he has good recall; knows his/her doctors' names; knows his/her own telephone number or the number of a close friend; is clear about sources of income and assets; knows who close relatives are and where they live. Observe if the recipient is mentally capable of following through on activities of daily living; if s/he has good social skills; if recipient's thought process seems clear and s/he is able to keep track during a conversation.
- * **Example:** An elderly woman living alone in her home responds quickly and confidently to your questions to establish her eligibility for IHSS and determine her need for services. The recipient is reasonably organized. His/her medications are in place. There are stamped bills in the mailbox. The trash appears to be picked up regularly. There is a grocery list ready for the IHSS provider.
- * **Questions:** Who is your doctor? What medicine do you take regularly? What is your address and telephone number? When were you born? Where were you born? What is the date today? How long have you lived in this house? Where did you live before you lived here? What serious illnesses or surgeries have you had? How long ago was each illness or surgery?

Rank 2: Memory loss is moderate or intermittent: Recipient shows evidence of some memory impairment, but not to the extent where s/he is at risk. Recipient needs occasional reminding to do routine tasks or help recalling past events.

- * **Observations:** Observe if the recipient appears forgetful and has some difficulty remembering names, dates, addresses, and telephone numbers; if the recipient's attention span and concentration are faulty; if the recipient fidgets, frowns, etc., possibly indicating a struggle to recall; if the recipient repeats statements and asks repetitive questions; if recipient occasionally forgets to take medication or cannot recall when s/he

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last took medication and if the problem is corrected with the use of a Medi-Set (pill distribution box) set up by someone else. Observe if the recipient may become bewildered or appears overwhelmed when asked about details; if the recipient's recall process aggravates mental confusion or causes intermittent memory loss; if the recipient becomes moderately confused when daily routine is altered.

- * **Example:** Elderly man has to be prompted occasionally by his wife when he tries to respond to your questions. He apologizes for or tries to conceal memory lapses.
- * **Questions:** What year were you born? How old are you now? How old were you when your first child was born? What medicines do you take? Tell me what you usually do during the day. Who telephones or comes to see you often? What do you have to eat for dinner tonight?

Rank 5: Severe memory deficit: Recipient forgets to start or finish activities of daily living that are important to his/her health and/or safety. Recipient cannot maintain much continuity of thought in conversation with you.

- * **Observations:** Observe if the recipient has a blank or benign look on her/his face most of the time; if s/he is continually placing and replacing objects in the room to avoid answering your questions; if s/he gives inappropriate responses to questions; if the recipient's voice and/or train of thought trails off in middle of conversations; if s/he starts an activity and forgets to finish it; if the recipient consistently forgets to take medications or takes them inappropriately, even with a Medi-Set. Determine if the recipient has a history of leaving stove burners on or the water running in the sink and/or tub causing overflows. Observe if the recipient cannot remember when s/he ate last or what s/he ate; if s/he is unable to remember names of close relatives; has loss of verbal ability; is impaired intellectually; displays abnormal and potentially dangerous behavior.
- * **Example:** Middle-aged man suffering from Alzheimer's disease is totally unable to respond to your questions. He becomes very agitated for no good reason; arises from chair as if to leave room and stares in bewilderment; needs to be led back to his chair. He seems unconcerned with events in daily life and cannot articulate his need for services. His daily routine follows a set, rigid pattern. He relates to the situation on a superficial basis.
- * **Questions:** What are the names and relationships of your closest relatives? Did you eat breakfast today? What did you eat? Can you tell me what I'm holding in my hand? How old are you? What is your birth date? Ask housemate: What happens when the recipient is left alone? Does s/he remember any events from the previous day, hour, or minute? Does s/he remember who you are? Does s/he remember how to operate the stove, shave self, or perform other tasks safely?

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Orientation

Awareness of time, place, self, and other individuals in one's environment.

The following is the application of functional rank specific to Orientation with suggestions that may help inform the determination as to rank:

Rank 1: No problem: Orientation is clear. Recipient is aware of where s/he is and can give you reliable information when questioned about activities of daily living, family, etc.; is aware of passage of time during the day.

- * **Observations:** Observe if the recipient appears comfortable and familiar with his/her surroundings. Recipient makes and keeps good eye contact with you. His/her facial expression is alert and is appropriate to the situation. The recipient is spontaneous and direct. The recipient shows interest in maintaining a good personal appearance. The recipient is obviously in touch with reality; is aware of time and place; readily responds to questions about his/her living arrangement, family, etc.; is fully aware of the reason for your visit. Determine if the recipient is physically able to leave home unassisted and if the recipient can find his/her way back without getting lost and can get around using public transportation.
- * **Example:** Recipient is ready and waiting for your visit. S/he initiates social amenities such as offering coffee, a chair to sit on, etc. The recipient introduces family members and/or is able to identify family pictures when asked and has the documents ready that you asked him/her to locate.
- * **Questions:** Do you have relatives living close by? Why are you asking for help at this time? How have you managed to care for yourself until now? Do you have someone who helps around the home?

Rank 2: Occasional disorientation and confusion is apparent but recipient does not put self at risk: Recipient has general awareness of time of day; is able to provide limited information about family, friends, age, daily routine, etc.

- * **Observations:** Observe if the recipient appears disheveled and the surroundings are chaotic. Observe if objects are misplaced or located in inappropriate places; if there is moldy food in and out of kitchen; if the recipient does not notice that the home is over heated or under heated until you mention it; if the recipient appears to be less confused in familiar surroundings and with a few close friends; if the recipient is able to maintain only marginal or intermittent levels of social interaction; if the recipient is able to provide some information but is occasionally confused and vague; if the recipient is not always aware of time, surroundings and people; if the recipient is able to respond when redirected or reminded.
- * **Example:** Twice in the past year the recipient has called her daughter at 2:00 a.m. and was not aware that it was the middle of the night. When told what time it was, the recipient apologized and went back to bed. When you enter the recipient's apartment, the elderly woman asks, "Why are you here today? You said you'd be here Tuesday." You respond, "This is Tuesday." The recipient seems unprepared for your visit and has difficulty settling down for the interview. She participates with some difficulty. She is not comfortable outside of her immediate environment and rarely ventures out. Her mail is left

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unopened occasionally, and her clothing and some perishable food items are not properly stored.

- * **Questions:** What day is today? How many rooms do you have in your home? Where is the closest grocery store? Do you know who I am and why I am here? Do you go out alone? Do you ever get lost when you go out of the house alone? Do you know the name of the bus you take when you go to the store and where the bus stop is to go home? What month, year, season, holiday, etc.?

Rank 5: Severe disorientation which puts recipient at risk: Recipient wanders off; lacks awareness or concern for safety or well being; is unable to identify significant others or relate safely to environment or situation; has no sense of time of day.

- * **Observations:** Observe if the recipient shuffles aimlessly throughout house; if s/he exhibits inappropriate behaviors such as giggling or making comments that are irrelevant to the conversation; if s/he handles objects carelessly; appears unkempt, displays poor personal hygiene; has a manner of dress that is inappropriate or bizarre; if when the social worker attempted to shake the recipient's hand, s/he tried to bite social worker's hand. Observe if the recipient is very confused, unaware of time, place, and/or individuals; goes to the mailbox and cannot find her/his way back to the apartment; does not recognize the apartment manager when the manager tries to help the recipient find her/his way back to the apartment and the recipient becomes highly agitated. Observe if the recipient appears to be disoriented and experiences hallucinations and displays a dazed and confused state of mind; is unable to answer simple questions appropriately; if the recipient's sleep-wake cycle may be abnormal; if the recipient confuses immediate living relatives (son/daughter) with dead relatives (husband, etc); if emotional instability is present.
- * **Example:** Family member or friend must answer door, as recipient is unable to maneuver in home without wandering. The recipient must be directed to chair. The recipient exhibits no awareness of the purpose of the social worker's visit. The recipient is unable to concentrate; s/he either does not respond to questions or speaks unintelligibly.
- * **Questions:** What is your name? Where do you live? What is the date today? What year is it? Where are you? Where are you going? If the recipient is unable to respond or responds inappropriately, ask housemate: What is the nature of ___'s mental problem? What can the recipient do for self? What does the recipient do if left alone?

Judgment

Making decisions so as not to put self or property in danger. Recipient demonstrates safety around stove. Recipient has capacity to respond to changes in the environment (e.g., fire, cold house). Recipient understands alternatives and risks involved and accepts consequences of decisions.

The following is the application of functional rank specific to Judgment with suggestions that may help inform the determination as to rank:

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Rank 1: Judgment unimpaired: Able to evaluate environmental cues and respond appropriately.

- * **Observations:** Observe if home is properly maintained, and in safe repair; if recipient's responses show decision-making ability is intact; if recipient dresses appropriately for the weather; if recipient is able to form correct conclusions from knowledge acquired through experience; if recipient is capable of making independent decisions and is able to interact with others.
- * **Example:** Recipient takes pride in managing his/her own affairs and does so appropriately. The recipient has a list of numbers to call in case of emergency; takes measures to guard safety such as locking doors at night, not allowing strangers into home, etc.
- * **Questions:** Do you have a list of numbers to call in case of an emergency? Do you have friends or family who could help out in a crisis situation? What would you do if your provider were unable to come to work one day?

Rank 2: Judgment mildly impaired: Shows lack of ability to plan for self; has difficulty deciding between alternatives, but is amenable to advice; social judgment is poor.

- * **Observations:** Observe if the home is in disrepair (leaking faucets, broken appliances, inadequate lighting, etc.); if debris has been allowed to accumulate in walk-way areas; if food in the home is of poor nutritional value; if the recipient is unable to recognize that there are alternatives or unable to select between them and is unable to plan or foresee consequences of decisions. Observe if the recipient is not capable of making decisions without advice from another, is able to understand options when explained, makes correct choices; knows enough to turn stove and heat on and off.
- * **Example:** Recipient wastes money on useless items while allowing needed repairs to go unattended. The recipient "makes do" with the condition of home even if it is inconvenient for the recipient. The recipient appears to be a "collector," has difficulty throwing anything out even though access through home is limited. The recipient can't decide which provider s/he wants. The grocery list to provider contains mostly junk food. The recipient stopped homebound meals when s/he decided they weren't tasty rather than add salt. S/he refuses to use walker or cane.
- * **Questions:** Who would you call in case of emergency? If someone you did not know came to your door at night, what would you do? What are you able to do for yourself? Do you need anyone to help you? Who would you depend on to assist you if you needed a household repair done such as if your heater did not work?

Rank 5: Judgment severely impaired: Recipient fails to make decisions or makes decisions without regard to safety or well-being.

- * **Observations:** Observe if safety hazards are evident: clothing has burn holes; faulty wiring, leaking gas, burned cookware, etc. Observe if utilities may be shut off; food supply is inadequate or inedible. If the recipient is a pet owner, observe if there are animal feces in home. Observe if the recipient is obviously unaware of dangerous situations, not self-directing, mentally unable to engage in activities of daily living; goes outside with no clothing on; if neighbors saw smoke from apartment several times; if they entered and extinguished fires on stove; if someone from the community calls to report that the recipient is defecating or urinating on the front yard. Observe if the recipient cannot

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decide to eat, dress, or take medications; if the recipient seems preoccupied, confused, or frightened; if the recipient is unaware or too frail or feeble to make decisions to maintain self safely at home; if s/he takes a shower with clothes on; drinks spoiled milk, etc.

- * **Example:** Recipient has open access to home to anyone who approaches. The recipient seems unaffected by stench or odors due to garbage, feces, urine, etc; exhibits no concern over obvious safety hazards (e.g., debris piled on stove, papers scattered near heater, etc.); lets injuries such as burns go unattended. In the past year, the recipient has recurrently started dinner and fell asleep and awoke to a smoke-filled kitchen.
- * **Questions:** What would you do if you saw something on fire in your house? If you needed to get to the doctor what would you do? Ask Housemate: What happens when ___ is left alone? Can s/he recognize situations that would lead to danger? Is s/he capable of making rational decisions?

GLOSSARY OF TERMS AND ABBREVIATIONS USED IN IHSS AND OTHER PROGRAMS THAT INTERACT WITH IHSS

AAA	See Area Agency on Aging
AAP	See Adoption Assistance Program
Activities of Daily Living (ADL)	Basic personal activities that include bathing, dressing, transferring, toileting, mobility and eating.
ACIN	See All County Information Notice
ACL	See All County Letter
ADCRC	See Alzheimer's Day Care Resource Centers
ADHC	See Adult Day Health Care
ADL	See Activities of Daily Living
Administrative Law Judge (ALJ)	The judge employed by CDSS to adjudicate Fair Hearings
Adoption Assistance Program	Program administered through DSS and counties that provides financial assistance for up to two years for adoptive parents to meet the special needs of children who were formerly placed in California's foster care system.
Adult Day Health Care (ADHC) / CBAS	Day care program administered through the Department of Aging that provides health, therapeutic and social services which serve the specialized needs of frail elderly persons and adults with functional impairments at risk of institutionalization. ADHCs often transport participants to the site. Services provided at the ADHC are Alternative Resources for IHSS.
Aged	As provided in federal Social Security Act, persons age 65 and older.
All County Information Notice (ACIN)	A letter distributed to all counties and available on the CDSS website that informs counties of information of interest to them. They are issued by all CDSS Programs and are designated a number for reference.
All County Letter (ACL)	A letter distributed to all counties and available on the CDSS website that interprets policy. They are issued by all CDSS Programs and are designated a number for reference.
ALJ	See Administrative Law Judge
Alzheimer's Day Care Resource Centers (ADCRC)	Day care program administered through the Department of Aging that provides services to persons with Alzheimer's disease and other related dementias who are often unable to be served by other program. The centers provide respite as well as training and support for families and professional caregivers.
Adult Protective Services (APS)	Program charged with investigation of complaints of elder and dependent adult abuse and providing ameliorating services. Administered through county social services agencies with oversight from California Department of Social Services.
APS	See Adult Protective Services
Area Agency on Aging (AAA)	Agencies established in each state under the provisions of the federal Older Americans Act to meet the needs of persons age 60 and older in local communities. There are discretionary funds for the local Area Agency on Aging to use to meet the unique needs of the community it serves, but all Area Agencies have a Meals on Wheels Program, at least one MSSP, and a Linkages Program.
Assisted Living	A facility that provides, at extra expense to residents, needed personal care and other assistance as needed with ADLs and IADLs, but does not provide round the clock skilled nursing facilities. Facilities generally provide less intensive care than nursing facilities and emphasize resident privacy and choice. Because care is an "add on" at extra cost, Assisted Living residents are potentially eligible for IHSS.

GLOSSARY OF TERMS AND ABBREVIATIONS USED IN IHSS AND OTHER PROGRAMS THAT INTERACT WITH IHSS

Backup	Provision for alternative arrangements for the delivery of services that are critical to consumer well being in the event that the provider responsible for furnishing the services fails to or is unable to deliver them.
Benefits Identification Card (BIC)	A card issued to a Medi-Cal recipient which contains eligibility information.
BIC	See Benefits Identification Card (Also known as Medi-Cal card)
Brown Bag Program	A program administered by the Department of Aging under which volunteers collect and distribute surplus food to low-income seniors.
CC	See County Contract
CAD	California Association for the Deaf
California Department of Aging (CDA)	The State department responsible for oversight of Programs within the local AAA.
California Department of Developmental Services	Agency that provides services and supports to individuals with developmental disabilities which include mental retardation, cerebral palsy, epilepsy, autism and related conditions. Services provided through state-operated developmental centers and community facilities and contracts with 21 regional centers.
California Department of Health Services (CDHS)	See California Department of Health Care Services. Name changed 7-1-07.
California Department of Health Care Services (CDSS)	The single state agency responsible for all Medi-Cal expenditures including PCSP and IPW.
California Department of Mental Health (CDMH)	State agency that provides community and hospital-based services to adults who have a serious mental illness and children with a severe emotional disorder. The following types of services are administered by the state and directly provided or arranged by local (county) mental health departments: rehabilitation and support; evaluation and assessment vocational rehabilitation; individual service planning; residential treatment; medication education and management, case management and wrap around services.
California Department of Social Services (CDSS)	The State department responsible for oversight of Programs within the county departments of social services.
Caregiver	A person who cares for or helps care for someone who is ill, has a disability, and/or has functional limitations and requires assistance. Informal caregivers are relatives, friends or others who volunteer their help. Paid caregivers provide services in exchange for payment for services rendered.
Case Management Information and Payrolling System (CMIPS)	The computer system that handles the payroll for IPs and helps workers manage their caseloads. It also gathers demographic information about consumers and providers for management purposes.
Case Management Information and Payrolling System II (CMIPSII)	Updated version of the CMIPS system that integrates documentation and systems. Roll out implementation starting in 2012.
CBO	See Community Based Organization
CCL	See Community Care Licensing
CCR	California Code of Regulations
CDDS	See California Department of Developmental Services
CDMH	See California Department of Mental Health
CDSS	See California Department of Social Services

GLOSSARY OF TERMS AND ABBREVIATIONS USED IN IHSS AND OTHER PROGRAMS THAT INTERACT WITH IHSS

CDA	See California Department of Aging
CDHS	See California Department of Health Services
Center for Medicaid and State Operations (CMSO)	The component within CMS responsible for federal administration of Medicaid (Medi-Cal) and the State Children's Health Insurance (SCHIP) programs.
Centers for Medicare and Medicaid Services (CMS)	Agency in federal Dept. of Health and Human Services responsible for federal administration of Medicaid, Medicare, and State Children's Health Insurance Program (SCHIP). Formerly known as the Health Care Financing Administration (HCFA).
CFNP	Certified Family Nurse Practitioner
CFR	Code of Federal Regulations. The CFR contains regulations officially adopted by federal agencies. Federal regulations that govern Medicaid (Medi-Cal) are contained in 42 CFR §430 <i>et seq.</i>
CIN	See Client Index Number (pronounced "sin.")
CI or Clt	See Client (Also referred to as recipient or consumer)
Client	The person receiving IHSS. Also referred to as recipient or consumer.
Client Identification Number (CIN)	A number assigned to each individual who receives any type of public assistance benefit or public social service in the State. The same number is used by every program an individual uses.
CMIPS	See Case Management Information and Payrolling System (pronounced as "see-mips")
CMS	See Centers for Medicare and Medicaid Services.
CMSO	See Center for Medicaid and State Operations
COLA	See Cost of Living Adjustment
Community Based Organization (CBO)	A social service agency, usually non-profit, that provides social services to the community. They tend to specialize in target population and function.
Community Care Licensing (CCL)	The organization within CDSS that is responsible for licensing and monitoring Child Day Care facilities and Residential Facilities for Adults.
Community First Choice Options (CFCO)	The Community First Choice Option is a new Medicaid state plan option that will be available in October 2011. It will allow states to provide a broad range of personal attendant services and supports to eligible individuals based on functional needs. As an incentive, participating states will receive additional federal funding through an enhanced federal Medicaid match of 6%. Since it is a state plan option, states must provide these services to all eligible individuals, offering a real choice to individuals and helping those who are in institutions or on waiting lists for services.
Community Transition	Activities that are undertaken to assist an institutionalized person to return to the community or facilitate a person served in a congregate living arrangement in the community to their own home.
Consumer	The person receiving IHSS (Also referred to as client or recipient)
Co-Payment	A fixed dollar amount that a Medicaid (Medi-Cal) beneficiary is expected to pay at the time of receiving a specified covered service from a provider. May only be imposed on certain groups of beneficiaries, only with respect to certain services, and only in nominal amounts as specified in federal regulation There is no PCSP or IPW co-payment. (<i>Not to be confused with Share of Cost.</i>)
Contract County (CC)	A county that has a contract with an agency to provide IHSS services through the agency's employees.

GLOSSARY OF TERMS AND ABBREVIATIONS USED IN IHSS AND OTHER PROGRAMS THAT INTERACT WITH IHSS

Contract County Mode	One of the three modes of delivering service to IHSS consumers. Other modes include Homemaker Mode and Independent (Individual) Provider modes.
Coordinated Care Initiative (CCI)	The coordinated care initiative aims to improve service delivery for all Medi-Cal beneficiaries, but particularly those who need coordination the most – the 1.1 million people eligible for both Medicare and Medi-Cal coverage (“dual eligible beneficiaries”) and the 160,000 Medi-Cal-only beneficiaries who rely on long-term services and supports (LTSS).
Cost of Living Adjustment (COLA)	An annual increase in a governmental benefit based on the Consumer Price Index
County Welfare Director's Association (CWDA)	A group of county administrative staff that meets with CDSS to discuss policies and funding, to advocate on behalf of the counties' interests and to lobby for legislation on the State and Federal levels.
CWDA	See County Welfare Directors' Association
CDHCS	See California Department of Health Care Services
CDSS	See California Department of Social Services
DMH	Department of Mental Health
D Status	See Denied Status
Denied Status	A term indicating that a person has been denied eligibility for IHSS. Indicated by a “D” in the F1 field of the SOC 293.
Dependent Adult	Any person residing in California, between the ages of 18 and 64, who has physical or mental limitations that restrict his/her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Also includes any person between ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility.
Dtr	Daughter
Disability	For SSI/SSP and Medi-Cal (and therefore for IHSS), as defined in §1614(a)(3) of the Social Security Act, disability means the inability of a person age 18 or older to engage in substantial gainful activity (work) by reason of any medically determinable physical or mental condition that can be expected to result in death or to last for a continuous period of not less than 12 months. For children (age 17 and younger), the child must have a physical or mental condition that results in marked and severe functional limitations. The condition also must be expected to result in death or to last for a continuous period of not less than 12 months. (In California, the Department of Social Services Disability Evaluation Division determines disability).
Disabled	As provided in § 1905(a)(vii) of the Social Security Act, the term “disabled” means persons under the age of 65 who have been determined to have a disability for social security purposes. See also Disability.
DME	See Durable Medical Equipment
Dual Eligible (Full Benefit)	An individual eligible for both Medicare and Medicaid (Medi-Cal) coverage, including the payment of the person's Medicare premium, deductibles, and coinsurance. <i>(Also known as Medi-Medi)</i>
Durable Medical Equipment (DME)	Assistive devices to assist people with impairments and braces and artificial limbs.

GLOSSARY OF TERMS AND ABBREVIATIONS USED IN IHSS AND OTHER PROGRAMS THAT INTERACT WITH IHSS

E Status	See Eligible Status
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Medicaid's comprehensive child health program for individuals under the age of 21. Authorized under §1905(r) of the Social Security Act. Includes periodic screening of children including vision, dental and hearing services. Also requires that any medically necessary health care services listed in §1905(a) of the Act be provided to a EPSDT beneficiary even if the service has not been specifically included in State Plan. Federal EPSDT regulations are located in 42 CFR §441.50 <i>et seq.</i>
EBB	See Electronic Bulletin Board
EDS	See Electronic Data Systems
Elder	Any person residing in California who is 65 years of age or older (WIC 15610.27)
Electronic Bulletin Board (EBB)	A message sent from CDSS to the CMIPS terminal announcing information about changes in CMIPS or time-sensitive information.
Electronic Data Systems (EDS)	Fiscal agency for processing IHSS provider timesheets and acting as payrolling agent which includes withholding appropriate federal and state taxes and issuing W-2s.
Eligible Status	A term indicating that a person has been determined eligible for IHSS services. Indicated by an "E" in Field F1 on the SOC 293.
Eligibility Determination	Processes employed to determine whether an individual meets the requirements specified in the State plan to receive Medicaid benefits. Requirements include determining whether a person is a member of an eligibility group specified in the State plan and meets income and resource standards and citizenship/immigration status. Eligibility determinations must be performed by the Medicaid agency or another agency specified in 42 CFR §431.10(c) with which the Medicaid agency has an agreement as provided in 42 CFR §431.10.(d).
Eligibility Worker (EW)	A term used by some counties to designate the county staff who determine Medical eligibility and Share-of-Cost (SOC) for Income Eligible (IE) consumers.
Emergency Backup	See backup.
EPDST	See Early and Periodic Screening, Diagnosis and Treatment
EW	See Eligibility Worker
Fair Hearing	The administrative procedure that affords individuals the statutory right and opportunity to appeal adverse decisions regarding eligibility and benefits to an independent arbiter. A fair hearing may be requested when denied eligibility, when eligibility is terminated, or when denied a covered benefit or service. It may be requested when there is a decrease in hours in any task and if the county declines to increase hours requested by the consumer.
Federal Income Tax (FIT)	Taxes withheld from IP pay checks based on information completed by the IP on the W-4 form
Federal Financial Participation (FFP)	Technical term for federal matching funds paid to states for allowable expenditures for services or administrative costs.
Federal Insurance Contribution Act (FICA)	Federal law that authorizes taxes on the wages of employed persons to provide for contributions to the federal Old Age, Survivors and Disability Insurance (OASDI – Social Security) and Medicare Health Insurance (Part A) programs. Covered workers and their employers pay FICA taxes in equal amounts. FICA is withheld from all providers' pay except if the provider is the parent of the consumer, regardless of the age of the consumer or the spouse of the consumer or the child of the consumer if that child is under the age of 21. The 2007 FICA withholding rate is 7.65%.

GLOSSARY OF TERMS AND ABBREVIATIONS USED IN IHSS AND OTHER PROGRAMS THAT INTERACT WITH IHSS

Federal Poverty Level (FPL)	The federal government's working definition of poverty that is used as the reference point for the income standard for Medicaid eligibility for certain groups of beneficiaries. The FPL is adjusted annually for inflation and is published by the Department of Health and Human Services in the form of Poverty Level Guidelines by household size.
Federal Register (FR)	The official federal daily publication that contains proposed rules, final regulations and notices of federal agencies and organizations as well as Executive Orders and other Presidential documents. Cited by volume number and page number(s).
Federal Unemployment Tax (FUTA)	Tax paid by the State on behalf of Providers that pays for federal supplemental Unemployment Insurance Benefits (UIB)
Fee for Service	A method of paying providers for services rendered to individuals. Under fee-for-service system, the provider is paid for each discrete service rendered to an individual.
FFP	See Federal Financial Participation
FI	See Functional Index or Fiscal Intermediary
FICA	See Federal Insurance Contribution Act
Fiscal Agent or Fiscal Intermediary	The entity that processed or pays Medicaid vendor billings under contract with the Medicaid agency. In California, the fiscal agent for IHSS is Electronic Data Systems (EDS).
FIT	See Federal Income Tax
FPL	See Federal Poverty Level
FR	See Federal Register
Functional Index (FI)	A numeric rank between 1 and 5 assigned by the worker that reflects the consumer's level of dependence on human assistance in various functions.
FUTA	See Federal Unemployment Tax
Genetically Handicapped Persons Program (GHPP)	A program administered by the Department of Health Care Services that provides case management services to persons genetic diseases. GHPP Eligible Medical Conditions Include: <u>Diseases of the Blood; Cystic Fibrosis; Diseases of the Brain and Nerves; Diseases of the Protein Metabolism; Diseases of Carbohydrates Metabolism; Disease of Copper Metabolism; Von Hippel-Lindau Disease (VHL).</u>
GHPP	See Genetically Handicapped Persons Program
Grid	The right side of the SOC 293 (the portion of the form where individual service authorizations are recorded).
HCBS	Home and Community-Based Services
Health Insurance Counseling and Advocacy Program (HICAP)	A program administered by the California Department of Aging that provides both community education sessions open to the public and individualized one-to-one counseling on Medicare, managed care, and other private health insurance issues.
Health Insurance Portability and Accountability Act of 1996 (HIPPA)	Federal law that requires (among other provisions) that each state's Medicaid management information system (MMIS) have the capacity to exchange data with the Medicare Program. Also mandates certain standards and practices with regard to the privacy of consumer health information. Your county can advise you about how HIPPA affects the IHSS Program.
HHA	See Home Health Agency
HICAP	See Health Insurance Counseling and Advocacy Program

GLOSSARY OF TERMS AND ABBREVIATIONS USED IN IHSS AND OTHER PROGRAMS THAT INTERACT WITH IHSS

HIPPA	See Health Insurance Portability and Accountability Act of 1996
HM	See Homemaker
Home Health Aide	A person who, under the supervision of a home health agency, assists elderly, ill or a person with a disability with household chores, bathing personal care, and other daily living needs. Medi-Cal and Medicare pay for Home Health Aid services under certain circumstances. If a Home Health Aide is providing services to a consumer, that service is considered an Alternative Resource.
Home Health Agency (HHA)	A company licensed by CDHS to provide Home Health Services
Home Health Services	Provision of part-time or intermittent nursing care and home health aide services. California has opted to include physical therapy, occupational therapy, speech pathology and audiology services. Services must be ordered by a physician as part of a plan of care that the physician reviews at least every 60 days.
Homemaker (HM)	A county-employed IHSS care provider. Very few counties use the HM mode.
Homemaker Mode	One of the three methods of delivering service to IHSS consumers. Under this mode, county employees provide IHSS services. Other modes include Contract County and Independent (Individual) Provider modes.
HTG	See Hourly Task Guideline
Hourly Task Guideline (HTG)	A range of time associated with an FI score for a particular function that reflects common times authorized for the associated service category. They are a tool for workers to use when authorizing services; workers are expected to make exceptions to the HTGs when appropriate to meet the needs of the consumer.
HV	Home Visit
I Status	See Interim Eligible
IA	See Interagency Agreement
IADL	See Instrumental Activities of Daily Living
ICF	See Intermediate Care Facility
ICF/DD	See Intermediate Care Facility for the Developmentally Disabled. People who live in an ICF/DD are not eligible for IHSS.
ICT	See Inter-county transfer
IEP	Individualized Education Plan (for those students with specialized educational needs)
Independent Provider/ Individual Provider (IP)	Terms used interchangeably to refer to the person hired by the consumer to provide authorized IHSS services.
IE	See Income Eligible for IHSS purposes. <i>When used in the Medi-Cal eligibility determination process IE indicates ineligible.</i>
IHMC	In Home Medical Care
IHO	See In Home Operations
IHSS	See In-Home Supportive Services
IHSS State Fund	An IHSS state fund in the California State Treasury
Independent Provider/Individual Provider Mode	One of the three methods of delivering service to IHSS consumers. Other modes include Contract County and Homemaker modes. 99% of the State's IHSS caseload is served by IPs.

GLOSSARY OF TERMS AND ABBREVIATIONS USED IN IHSS AND OTHER PROGRAMS THAT INTERACT WITH IHSS

IHSS Plus Waiver (IPW)	A portion of IHSS that serves consumers whose providers are their spouses or, if the consumer is a minor, his/her parent, and those who receive IHSS Restaurant Meal Allowance in lieu of IHSS Meal Prep or opt for Advance Pay
IMD	See Institutions for Mental Disease
I&R	See Information and Referral
Ineligible	A person determined not eligible to receive services.
Information and Assistance Program	A California Department of Aging program under which trained staff provide information as well as assistance and follow-up to link seniors and adults with functional impairments and their families with programs and services in their community.
Information and Referral (I&R)	A function performed by county staff of providing information and making referrals to appropriate agencies that can provide the needed assistance.
In Home Operations	The organization within Department of Health Care Services that oversees the development and implementation of home and community based programs under Medi-Cal.
In-Home Supportive Services (IHSS)	The umbrella term applying to PCSP, IPW and Residual IHSS
In-Home Supportive Services Employer-Employee Relations Act (IHSS-EERA)	Creates a single Statewide Authority to conduct statewide negotiations with IHSS providers.
Institutions for Mental Disease (IMD)	A public or private facility that has more than 16 beds and is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases (disorders). Includes not just public or private hospitals for individuals with mental illness but also nursing homes or other long-term care facilities that primarily serve such individuals. People who live in an IMD are not eligible for IHSS>
Instrumental Activities of Daily Living (IADL)	Activities related to independent living, including preparing meals, managing money (not covered by IHSS), shopping for groceries or personal items, laundry, performing light or heavy housework, and communication (also not covered by IHSS).
Interagency Agreement (IA)	A formal document that sets forth the responsibilities that are assumed by two or more governmental agencies in their pursuit of common goals and objectives. (Example: CDSS administers the IHSS program through an Interagency Agreement with California Department of Health Services.)
Inter-County Transfer (ITC)	The process of transferring IHSS from one county to another when the consumer moves. It assures that the consumer will not lose services or have his/her services reduced solely because s/he moved.
Interim Status	Provisional IHSS approval in Aid Code 28 or 68 pending disability or blindness determination. Indicated by an "I" in the F1 field of the SOC 293.
Intermediate Care Facility (ICF)	A public or private facility that provides long term care for people who are aged or disabled or recovering from an illness, accident or surgery. People who reside in an ICF need minimal or no nursing services. People who live in an ICF are not eligible for IHSS.
Intermediate Care Facility for the Developmentally Disabled (ICF/DD)	A public or private facility that provides health and habilitation services to individuals with mental retardation or related conditions. ICF/DD facilities have four or more beds and must provide active treatment to their residents. People who live in an ICF/DD are not eligible for IHSS.

GLOSSARY OF TERMS AND ABBREVIATIONS USED IN IHSS AND OTHER PROGRAMS THAT INTERACT WITH IHSS

IP	See Independent Provider/Individual Provider
IPW	See IHSS Plus Waiver
L Status	See Leave Status
LCD	The organization within the California Department of Health Care Services that is responsible for the following activities: licensing 30 different types of health care facilities and providers; investigating over 11,000 complaints each year regarding concerns expressed about care provided by these health facilities and providers; Certifying that over 160,000 nurse assistants, home health aides and hemodialysis technicians can provide specific services; approving training programs for these health care worker categories; licensing over 3,000 Nursing Home Administrators and approving over 100 Continuing Education Providers; and providing consumer Education and provider education to improve the quality of health care.
Leave Status	IHSS has been temporarily suspended because of an event such as hospitalization or traveling out of the country. Indicated by an "L" in the F1 field of the SOC 293.
Legal Representative	A person who has legal standing to make decisions on behalf of another person (e.g. a guardian or conservator who has been appointed by the court or an individual who has power of attorney granted by the person.)
Legally Responsible Individual	A person who has a legal obligation under the provisions of state law to care for another person. Legally responsible individuals include the parents (natural or adoptive) of minor children, legally-assigned caretaker relatives of minor children, and spouses.
Level of Care	The specification of the minimum amount of assistance that an individual must require in order to receive services in an institutional setting under the Medicaid State plan.
Live in Provider	A person not related to the consumer who moves in with the consumer to provide IHSS.
Long Term Care Ombudsman Program	Program administered through California Department of Aging authorized by federal Older Americans Act and State Older Californians Act that investigates and tries to resolve complains made by, or on behalf of, individual residents of long term care facilities.
MBU	Medi-Cal Budget Unit
MC	Managed Care
Meals on Wheels (MOW)	AAA-funded home delivered meals to seniors and, in some cases, other homebound individuals. If an IHSS consumer gets MOW, that is an alternative resource for Meal Prep
Medical out-of-home care facility	Includes acute care hospitals, skilled nursing facilities and intermediate care facilities. Residents are not eligible for IHSS.
Medi-Cal Card	See Beneficiary Identification Card (BIC)
Medi-Cal Eligibility Data System	The statewide system maintained by the California Department of Health Services which contains Medi-Cal eligibility recipient information.
Medi-Medi	See Dual Eligible
MEDS	See Medi-Cal Eligibility Data System
Mixed Mode	Term indicated consumer is served by more than one type of provider.
MN	Medically Needy

GLOSSARY OF TERMS AND ABBREVIATIONS USED IN IHSS AND OTHER PROGRAMS THAT INTERACT WITH IHSS

Mode	The type of provider that serves the consumer. There are 3 types: Individual/Independent Provider, Contract Agency or Homemaker. It is possible for a consumer to be served by more than one mode at the same time. This is called "Mixed Mode."
MOE (Maintenance of Effort)	A requirement contained in certain legislation or regulations that program must maintain/contribute a specified level of financial effort in a specified area in order to receive Federal assistance funds, which ensures that those Federal funds are used to supplement, but not supplant, expenditures.
MOW	See Meals on Wheels
MPP	See Manual of Policies and Procedures
MSSP	See Multipurpose Senior Services Program
Multipurpose Senior Services Program (MSSP)	Case management and some funds to purchase items and services of support for seniors who would be institutionalized at the SNF level. The total cost of care (including IHSS) must be less than the cost of SNF care
NMOHC	See Nonmedical out-of-home care facilities.
NOA	See Notice of Action (sounds like "Noah")
Nonmedical out-of-home care facilities	Community care facilities and homes of relatives which are exempt from licensure where recipients are certified to receive board and care payment level from SSP. Residents are not eligible for IHSS.
Non-Severely Impaired (NSI)	A consumer who does not need 20 hours a week or more in designated services
Notice of Action (NOA)	A CMIPS-generated letter to the consumer explaining all decisions made on a case, citing the authority for the decision and informing the consumer of his/her appeal rights
NSI	See Non-Severely Impaired
OHC	Other Health Coverage (such as private health insurance)
Ombudsman Program	See Long-Term Care Ombudsman Program
Out of-Home Care Facility	A housing unit other than the recipients own home. Includes medical out-of-home care facilities and Nonmedical out-of-home care facilities. Residents of out-of-home care facilities are not eligible for IHSS. (<i>See Own Home; Medical out-of-home care facilities and Nonmedical out-of-home care facilities.</i>)
Own Home	Place where individual chooses to reside. Does not include an acute care hospital, skilled nursing facility, intermediate care facility, community care facility, or a board and care facility. Persons receiving SSI/SSP payment for nonmedical out-of-home living arrangement are not considered to be living in their own home.
PA	See Public Authority
PACE	See Program of All-inclusive Care
PC	Phone call
PD	See Presumptive Disability
Personal Care Services Program (PCSP)	A Medicaid-funded IHSS Program for almost all IHSS recipients

GLOSSARY OF TERMS AND ABBREVIATIONS USED IN IHSS AND OTHER PROGRAMS THAT INTERACT WITH IHSS

Personal Needs Allowance (PNA)	The amount of money that a Medicaid consumer that resides in a nursing facility or ICF/DD is allowed to keep for personal expenses like haircuts and laundry.
Persons Living With Aids (PLWAs)	Individuals who have Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) infection.
PCSP	See Personal Care Services Program
PI	See Policy Interpretation
PLWAs	See Persons Living With Aids
PNA	See Personal Needs Allowance
Policy Interpretation (PI)	A written response from CDSS to a county answering how to apply a policy to a particular case.
Presumptive Disability	Allows consumers with certain specified conditions to be presumed disabled while a disability determination is made.
Prior Authorization	As used in Med-Cal refers to a mechanism employed to control the use of covered items (such as durable medical equipment or prescription drugs) or services (such as inpatient hospital care). Prior authorization is obtained by Medi-Cal providers through the submission of a Treatment Authorization Request (TAR) to a designated Department of Health Services location.
Program for All-Inclusive Care for Elderly (PACE)	A Federally funded waiver program that is based on the On Lok model of long term care for seniors on Medi-Cal. PACE provides all social and medical care for eligible individuals. People enrolled in PACE are not eligible for IHSS.
Provider	The person who provides the IHSS-authorized care.
Public Authority (PA)	An organization responsible to administer a provider registry for IHSS, provide access to training for IPs and consumers and to be the IPs' employer of record for meet and confer purposes
Public Employment Relations Board (PERB)	Is a quasi-judicial administrative agency charged with administering the collective bargaining statutes covering employees of California's public schools, colleges, and universities, employees of the State of California, employees of California local public agencies (cities, counties and special districts), trial court employees and supervisory employees of the Los Angeles County Metropolitan Transportation Authority.
QA	See Quality Assurance
QI	See Quality Improvement
Quality Assurance (QA)	Process of looking at how well services are provided. The process may include formally reviewing the services furnished to a person or group of persons, identifying and correcting problems, and then checking to see if the problem was corrected.
Quality Improvement (QI)	A term used to identify how counties utilize information obtained through QA and other activities to improve quality in the administration of the IHSS program.
RCFA	See Residential Care Facility for the Aged
Record Status	A term indicated that an application for IHSS has been taken. Indicated by a "R" in the F1 field of the SOC 293.
Related Services	An IHSS term that refers to the following services: Meal Preparation and Cleanup, Laundry, Food Shopping and Other Shopping/Errands.
Rehabilitation	Services that have the purpose of improving/restoring a person's physical or mental functioning.
Residential Care Facility for the Aged (RCFA)	Board and Care for people age of 65 and over. People who live in a RCFA are not eligible for IHSS

GLOSSARY OF TERMS AND ABBREVIATIONS USED IN IHSS AND OTHER PROGRAMS THAT INTERACT WITH IHSS

Residual	IHSS for eligible consumers who are not eligible for PCSP or IPW.
Resources	Items of economic interest (sometimes referred to as assets) that are not income. Includes financial instruments, certain personal property and real estate (other than individual's home).
Room and Board	"Room" means shelter type expenses such as rent and utilities; board refers to three meals a day or any other full nutritional regimen.
SCIF	See State Compensation Insurance Fund
SDI	See State Disability Insurance
Self Administration	The administration of medications or other procedures by a person without assistance.
Senior Companion Program	Program administered through California Department of Aging under which low-income senior volunteers provide peer support to frail older persons in their local communities.
Severely Impaired (SI)	Consumers who need 20 hours a week or more in specified services
Share-of-Cost (SOC)	The portion of cost the consumer is responsible to pay for services, based on his/her income <i>See Also Spenddown</i>
Single Room Occupancy (SRO)	A room in a residential hotel.
Single State Agency	The state agency designated by the federal government to administer the State Medicaid Plan. In California, the Single State Agency is the California Department of Health Services. The Single State Agency is not required to directly administer the program, but must maintain ultimate authority and responsibility for the administration of the State Medicaid Plan.
Skilled Nursing Facility (SNF)	An institution that provides skilled nursing and ancillary care to its residents. It is a medical facility. Its residents do not qualify for IHSS.
SNF	See Skilled Nursing Facility (pronounced "sniff")
SOC	See Share of Cost if used as an acronym in a sentence. If SOC precedes a number, it indicates the number of a form used by the Social Services System. IHSS-specific forms begin with the SOC designation.
Social Security Administration (SSA)	The federal agency that administers Social Security Title II benefits (green check for eligible people based on earnings), and Title XVI (gold check SSI/SSP for low income aged, blind and aged individuals)
Social Security Number (SSN)	An identification number assigned by the Social Security Administration (SSA)
SPA	See State Plan Amendment
Spenddown	The process whereby an individual who would otherwise be ineligible for Medicaid benefits due to excess income "spends down" the excess income by incurring medical expenses that are deducted from income in order to qualify for Medicaid (see also Share of Cost)
SSA	See Social Security Administration
SSI	See Supplemental Security Income
SSN	See Social Security Number
SSP	See State Supplemental Program
SRO	See Single Room Occupancy
State Compensation Insurance Fund (SCIF)	The State organization that manages Worker's Compensation coverage for all IHSS Providers

GLOSSARY OF TERMS AND ABBREVIATIONS USED IN IHSS AND OTHER PROGRAMS THAT INTERACT WITH IHSS

State Disability Insurance	A 0.6% tax withheld from providers' wages to pay a stipend if the provider is unable to work because of a disability
State Income Tax (SIT)	Taxes withheld from an IP's pay check based on information IP provides on a W-4 form
State Medicaid Plan	Document developed by State that specifies eligibility groups the state will serve, the benefits the state covers, and how the state addresses additional federal Medicaid statutory requirements concerning the operation of its Medicaid program. The State plan must be submitted to and approved by CMS. See also State Plan Amendment (SPA).
State Plan Amendment (SPA)	Document prepared by states and submitted to CMS for review and approval requesting authority to amend their State Medicaid Plan. Amendments may address changes in eligibility criteria, covered benefits or provider reimbursement methodology. States must also amend their State Plan to conform to changes in federal Medicaid law.
State Supplemental Program (SSP)	The amount by which a state elects to supplement the basic SSI cash assistance to individuals and couples.
State Unemployment Insurance (SUI)	Tax paid to a state workforce agency (Employment Development Department) that is used solely for the payment of benefits to eligible unemployed workers. Tax is paid by the State on behalf of IPs who earn at least \$1,000 per quarter.
Statewideness	Requirement that a state must operate its Medicaid programs throughout the state and may not exclude individuals residing in, or providers operating in, particular counties or municipalities. This requirement may be waived with CMS approval through the Waiver process.
Status Eligible	People financially eligible for IHSS because they receive SSI/SSP
SUI	See State Unemployment Insurance
T Status	See Terminated Status
TAD	See Turn Around Document
TAR	See Treatment Authorization Request
Target Group	Group of Medicaid beneficiaries who have similar needs, conditions or characteristics to whom a state elects to furnish waiver services. Common target groups include older persons, individuals with physical disabilities, persons who have experienced a brain injury, and persons with developmental disabilities. States specify target group(s) that it services in the waiver.
Targeted Case Management	Optional State Plan Medicaid services that are furnished to assist Medicaid beneficiaries to gain access to needed medical, social, educational, and other services. May be furnished to target groups specified by the state on a statewide or less than statewide basis.
TC	Telephone call
TCM	See Targeted Case Management
Terminated Status	Eligibility for IHSS has been terminated.
Third Party Liability (TPL)	Term used to refer to another source of payment for Medicaid covered services provided to a beneficiary. Examples include Medicare, private health insurance coverage, automobile and other liability insurance and medical child support.
Title II	Title II of the Social Security Act the federal statute that authorizes Social Security benefits based on FICA payments made
Title XVI	Title XVI of the Social Security Act (20CFR416 <i>et seq.</i>), SSI/SSP.

GLOSSARY OF TERMS AND ABBREVIATIONS USED IN IHSS AND OTHER PROGRAMS THAT INTERACT WITH IHSS

Title XIX	Title XIX of the Social Security Act (42 U.S.C. 1396 <i>et seq.</i>) the federal statute that authorizes the Medicaid program.
Title 23	In-Home Supportive Services Employer-Employee Relations Act
Treatment Authorization Request (TAR)	An electronic or written request submitted by a Medi-Cal provider on behalf of a Medi-Cal beneficiary to a designated Medi-Cal Field Office which requests authorization to provide items (such as durable medical equipment or prescription drugs) or services (such as inpatient hospital or home health agency).
TPL	See Third Party Liability
Turn Around Document (TAD)	When data from a CMIPS data input form has been keyed into CMIPS, the System generates a form populated with all current CMIPS data called a Turn Around Document (TAD). The TAD indicates the new/changed data fields with an asterisk (*). The TAD is used as the form to enter new/changed data for data entry.
WC	See Workers' Compensation
Welfare and Institutions Code (WIC)	Where IHSS State statutes are recorded
WIC	See Welfare and Institutions Code
Workers' Compensation (WC)	State-mandated system under which employers assume the cost of medical treatment and wage losses for employees who suffer job-related illnesses or injuries, regardless of who is at fault. For IHSS providers, The State Compensation Insurance Fund (SCIF) manages coverage.

HTG DOCUMENTATION WORKSHEET

Category	Documentation of Hours																														
	<p><u>Important: This Worksheet Should Be Used in Conjunction with Time Per Task Tools</u></p> <p><u>For All Tasks Include Time for Clean Techniques/Universal Precautions When Required</u></p>																														
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Meal Preparation

FI Rank (Enter)		
	Low	High
Rank 2	3.02	7.00
Rank 3	3.50	7.00
Rank 4	5.25	7.00
Rank 5	7.00	7.00

Note: Compare Total Need with above range.

Needs help with Breakfast Lunch Dinner

Meal	Example of Typical Meal	Need Per Meal	# of Days Per Week	Total Need
Breakfast				
Lunch				
Dinner				
Snacks				

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:

Meal Cleanup

FI Rank (Enter)		
	Low	High
Rank 2	1.17	3.50
Rank 3	1.75	3.50
Rank 4	1.75	3.50
Rank 5	2.33	3.50

Note: Compare Total Need with above range.

Note: Assessed time should reflect actual schedule/frequency with which provider performs meal cleanup. Example: Consumer rinses all dishes and provider washes three times per week.

Meal	Frequency (Daily, 3 times per week, etc.)	Assessed Time Per Occurrence	Total Need
Breakfast			
Lunch			
Dinner			

Reason for assistance:

Shared living exceptions:

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

Ambulation

FI Rank (Enter)		
	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.

Bathing, Oral Hygiene, and Grooming

FI Rank (Enter)		
	Low	High
Rank 2	0.50	1.92
Rank 3	1.27	3.15
Rank 4	2.35	4.08
Rank 5	3.00	5.10

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)
From House to Car				
From Car to House				

Reason for assistance:

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

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need
Assistance with getting in/out of tub/shower				
Oral hygiene				
Grooming				

Reason for assistance:

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

Routine Bed Baths

FI Rank (Enter)		
	Low	High
Rank 2	0.50	1.75
Rank 3	1.00	2.33
Rank 4	1.17	3.50
Rank 5	1.75	3.50

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need
Bed baths				
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				

Dressing

FI Rank (Enter)		
	Low	High
Rank 2	0.56	1.20
Rank 3	1.00	1.86
Rank 4	1.50	2.33
Rank 5	1.90	3.50

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need
Assistance with clothing, shoes, socks/stockings				
Assistance with putting on/taking off corsets, elastic stockings, braces, etc.				
Bringing tools to consumer				
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				

Bowel and Bladder Care

FI Rank (Enter)		
	Low	High
Rank 2	0.58	2.00
Rank 3	1.17	3.33
Rank 4	2.91	5.83
Rank 5	4.08	8.00

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need
Assistance with getting on/off toilet/commode				
Wiping/cleaning consumer				
Assist with using, emptying, cleaning bedpans/commodes, urinals, etc.				
Application of diapers				
Changing barrier pads				
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				

Menstrual Care

Functional Index Rank does not apply.

	Low	High
	0.28	0.80

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need*
External application of sanitary napkins				
Using/disposing barrier pads				

Reason for assistance:

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

***Remember that hours on SOC 293 are weekly. For menstrual care, in most cases, divide weekly need by 4.33 to authorize correct need.**

Transfer

FI Rank (Enter)	Low	High
Rank 2	0.50	1.17
Rank 3	0.58	1.40
Rank 4	1.10	2.33
Rank 5	1.17	3.50

Note: Compare Total Need with above range.

Assistance From Standing, Sitting, Or Prone Position To Another				
Task	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need

Transfer From One Piece Of Equipment Or Furniture To Another				
Task	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need

Reason for assistance:

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

Feeding

FI Rank (Enter)	Low	High
Rank 2	0.70	2.30
Rank 3	1.17	3.50
Rank 4	3.50	7.00
Rank 5	5.25	9.33

Note: Compare Total Need with above range.

Feeding Or Related Assistance With Consumption Of Food And Fluid Intake				
Task	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need
Breakfast				
Lunch				
Dinner				
Snacks				
Other Fluids				

Reason for assistance:

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

Repositioning / Rubbing Skin

Functional Index Rank does not apply.

	Low	High
	0.75	2.80

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need
Rubbing skin to promote circulation				
Turning in bed				
Repositioning				
Range of motion exercises				
Assistive walking				
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				

Care and Assistance with Prosthetic Devices and Assistance with Self-Administration of Medications

Functional Index Rank does not apply.

	Low	High
	0.47	1.12

Note: Compare Total Need with above range.

Assistance With Taking Off/Putting On Prosthetic Devices And Vision And Hearing Aids				
Device	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need
Maintaining/Cleaning Prosthetic Devices And Vision And Hearing Aids				
Device	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need
Setting Up Medications				
	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need
Assistance With Self-Administration Of Medications				
	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				

Accompaniment to Medical Appts.

Appt. Type (Specify doctor, dentist, etc.)	Frequency of Visits	Travel Time Each Way	Total Monthly Need	Average Weekly Need*

Reason for assistance:

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

**Remember that SOC 293 hours reflect weekly need, so monthly need must be divided by 4.33 to arrive at weekly need. (Example: 1.00 hour each way 1 time per month would be a monthly need of 2.00 hours ÷ 4.33 = .46 weekly)*

Accompaniment to Alt. Resources

Note: Assessed only when transport is to/from site where Alt. Resources provide IHSS-type services in lieu of IHSS. Example: Transport to Senior Center where consumer receives meal.

Name of Alt. Resource	Frequency of Visits	Travel Time Each Way	Total Monthly Need	Average Weekly Need*

Reason for assistance:

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

**Remember that SOC 293 hours reflect weekly need, so monthly need must be divided by 4.33 to arrive at weekly need. (Example: 1.00 hour each way 1 time per month would be a monthly need of 2.00 hours ÷ 4.33 = .46 weekly)*

Heavy Cleaning

Task	Hours Assessed

Reason for assistance:

Remove Ice, Snow

Note: Limited to removal of snow, or other hazardous substances from entrances and essential walkways when access to the home is hazardous.

Task	Hours Assessed*

Reason for assistance:

****Remember that this service is seasonal and should not be authorized on a yearly basis.***

Yard Hazard Abatement

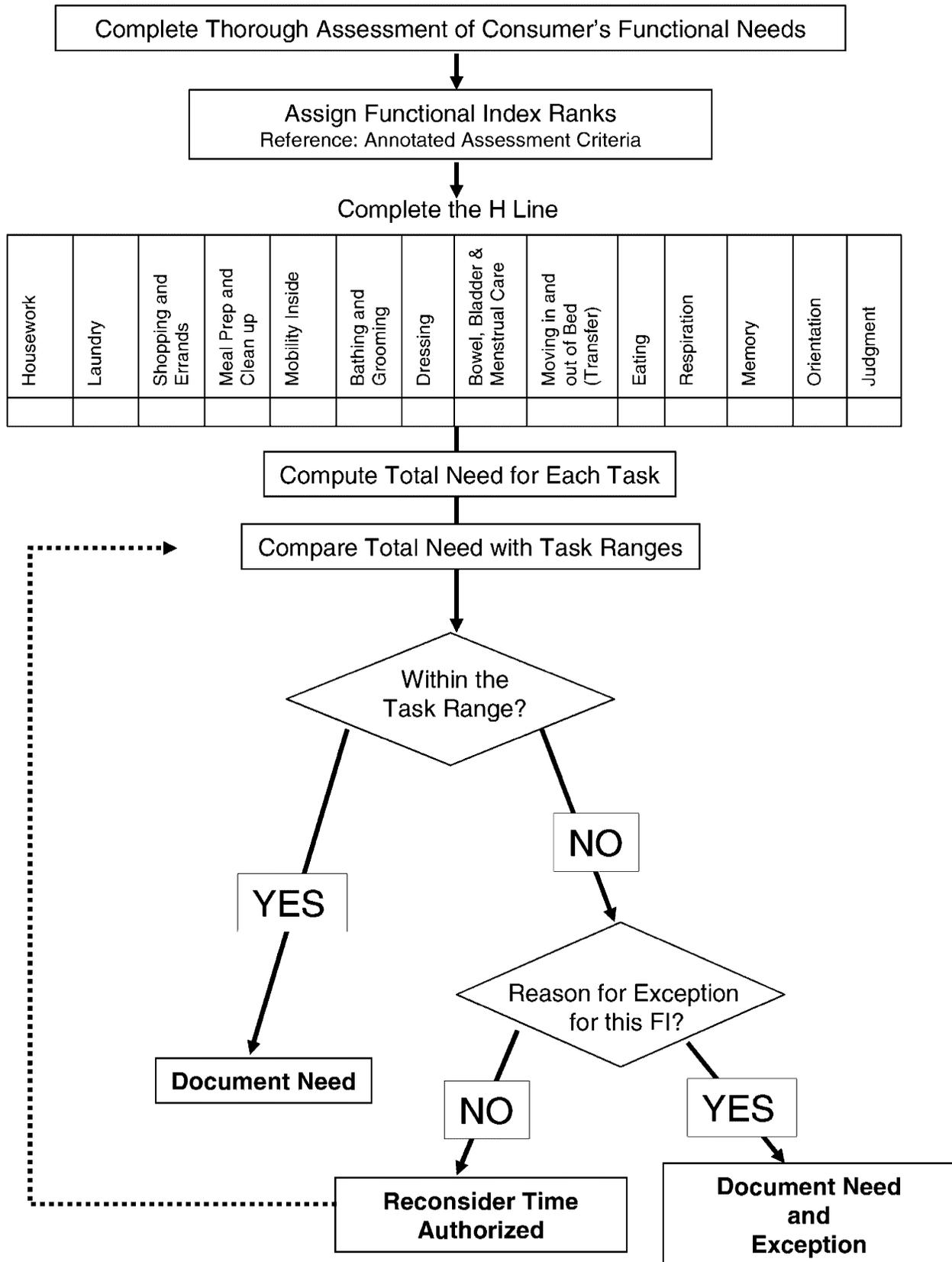
Note: Limited to light work in the yard for removal of high grass or weeds and rubbish when constituting a fire hazard.

Task	Hours Assessed*

Reason for assistance:

****Remember that this service should not be routinely authorized on an ongoing basis.***

Utilization of HTGs – Process



IHSS TRAINING ACADEMY

CORE: IHSS 101

TIME CONVERSION

Minutes	Converted
1	0.02
2	0.03
3	0.05
4	0.07
5	0.08
6	0.10
7	0.12
8	0.13
9	0.15
10	0.17
11	0.18
12	0.20
13	0.22
14	0.23
15	0.25
16	0.27
17	0.28
18	0.30
19	0.32
20	0.33
21	0.35
22	0.37
23	0.38
24	0.40
25	0.42
26	0.43
27	0.45
28	0.47
29	0.48
30	0.50

Minutes	Converted
31	0.52
32	0.53
33	0.55
34	0.57
35	0.58
36	0.60
37	0.62
38	0.63
39	0.65
40	0.67
41	0.68
42	0.70
43	0.72
44	0.73
45	0.75
46	0.77
47	0.78
48	0.80
49	0.82
50	0.83
51	0.85
52	0.87
53	0.88
54	0.90
55	0.92
56	0.93
57	0.95
58	0.97
59	0.98
60	1.00

THE CURE: REFUELING YOUR TANK

What percentage of the time do you get an adequate amount of each of these?

	0	10	20	30	40	50	60	70	80	90	100%
1. Proper rest											
2. Good nutrition											
3. Daily exercise											
4. Time alone											
5. Time to read and learn											
6. Spiritual growth											
7. Intimacy and love											
8. Fun, joy, and play											
9. Quality time with family and friends											
10. New interests or hobbies											
11. Regular vacations											
12. Sense of purpose											

Choose one area that is low and creatively brainstorm some ways to increase the time devoted to this area by 10% over the next month. The purpose in setting a modest goal is to be sure it is attainable. Set yourself up to win. Let both your intuition and your logic tell you which is most important to improve. Frequently, a small improvement in one critical area can make a big difference.

*Adapted from "You don't have to go home from work Exhausted!"
By Ann McGee-Cooper, 1992*

IPO PROGRAM CHECKLIST

IPO ENHANCED ASSESSMENT REQUIREMENTS

The following are new requirements for IPO consumers. These requirements mandate that the social worker discuss the following with each consumer during the assessment or reassessment process.

Discussion of the following:

- NOA** – Inform consumers they will receive a Notice of Action (NOA) indicating each of their services and the hours allotted for each service.
- Process for changes in need** – Explain the process for reassessment, ability to notify the social worker of additional needs.
- Right to request a state hearing** – Clarify when and how.
- Voluntary disenrollment process** – Can change providers (go to non-responsible relative, or no longer receive Advance Pay and/or Restaurant Meal Allowance) and still be in the IHSS program. Explain what the consumer should do if they have a change in conditions of enrollment in the IPO.
- Available support at the county** – Give consumer information they will need to contact the county with any questions and needs.

Completion of the Individualized Back-Up Plan and Risk Assessment Form (SOC 864):

Section 1

- Make sure all consumer information is complete and on all pages.

Section 2

- Identify support contacts who can provide assistance to the consumer in a situation where his/her needs are at risk of not being met.
- Discuss abuse, fraud and neglect with the consumer; the process to report abuse, fraud and neglect issues; and include the local APS/CPS numbers in their area.
- Reinforce with the consumer to call 911 if he/she has an emergency.

Section 3A

- Complete the SOC 450, Voluntary Services Certification, as needed.
- If the consumer refuses any service, clearly document the service refused and the identified risks, and that the consumer elects to assume the risks associated with not receiving the service.

Section 3B

- Area of additional risk that are outside the scope of the IHSS program.
- Make notes of services available or referrals made on behalf of the consumer.
- Be thorough and identify, with the consumer, options for mitigating the risks identified.
- Be clear that these are areas that are outside the scope of the IHSS program and services provided will not directly address these risks.

Section 4

- Discuss disaster preparedness with the consumer/others involved in the development of the plan.
- Include in the discussion how the consumer's health needs may be addressed in the event of a disaster.

Section 5

- Reiterate that signing the form states they understand the risks that are not within the areas of the IHSS program, and that they agree and understand the information contained in the form.