# WELCOME TO THE
# IHSS TRAINING ACADEMY

## *CORE: IHSS 101*

On behalf of the California Department of Social Services (CDSS), we are pleased to offer ***Core: IHSS 101***. This three-day training has been designed specifically for IHSS staff that have been newly hired, have limited IHSS experience, or require a refresher course.

Topics will include:

- Uniformity Overview
- Functional Rankings
- IHSS Program Background
- Regulations
- Eligibility
- Inter County Transfer
- Task Categories
- The Assessment
- The Home Visit
- The Interview
- Completing the Assessment Form (SOC 293)
- Shared Living
- Documentation
- Forms
- Providers
- Programs/Services that Interact with IHSS and How They Impact Assessments

**Objectives:**

At the end of this training, participants will:

- Understand the key components of successfully completing an IHSS assessment.
- Have a better understanding of the program goals and how to apply the goals to the assessment process.
- Comprehend the scope of program services and the key factors to consider when authorizing program services.
- Recognize the importance and rationale for accurately completing forms and documenting the case record.
- Have an understanding of the programs that interact with IHSS and how these programs affect the authorization of services.

# IHSS TRAINING ACADEMY
## *CORE: IHSS 101*

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# IHSS TRAINING ACADEMY
## *CORE: IHSS 101*

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# Welcome to the In-Home Supportive Services Training Academy

## A partnership between…

- California Department of Social Services
- California Welfare Directors' Association
- California State University, Sacramento
  - College of Continuing Education
  - Institute for Social Research

# Overview of *IHSS 101* Day 1

***Uniformity: Choosing Functional Rankings***

- Overview
- Functional Rankings
- Ranking the consumer:
  - Myrtle
  - Jewel
  - Margaret and May
  - George
- Putting it all together:
  - Joe

# Consistent Assessment of Needs

- Consumers with similar needs should receive similar services.
- All consumers should have an equal opportunity to experience independence and safety.
- The same standards should be used with all consumers.

## Functional Index Ranking

- Documents the social worker's assessment of the consumer's dependence on human assistance.
- Focus is on level of need, not services provided.
- Higher FI ranking may not indicate a need for more hours.
- Is based on individual need.


## Functional Index Ranking

- Evaluates effect of recipient's physical, cognitive and emotional ability.
- Consumer's habits may differ from actual abilities.
- Medical diagnosis is an indicator, but does not dictate need.
- Assistive devices may improve functional ability.

## Functional Index Scales Include

- Housework
- Laundry
- Shopping and Errands
- Meal Preparation/ Cleanup
- Ambulation
- Bathing, Oral Hygiene, and Grooming/ Routine Bed Bath
- Dressing/Prosthetic Devices
- Bowel, Bladder, and Menstrual Care
- Transfer
- Eating
- Respiration
- Memory
- Orientation
- Judgment

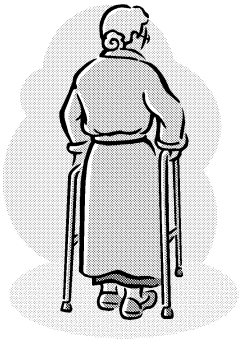
## Assigning the Rank

- Consider consumer's:
  - Ability to perform needs independently and safely
  - Degree in which they need to rely on human assistance
  - Level of performance
  - Ability and safety, not speed of performance
  - Activities, responses, and environment

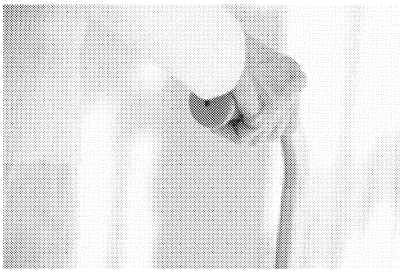
## Questions to Consider

- Can the consumer perform the task independently and safely?
- If no, what type of human assistance is needed?
- What degree of assistance is needed?
- Would DME make the consumer more independent?
- Is the need daily or intermittent?

## Myrtle

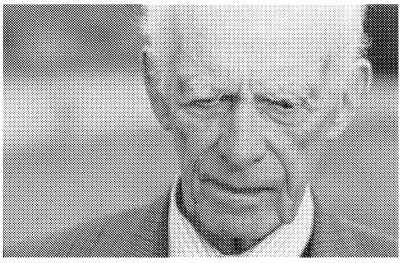


## Jewel



## Margaret and May

## George



## Completing the H-Line Joe

## End of Day 1

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# Overview of *IHSS 101* Day 2

- Program Context
  - History
  - Laws, Regulations, and Policies
  - Administrative Oversight
- Eligibility
- Inter County Transfer
- Task Categories
- The Assessment
- The Home Visit
- The Interview

# IHSS History

- Before 1972
  - County administered welfare programs for aged, blind and disabled people
- January 1, 1973
  - SSI/SSP
  - Attendant Care was replaced by the Homemaker Chore Program
- Consolidation of the Homemaker Chore Program into a single IHSS Program

## IHSS History

- Significant discrepancy in average hours authorized from county to county
  - Time per Task Standards for Domestic, Laundry, Shopping, and Errands
- CMIPS (Case Management Information and Payrolling System)
  - Payroll taxes
  - Help workers manage caseload
  - Collect program data

## IHSS History

- Uniformity
  - A way to quantify the level of need,
  - Compare the level of impairment of consumers, and
  - Compare the average level of impairment between workers, units, and counties.
- 1993 PCSP (Personal Care Services Program)

## Presently

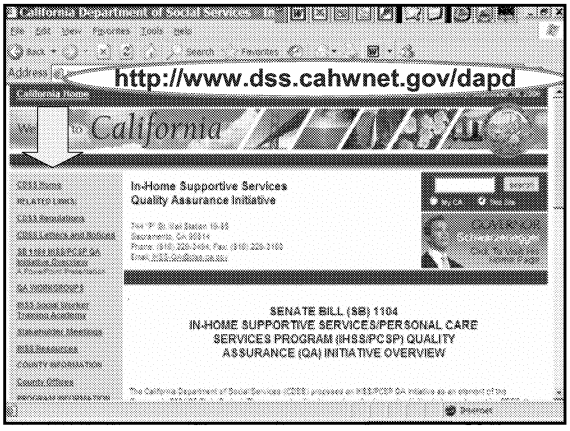
- Three Programs
  - PCSP (Personal Care Services Program)
  - IPW (IHSS Plus Waiver)
  - Residual
- SB 1104
  - Quality Assurance Bureau
  - Program Integrity
  - Hourly Task Guidelines
  - IHSS Training Academy

## Demographic Changes

- Originally primarily aged
- Increase in disabled
- Increase in children
- Increase in hours per case

## Laws, Regulations, and IHSS Policies

- United States Code (USC)
- Welfare and Institutions Code (WIC)
- Code of Federal Regulations (CFR)
- Manual of Policies and Procedures (MPP)
- All-County Letters (ACLs)
- All-County Information Notices (ACINs)
- Policy Interpretations (PIs)
- CMIPS Manual
- Electronic Bulletin Boards (EBBs)



## Regulations

- Why we need regulations
  - Laws (statutes) are sometimes very general.
  - Regulations are needed to apply specificity and detail prior to implementation of laws.
  - State agency that has jurisdiction writes regulations which must go through an administrative process which includes time for public comment.

## Legal Remedies

- At times, consumers, advocates or advocacy agencies may disagree with laws or regulations, or decisions made on individual cases.
- Disagreements may be handled in several ways:
  - Locally
  - State hearing
  - Court case

## IHSS Program Administration and Oversight

- Counties are responsible for administering on a local basis.
- CDSS is responsible for:
  - Overseeing how counties administer the program, and
  - Ensuring the applicable laws are followed.
- CDHCS is responsible for oversight of programs that receive Federal Medicaid funding.

## IHSS Program Administration and Oversight

- Other State Oversight
- Federal Level
  - Centers for Medicare and Medicaid (CMS) is responsible for overseeing how states administer the Medicaid program.
  - In California, the Medicaid program is called Medi-Cal.

## Who's Eligible?

- Aged, blind or disabled
- Financial (low income and resources)
  - SSI
  - Medi-Cal
- Own home
- Threshold level of need (at risk of placement)
- U.S. citizen or legal resident with certain restrictions
- California residence

## "Own Home"

*For IHSS purposes, an individual's own home is the place in which that individual chooses to reside except an acute care hospital, skilled nursing facility, intermediate care facility, community care facility, or board and care facility [MPP 30-701(o)], even if she/he chooses to live there.*

## Programs

- IPW
  - Restaurant Meal Allowance
  - Advance Pay
  - Consumer is minor child with parent provider, or spouse of consumer is provider
- PCSP
- Residual

## Inter County Transfer

- Things to consider
- Regulations
- Eligibility

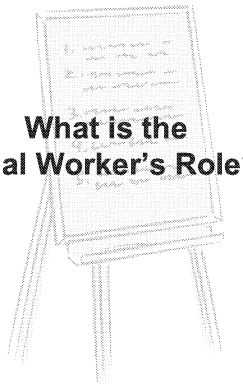
## Temporary Absence from the State

- Consumer is eligible during a temporary absence from the state or country for vacation or to seek medical treatment.
- Policy is in MPP §30-770.42 through .47.

## Program Philosophy

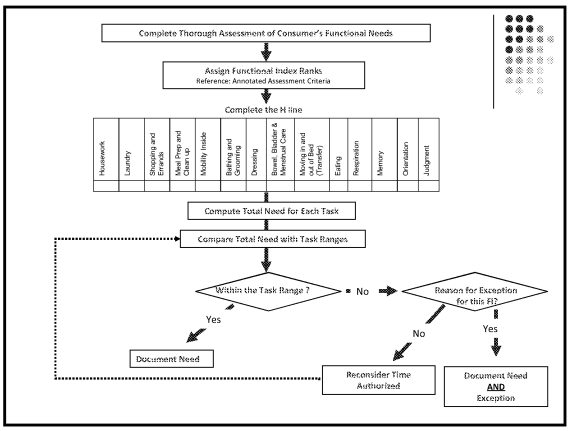
- Program scope defined by regulations MPP §30-757.
- Covers persons who are aged, blind and disabled who meet eligibility requirements and need IHSS to avoid out of home care and remain safely in their homes.
- Doesn't provide for every need a person may have:
  - Friendly visiting
  - Socialization
  - 24-hour care

## What is the Social Worker's Role?



## Ultimate Goals of the Social Worker

- To assess needs and authorize hours and tasks needed for the consumer to stay safely in their home.
- To help the consumer implement and manage an appropriate care plan.
- To identify and make referrals to resources which may augment IHSS and contribute to their ability to remain safely in the home and/or reduce the need for IHSS.
- To identify risk factors and address the risk factors appropriately.




# Activity: Task Categories

| Line | SERVICES |
|---|---|
| AA | Domestic Services |
| BB | Preparation of Meals |
| CC | Meal Clean Up |
| DD | Routine Laundry, Etc. |
| EE | Shopping for Food |
| FF | Other Shopping & Errands |
| GG | Heavy Cleaning |
| HH | Respiration |
| I I | Bowel & Bladder Care |
| JJ | Feeding |
| KK | Routine Bed Baths |
| LL | Dressing |
| MM | Menstrual Care |
| NN | Ambulation |
| OO | Moving in and out of Bed (Transfer) |
| PP | Bathing, Oral Hygiene, Grooming |
| QQ | Rubbing Skin, Repositioning, Etc. |
| RR | Care and Assistance with Prosthesis |
| SS | Accompaniment to Medical App't. |
| TT | Accompaniment to Alt. Resources |
| UU | Remove Grass, Weeds, Rubbish |
| VV | Remove Ice, Snow |
| WW | Protective Supervision |
| XX | Teaching & Demonstration |
| YY | Paramedical Services |
| ZZ | Meal Allowance |

# Task Categories

## The Assessment

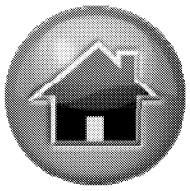
The assessment process should:

- Identify the degree of the consumer's ability to perform IHSS tasks independently and safely.
- Identify the degree of the consumer's need to rely on human assistance of some sort.
- Identify the frequency with which the task must be performed and how long it takes to perform the task.
- Include careful observation to ascertain information that most accurately identifies the consumer's *need*.

## Assessment Timeframe

- Every 12 months
- Variable Assessments
  - Shorter than 12 months
  - 18-month option

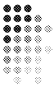
## The Home Visit



## The Home Visit – Being Prepared

- Review all of the information that is available. Ask “Are there any missing pieces?”
- Determine if there are areas of concern that you want to address during the home visit based on available information.
- Make any preliminary contacts that may help you address any areas of concern or missing information.

## The Home Visit – Being Prepared

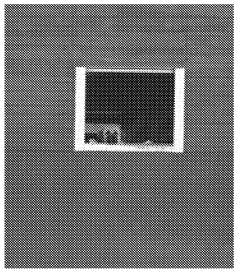


- Gather any necessary forms.
- Use a checklist to help prepare.

## Personal Safety for the Home Visit

- Be Proactive
- Be Prepared
- Be Alert

## Dog Safety



## Interviewing Skills

Purpose of the Initial Interview:

- Build rapport with the consumer.
- Explain the program and its components.
- Gain information about the consumer's situation, functional abilities, and limitations.

***The interview is a two-way process. The consumer is looking at the SW for cues that they understand and care. The SW is looking for information to support service needs.***

## Interviewing Skills

**Before the Interview** –

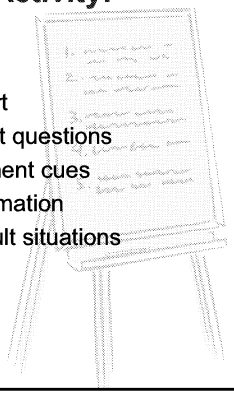
- Review the case and think about the possible things you will need to assess with this consumer.
- Are there any clues from the initial information that help you to come up with an approach to the interview? For example, is the consumer non-English speaking, blind, or mentally impaired?

## Interviewing Skills

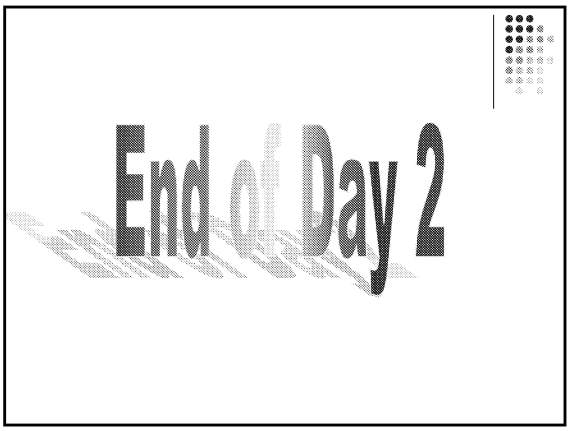
**Beginning the Interview** –

- Explain the purpose of the interview to the consumer.
- Explain your role to the consumer – what you intend to do and talk about in the interview.
- Ask the consumer for feedback – do they understand the process and purpose?
- Instruct an interpreter, if using one, that you need him/her to translate everything said by both you and the consumer.

## Teach Back Activity: Interview



- Building rapport
- Asking the right questions
- Other assessment cues
- Clarifying information
- Handling difficult situations


End of Day 2

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# Overview of *IHSS 101* Day 3

- Shared Living
- Completing the SOC 293
- Forms
- Documentation
  - Putting it all together
- Providers
- Caring for Self

# Shared Living

*Consumer resides in the same living unit with one or more persons.*

## Proration

*Proration is the process of determining the consumer's individual need when the consumer has housemates. IHSS pays only for the consumer's share of services met in common with housemates.*

## Shared Living

Some IHSS services must be prorated when the consumer is in a shared living arrangement. These services are:

- Domestic
- Laundry
- Meal Preparation and Cleanup
- Shopping for Food, Errands
- Heavy Cleaning, Yard Hazard Abatement, Snow Removal
- Protective Supervision, Teaching and Demonstration

## Proration of Domestic

When prorating, consider rooms/areas used:

- In common
- Solely by consumer
- Solely by others

## Proration of Related

When prorating, consider:

- Needs met in common
- The number of people sharing the service
- Whether practices differ on some days

## Shared Living *Exceptions…*

- Able and Available Spouse
- Live-In Provider
- Consumer moves in with a relative primarily to receive care
- Landlord – Tenant (consumer is Landlord)
- Landlord – Tenant (consumer is Tenant)
- Consumer is a child and lives with parent(s)
- Consumer has a child under the age of 14 who is not eligible and does not need IHSS

## Documentation: SOC 293

- For all services that are prorated, the "**Total Need**" column of the SOC 293 means the total number of hours needed by *the entire household*, before any adjustments are made.
- For all services that are prorated, the "**Adjustments**" column of the SOC 293 means the total number of hours needed by *household members <u>other</u> than the consumer*.

| Total Need | Adjustments | Individual Assessed Need | Alternative Resources | Auth to be Purchased |
|---|---|---|---|---|
| | | | | |

## Exercise: Shared Living

## SOC 293

- The SOC 293 is the standardized assessment tool referred to in MPP 30-761.27.
- The Case Management Information and Payrolling System (CMIPS) Manual gives information regarding completion of the fields on the SOC 293.

## SOC 293

- Complete all portions of the SOC 293 accurately.
- Data from the SOC 293 can impact:
  - How services are authorized
  - Response to consumer in the event of a disaster
- Provides essential statistical information.

## Completing the SOC 293

## Completing the Grid Portion of the SOC 293

- Total Need
- Adjustments
- Individual Need
- Alternative Resources
- Authorized for Purchase
- Unmet Need
- Questions to find out specific needs
- Associated forms

## Completing the SOC 311

- Provider Eligibility
  - Puts providers into the CMIPS system
  - Links provider and consumer

## Other Forms

**What other forms must the social worker know about?**

## Being a Mandated Reporter

## Activity: Preparing for the Interview

**Sarah**

## After the Home Visit

- Gather necessary information
  - Who else has important information?
  - Medical certification
- Assign Functional Index (FI) rankings
- Referrals
- Alternative resources
- Durable Medical Equipment (DME)

## Notice of Action (NOA)

- Timely and adequate notice
- Reason Codes
- How to count 10 days
- Exceptions to the 10-day notice

## Programs that Interact with IHSS

- Area Agencies on Aging (AAA)
- Multipurpose Senior Services Program (MSSP)
- Linkages Program
- Adult Day Health Care
- Alzheimer's Day Care Resource Center Program
- Regional Centers
- VA Aid and Attendance Program
- Waivers

## Activity: Addressing Issues

Sarah

## Authorization of Hours

- Need not assessed based on diagnosis
- Medical certification
- Need versus practice
- Independence versus dependence
- Safety

## Importance of Good Documentation

- Creates a visual picture of the social worker's visit.
- Provides historical record important for coverage when you are out in the field.
- Provides continuity for case transfers and inter-county transfers.
- Substantiates authorization at state hearings.
- Adherence to federal and state laws, regulations and policies.
- Aids in the investigation of potential fraud.

## Documentation Tips

- Create a clear picture of the situation.
- Avoid documenting unnecessary information.
- Record the facts and avoid judging statements.
- Keep to the point and purpose of the visit.
- The files are open – all information may be read by the consumer and/or authorized representative.
- Do not document mental illness diagnosis unless it has been confirmed.

## Exceptions

- Occur when needs require time for services that are outside of the Hourly Task Guidelines.
- Can be above or below the guideline.
- Are expected because assessments are individualized.
- Cannot be made due to inefficiency or incompetence of the provider.
- Must be documented in the case file.

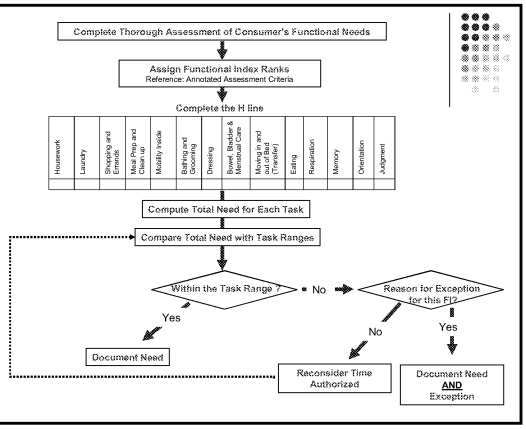
## Hourly Task Guidelines

- Are found in regulations.
- Some have ranges.
- Exceptions occur when assessed need does not fall within ranges.

***Exceptions*** *must be documented in a way that clarifies for the reader what the need is, and why more or less time is necessary for both safety and maintenance of independence.*

## Activity: Authorization of Hours

**Sarah**



## Provider Modes

- Individual Providers (IP) selected by the consumer
- Contractor
- Homemaker

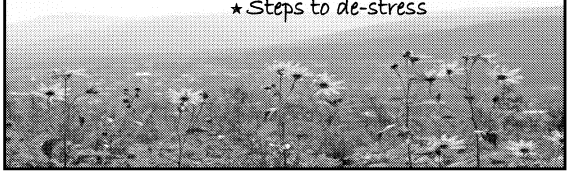
## Caring for Self

*Why IHSS Matters*

*Why I Matter*

*Commitments*

- ⋆ Finding joy in the journey
- ⋆ Ways to make my work more meaningful
- ⋆ Finding play in every day
- ⋆ Steps to de-stress



**CASE STUDY – MYRTLE SPRIGGS**

**ASSESSMENT WORKSHEET**

While viewing the video, focus your attention on the following functions:

SCALES: _____

Housework

_____

Laundry

_____

Meal Preparation & Cleanup

_____

Mobility Inside

_____

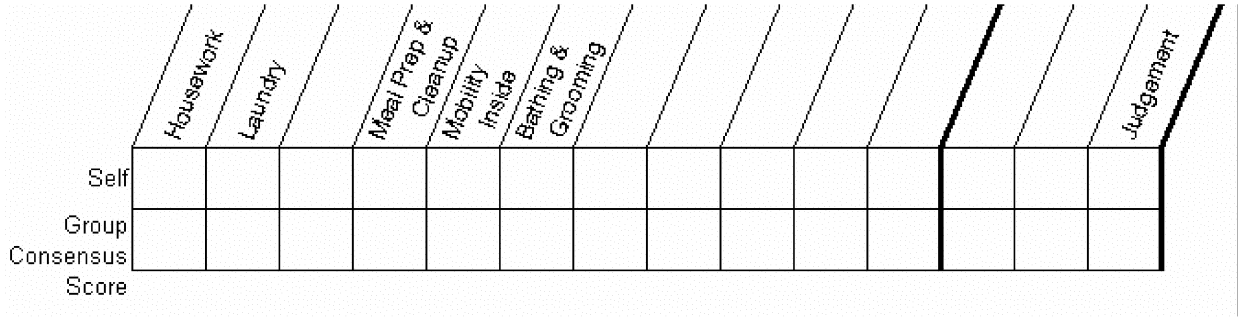
Bathing

_____

Judgment

_____

H LINE



**REVIEW OF RELEVANT ASSESSMENT STANDARDS AND CRITERIA**
**MYRTLE SPRIGGS**

**NOTES**

**Visual Observations: Environment, Actions and Responses**

Myrtle greets us from the front porch when we arrive. She is smiling, although she appears a bit strained. Her movement with her walker appears unbalanced and her gait is stiff. She uses her walker to move around her home, making her completely self caring in mobility. This assistive device has extended the consumer's independence.

Myrtle appears to genuinely enjoy her independence. She can wash some of her body. In bathing and grooming, the assistive device cannot compensate for her lack of balance, for her need for human assistance. Bathing completely alone would be unsafe for Myrtle.

She eagerly shows us several things we ask for. Her manual dexterity allows her to grasp and hold articles of different sizes and textures. Note her ability to open and close a water jar. She is able to reach things, even when standing with her walker, but notice that she nearly loses her balance when letting go of her walker and reaching to show the worker exercises they have her do at the Adult Day Health Center (ADHC). Her range of motion is limited, preventing her from reaching and lifting above the shoulder.

However, because of her strength and determination, she can manage some light laundry chores, including hand washing, folding, and putting clothes away in the dresser. She also tidies up after herself and manages other light household chores, like washing surfaces reachable from her walker. She uses the same skill and determination to prepare light meals and snacks that she applies to other self care in the home.

**Managing Her Environment**

She visits the local ADHC for her main meal and showering five days a week. The ADHC is an alternative resource, which, along with the assistive device, enhances her independence. Because Uniformity evaluates the consumer's dependence on human assistance, her overall functional rank is not changed in any area by this resource. Her functional ranking remains what it would be without the services.

**Consequences and Personal Choices: The Role of Consumer Judgment**

Myrtle's ability to care for herself is actually greater than it first appears. Her true needs are a little more difficult to assess, with her display of these attributes, preferable as they are. Her activity, affect and independent attitude enhance her physical ability, without putting her at risk. The case worker must weigh all the observations before determining the full extent of Myrtle's need. Since Myrtle participates in additional services that include social interaction, her insistence on independence displays good self management, rather than questionable judgment.

## DISCUSSION GUIDE
## MYRTLE SPRIGGS

1. How did you rank Myrtle in housework? Why?
2. How did you rank Myrtle in laundry? Why?
3. How did you rank Myrtle in meal preparation and cleanup? Why?
4. How did you rank Myrtle in mobility inside? Why?
5. How did you rank Myrtle in bathing? Why?
6. How did you rank Myrtle in judgment? Why?
7. Where did you agree with your peers? Where did you disagree?

**CASE STUDY – JEWEL BROWN**

**ASSESSMENT WORKSHEET**

While viewing the video, focus your attention on the following functions:

SCALES: _____
Laundry

_____
Meal Preparation & Cleanup

_____
Dressing

_____
Transfer

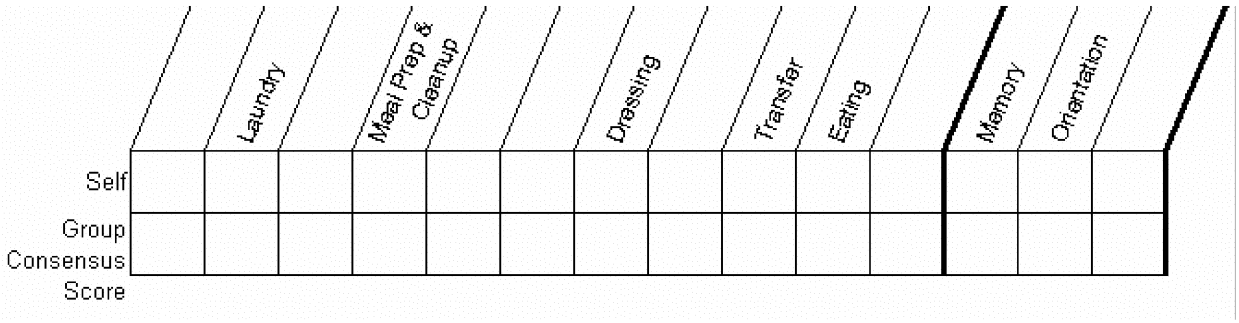
_____
Eating

_____
Memory

_____
Orientation

_____

H LINE



**REVIEW OF RELEVANT ASSESSMENT STANDARDS AND CRITERIA**
**JEWEL BROWN**

**NOTES**

**Visual Observations: Environment, Actions and Responses**

Jewel meets us at the door with a walker. Her movements are slow and deliberate. She leads us into the house, which is a bit dusty, but tidy. Even though we see her tire easily, she keeps up with some light household chores. She has folded some dry laundry, and wet clothes are in the washer. Her kitchen is organized, with items put away in cupboards, refrigerator and on the counter.

Cooking must be handled by another person. Jewel reports a history of catching the kitchen on fire. This, her dependence on her walker, and her inability to release her grasp from the walker make her unable to take food out of the refrigerator or prepare snacks.

Jewel has good days and bad days. Functional ranking is based on her functioning on her bad days. Her medical condition makes Jewel unsafe, unless assisted with lifting and bending. Wet clothes are in the washer, because their weight is too great for her to lift. After chemotherapy and radiation treatments, she cannot lift, carry or walk outside, so shopping is limited. Because of weakness and infrequent blackouts, Jewel must be assisted getting into and out of the bathtub. When she gets into the tub to take a shower, she hangs onto the towel rack and never lets go. The towel rack is not a grab bar. That may compromise her safety. She could benefit from a shower bench. (She does report being able to bathe herself, giving herself "canary baths" without difficulty.) On her bad days, she needs a boost, but no more, to get in and out of chairs. We see her struggling to get out of a chair today.

In spite of these limitations, Jewel demonstrates her continuing ability to provide self care. Not only is she relatively independent for bathing, except for transfer, she's also clean and well-groomed. Her face, teeth and clothing are clean today.

Her eating is affected by her reaction to chemotherapy and radiation treatments. And as a diabetic, Jewel must eat balanced meals at regular intervals. Yet, she often skips meals if she doesn't feel like eating, especially after treatment. Skipping meals as a diabetic puts her at risk, although she needs no physical assistance to eat.

In mental function, Jewel shows some impairment in memory, such as forgetting her home address. The most important part of her memory problems, however, is that taking her medication slips her mind. Her orientation and judgment are realistic. She shows good judgment by limiting her activities as recommended by her doctor.

**Discriminating between Medically Diagnosed Conditions and Functional Limitations**

Jewel's several medical conditions limit her physical strength, stamina and range of motion. She is being treated for terminal bone cancer, diabetes and arthritis. She is also legally blind.

Her functioning is most impaired immediately following chemotherapy and radiation treatments for bone cancer. This is the level of ability at which she should be assessed. In several functional areas, she needs much more human assistance on days following treatment, than at any other time. For example, she can pull herself out of a chair on "good" days, whereas on "bad" days, she requires a boost.

**Discriminating between Value Judgment and Professional Assessment**

Assessing this consumer's need is an occasion for laying aside our own responses to her attitude. We might find Jewel admirable in her tenacity, particularly if we visited her on a good day. But to ensure an assessment in Uniformity to statewide standards, we must review the consumer's case in light of her functioning on her bad days.

## DISCUSSION GUIDE
## JEWEL BROWN

1. How did you rank Jewel in laundry? Why?

2. How did you rank Jewel in meal preparation and cleanup? Why?

3. How did you rank Jewel in dressing? Why?

4. How did you rank Jewel in transfer? Why?

5. How did you rank Jewel in eating? Why?

6. How did you rank Jewel in memory? In orientation? Why?

7. Where did you agree with your peers? Where did you disagree?

**CASE STUDY – MARGARET IDELL**

**ASSESSMENT WORKSHEET**

While viewing the video, focus your attention on the following functions:

SCALES: _____
Mobility

_____
Bathing & Grooming

_____
Dressing

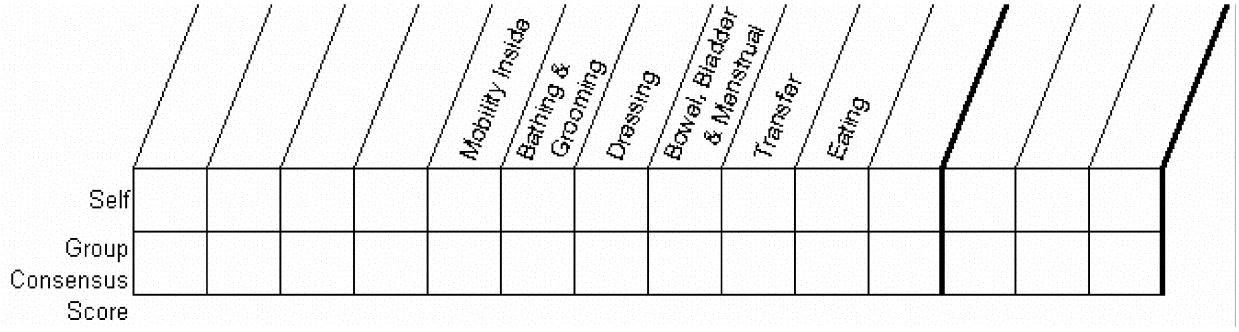
_____
Bowel, Bladder & Menstrual

_____
Transfer

_____
Eating

_____

H LINE



**REVIEW OF RELEVANT ASSESSMENT STANDARDS AND CRITERIA MARGARET IDELL**

**NOTES**

**Visual Observations: Environment, Actions and Responses**

Margaret's functioning is so limited as to be quite noticeable upon meeting her for the first time, but these limitations are due to more than her confinement in a wheelchair. In fact, she puts great effort into managing the wheelchair, using it to increase her mobility and independence. It's not that she has a problem moving around the home. In fact, she is quite independent in this regard, moving at will, however slowly, to attend to her personal needs as she can. But moving the wheelchair is made more difficult because her shoulders and arms are stiff with arthritis and partially paralyzed, so she moves with her one good arm and foot (her left side).

Margaret's confinement to the wheelchair and her difficulty grasping affect her ability to perform any housework other than light tasks and the preparation of light snacks and sandwiches.

She is able to dress herself, putting on and removing her house dress, and brace and shoes fastened with Velcro, without assistance.

Walking through the apartment, we can see the ways in which Margaret has learned to compensate for her difficulties in mobility and transferring. Note the position of her wheelchair in relation to the chair when she describes the transfer process. That is an accurate portrayal of her transfers in the bathroom because the wheelchair can only fit with the right side closer to the toilet. It would be a much safer transfer position if the wheelchair could approach from the other direction. The bedroom door jamb has been removed to accommodate Margaret's wheelchair. The toilet seat is raised to allow easier access from the wheelchair, and she has a bedside commode.

Since her fall five months ago when she broke her hip, Margaret has worn diapers to bed. She is afraid now of falling again, if she gets up in the night without help. Besides occasional help on and off the toilet, Margaret can care for herself by wiping and adjusting her clothing.

Although she is depressed, she has a good appetite and eats regularly. Margaret also has sufficient manual dexterity, in spite of her paralysis, to feed herself without assistance.

**Consumer Safety**

Margaret does a lot more than she can do safely. For example, during transfer, she is nearly independent and can transfer unassisted with difficulty, but needs assistance to transfer safely. Margaret is at risk during transfer and while engaged in other self-care and household care activities.

## DISCUSSION GUIDE
## MARGARET IDELL

1. How did you rank Margaret in mobility? Why?
2. How did you rank Margaret in bathing and grooming? Why?
3. How did you rank Margaret in dressing? Why?
4. How did you rank Margaret in bowel, bladder & menstrual? Why?
5. How did you rank Margaret in transfer? Why?
6. How did you rank Margaret in eating? Why?
7. Where did you agree with your peers? Where did you disagree?

**CASE STUDY – MAY IDELL**

**ASSESSMENT WORKSHEET**

While viewing the video, focus your attention on the following functions:

SCALES: _____
Mobility Inside

_____
Bathing & Grooming

_____
Dressing

_____
Eating

_____
Respiration

_____

H LINE

**Visual Observations: Environment, Actions and Responses**

Like her sister Margaret, May is quite safely mobile, being fully ambulatory and needing no reminding to step over or around her oxygen hose. She can walk safely to any room in the house that the hose can reach. However, the length of the hose only allows her to reach part of the living room and her own bedroom and bathroom. Because of this limitation and her extreme fatigue, May cannot perform any household chores.

May can contribute to her own personal hygiene, but is unable to meet total hygiene needs because she tires so easily. For example, she cannot complete a shampoo by herself. Her bed baths are incomplete and results in overexertion. She can brush her own teeth and move her body for another person to bathe her.

May can also dress relatively independently and shows common sense about her selection of clothing for the weather and the situation. She states that she sleeps in the nude to avoid overexertion. She also needs help with her shoes and socks since she can't reach her feet.

May is depressed, with an air of dejection and hopelessness. She replies politely, but does not show any eagerness about our visit and never makes eye contact. Her mood appears to affect her eating as well, since she is inclined to skip meals if she's not encouraged to eat. She and her sister have experienced recent, significant weight loss.

**Discriminating between Medically Diagnosed Conditions and Functional Limitations**

May's medical condition includes a very debilitating case of COPD (emphysema), which causes her to be severely fatigued. Because of the fatigue, she can only perform those tasks that are quick and simple. Any tasks that require repetitious movement, prolonged standing or any lifting are too tiring.

We see that May is unable to care for her oxygen unit independently. She is not strong enough to clean it or carry water to refill it. While the medical condition has necessitated the oxygen dependency, May's functional limitations keep her from caring for the unit.

We can observe the effect of her depressed attitude on her ability to care for herself. Her despondency causes her to choose not to use a portable oxygen unit, thus severely restricting her movement within her home.

**The Effect of Shared Housing on Assessment**

The two sisters' functioning must be evaluated independently of each other because the IHSS Program requires an individual assessment of need.

**DISCUSSION GUIDE**
**MAY IDELL**

1. How did you rank May in mobility inside? Why?
2. How did you rank May in bathing and grooming? Why?
3. How did you rank May in dressing? Why?
4. How did you rank May in eating? Why?
5. How did you rank May in respiration? Why?
6. Where did you agree with your peers? Where did you disagree?

**CASE STUDY – GEORGE DAVIS**

**ASSESSMENT WORKSHEET**

While viewing the video, focus your attention on the following functions:

SCALES: _____
Housework

_____
Shopping & Errands

_____
Meal Preparation & Cleanup

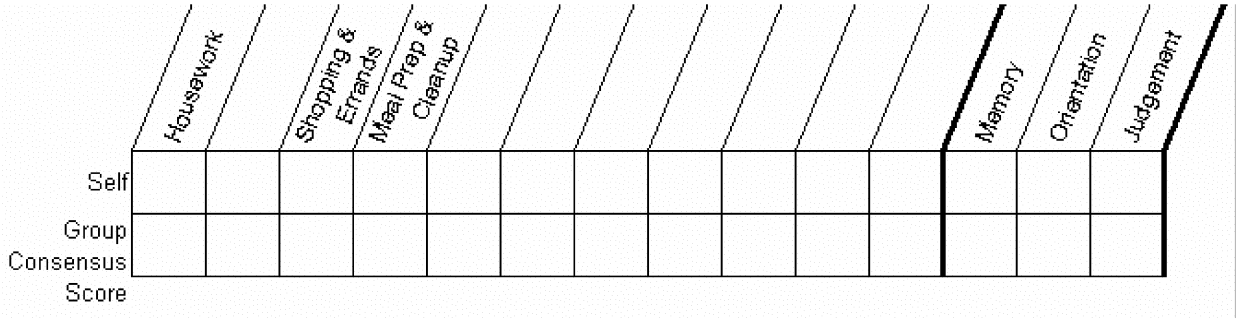
_____
Memory

_____
Orientation

_____
Judgment

_____

H LINE



**REVIEW OF RELEVANT ASSESSMENT STANDARDS AND CRITERIA**
**GEORGE DAVIS**

**NOTES**

**Visual Observations: Environment, Actions and Responses**

George's apartment is cluttered and dirty. Unlike many hoarders who keep papers, George collects old equipment like fans, lamps and bikes. Walkways are blocked which doesn't seem to affect George's ability to maneuver around the apartment because he is agile on his feet. He lives in a second floor apartment building and has no difficulty carrying his bike up and down the stairs.

Clutter also includes macaroni and cheese caked on a plate that he says has been in the living room next to his chair for a couple of weeks. The sink is overflowing with dishes that also have food caked on them as does a pot on the stove. Though we don't see any, it's probable that he has rodents and cockroaches in his apartment.

George was referred to IHSS by his landlord because he is at risk of eviction because the landlord believes the apartment is a health hazard. Until pressed, George denies need. George seems comfortable entertaining visitors and with the condition of his apartment, since he willingly shows us through the apartment and makes no apology for the conditions.

George's clothes are clean and appear to have been pressed. He was not dirty, though his teeth were in bad shape. George indicates that he attends to his own personal hygiene.

A pivotal question in this case is whether George is making lifestyle choices that we might not agree with or if an impairment is affecting his ability to function safely. George seems to be physically unimpaired. The information available indicates that he had a lobotomy some time ago. Lobotomies were performed on people with mental illnesses to control aggressive, violent behavior. Though he does not seem aggressive during the interview, there are a few clues that he continues to have mental impairments that affect his functioning. He says that the barber in town won't shave him anymore. Further probing might give us information about his mental functioning. His interaction with the social worker during the interview was personable but joking, sometimes inappropriately. For example, he went to the kitchen to get the social worker something to drink. He came back with a bottle of Coke which was almost empty.

George claims to eat 3 or 4 meals a day. When the social worker goes to the kitchen, we see that his coffee pot is on, but his refrigerator is almost empty. That may be because it is the day before pay day. We wouldn't expect to see fruits or vegetables in the refrigerator because George says that he doesn't eat them. However, it's hard to tell what he will eat the rest of the day.

There were some hot dogs in the refrigerator and an open loaf of bread on the counter. From the video, we do not know how long the hot dogs have been in the refrigerator, but it is likely what he will eat the rest of the day. The landlord didn't complain that George isn't paying his rent, but he may have difficulty managing his money. Until pressed, George denies a need, but his behavior affects his safety and he seems unable to consider the consequences of his actions.

**Consequences and Personal Choices: The Role of Consumer Judgment**

George is faced with eviction if he does not clean up his apartment. The question from the IHSS perspective is not only whether George has the physical capacity to perform necessary tasks, but also whether George's judgment affects his ability to care for himself. It is clear that George's behavior based on his mental health status creates a need for IHSS.

**Discriminating between Value Judgment and Professional Assessment**

Uniformity means IHSS workers all ask similar questions in an assessment interview, gather the same information based on observations, and assess the information according to the same assessment standards. Many workers will have different personal opinions about the conditions and responses observed during the interview. Uniformity is a matter of applying professional standards, recognizing that these standards may be different from our personal opinions. In George's case, his safety is at risk because of his way of living. His clutter and stale food are a health hazard to himself and others in his apartment complex. He is not able to consider the consequences of his actions or alternatives to pursue.

## DISCUSSION GUIDE
## GEORGE DAVIS

1. How did you rank George in housework? Why?
2. How did you rank George in shopping and errands? Why?
3. How did you rank George in meal preparation and cleanup? Why?
4. How did you rank George in memory? Why?
5. How did you rank George in orientation? Why?
6. How did you rank George in judgment? Why?
7. Where did you agree with your peers? Where did you disagree?

# Joe

Joe is a 19-year-old male, living in a house with his parents, Nola and Jim, and his siblings, Kathy (age 11), and Billy (age 10). Joe was diagnosed with Schizophrenia at age 16. Joe has never gotten a drivers license. He states that he is afraid of strangers, believes people are following him, and afraid to go anywhere without at least one of his parents. According to his mother, Joe will not take his medications without direct and persistent encouragement because he believes that someone is trying to kill him through the medications. She expressed frustration that it seems to take her longer and longer to get him to take his medication.

Nola states that Joe would not eat if she did not make him eat three meals a day. She also states that Joe does not go near the stove because he believes there are transmitters hidden in the stove which are trying to take over his mind. Joe requires other family members to eat a few bites of their food before he eats his. When asked during the home visit about his ability to assist his family when they are cleaning up after meals, Joe stated "that is woman's work." His mother states that Joe refuses to help clean up after meals for this reason. Joe does, however, enjoy doing laundry, and is always willing to assist his mother with the family's laundry. His mother complained that she has a difficult time getting Joe to clean his room and sometimes it takes her several days to get him to make his bed.

Joe's mother states great frustration with Joe's ongoing refusal to bathe or to change his clothing. She further states that she must be in the room with him when he bathes and dresses, because without constant reminding and supervision, he would just get in the shower, barely wet his hair, put back on the same clothing, and be done. She also says Joe has obsessive thoughts about his teeth (brushing them 4-6 times during the day) and that she does not trust him to shave without close supervision.

According to Joe's father, Jim, on at least two separate occasions, Joe tried to harm his brother when the two were home without parental supervision because his brother took one of Joe's Pokémon cards. The father further stated that Joe recently killed the family cat. His mother finally had to leave her job to provide 24-hour care to Joe because of his behavior.

Joe's parents request Domestic and Related Services and Personal Care as well as Protective Supervision because they are afraid that leaving him alone with his siblings will result in physical harm to them.

# Mother (Nola)

Nola is a 45-year-old woman who has left her job of 5 years to care for her son. Her husband Jim is a truck driver and gone from the home more than he is there. Nola had an older brother who had been diagnosed with Schizophrenia and killed himself at age 21. She has always blamed her mother for not staying home with him. Until Joe was 16 years old, Nola had been very active in her other children's lives. Recently, Joe's siblings have begun to resent him because their mother has less time to spend with them. Nola feels guilty that she is not making it to their school activities. In addition, their friends have stopped coming over to the house because Joe is sometimes aggressive towards them. Nola does not know what to do, and believes one of the reasons Jim is on the road so much is so that he does not have to deal with Joe's behavior.

# Father (Jim)

Jim is a 47-year-old man. He is a truck driver and gone from the home more than he is there. He is frustrated by his son's behavior because he is unable to control it. He is also worried about his family's safety while he is on the road. Jim states that on at least two separate occasions when his sons were home without parental supervision, Joe tried to harm Billy for taking one of his Pokémon cards. The father further stated that Joe recently killed the family cat.

# Doctors

Joe has two doctors: his medical doctor and his psychiatrist. Joe's medical doctor has completed a medical evaluation form for Joe, stating he is not at risk of placement, that he is physically able to provide all personal care, and assist with domestic and related services. His diagnosis is Schizophrenia.

Joe's psychiatrist completed the medical evaluation form stating that Joe is able to do light housekeeping, but is at risk of placement and needs personal care services. He also stated, "Patient's schizophrenia compromises his ability to perform complex tasks, or to plan. He can, however, perform simple tasks and follow sequential instructions, especially when properly supervised. Patient requires 24-hour protective supervision because he frequently refuses to take medications and could become violent towards others."

# IN-HOME SUPPORTIVE SERVICES PROGRAM

## Background

The In-Home Supportive Services (IHSS) Program provides services to approximately 396,000 low-income aged, blind and disabled consumers with over 343,848 providers that allow them to remain safely in their homes as an alternative to out-of-home institutional care. Services include domestic services, non-medical personal care services, paramedical services, assistance with traveling to medical appointments, teaching and demonstration directed at reducing the need for support, and other assistance.

## History

In the 1950s, California established the Attendant Care Program to enable elderly and disabled consumers who needed assistance to remain safely in their own homes. This program provided grants to consumers so they could contract with providers to provide various domestic services and was funded jointly by the counties, state, and federal government. This program has evolved over the years to assist the most vulnerable population in California. For example, in the 1970s, the Homemaker Chore Program (also known as the Chore Program) was added to the Attendant Care Program to provide personal care services. This addition also enabled those consumers who could not hire or supervise their own providers the opportunity to receive services through county employees or contract with an outside agency. California established the Homemaker Chore Program (now the IHSS Program) which was funded by State General Funds, limited federal funds, and county share-of-cost.

In the 1980s, the IHSS Program went through a tremendous amount of caseload growth which led to statutory monthly caps placed on service hours (283 severely impaired and 195 non-severely impaired). In addition, the California Department of Social Services (CDSS) enhanced a payrolling system for individual providers to incorporate a management information feature which became known as the Case Management, Information, and Payrolling System (CMIPS). Counties were then able to access real-time consumer information, produce turn-around eligibility documents, and utilize the system to calculate a consumer's share-of-cost for services. Subsequently, legislation (Welfare and Institutions Code 12309) was enacted which required CDSS to develop and implement a standardized process to make authorization of supportive services equitable while at the same time continue to provide assessments that are individualized based on the needs of the consumer. Henceforth, the Uniformity System was implemented.

The 1990s also brought about changes to the IHSS Program. These changes included a state/local realignment which increased the county-share of funding; authorized CDSS to define the role of Public Authorities as the employer of record for collective bargaining; and established the Personal Care Services Program with 50 percent Medi-Cal funding while California maintained the IHSS Residual Program to fund services received by consumers ineligible for federal funding.

Many other changes came in the early 2000s. One significant change came about in 2004 when the CDSS enacted the IHSS/Quality Assurance (QA) Initiative as part of the Budget Trailer Bill Senate Bill 1104. The key features are ongoing social worker training, state/county QA monitoring, development of Hourly Task Guidelines with exceptions criteria, interagency collaboration to prevent/detect fraud and maximize overpayments recovery, and annual error-rate studies. In addition, the IHSS Plus Waiver Program became effective in August 2004 utilizing Medi-Cal funding primarily for services provided by parents and spouses.

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**
**ADULT PROGRAMS BRANCH**
**POLICY INTERPRETATION REQUEST**
**PHONE: (916) 229-4000**
**FAX: (916) 229-3155**

| | |
|---|---|
| **NAME/TITLE:** | **EMAIL:** |
| **DATE:** | **COUNTY:** |
| **TELEPHONE:** | **FAX:** |
| **SUBJECT:** | **CASE TYPE: RESIDUAL [X] PCSP [X]** |

**QUESTION(S)**

**RESPONSE**

**CDSS Use Only**

***This response is based on the particular facts and circumstances presented here, applicable to this case only, and is not intended to serve as a precedent for any other case. This response is not intended to apply generally or to constitute a declaration of the manner in which any class of cases shall be decided.***

| | |
|---|---|
| **ANALYST:** | **DATE:** |
| **MANAGEMENT APPROVAL:** | **DATE:** |

## Senate Bill No. 1104

CHAPTER 229

An act to amend Section 8263 of, to add Section 8263.4 to, and to add Article 16.5 (commencing with Section 8385) to Chapter 2 of Part 6 of, the Education Code, to amend Section 11796 of the Government Code, to amend Sections 1522, 1523.1, 1523.2, 1568.05, 1569.185, 1596.803, 1596.816, 1596.871, 1596.872a, 1596.872b, and 11970.2 of, and to add Section 128241 to, the Health and Safety Code, to amend Section 273d of the Penal Code, to amend Section 1611.5 of the Unemployment Insurance Code, and to amend Sections 10531, 10532, 11320.1, 11322.8, 11322.9, 11325.21, 11325.22, 11325.23, 11325.7, 11326, 11403.1, 11403.3, 11453, 11454, 11454.5, 11454.6, 11462, 11462.06, 11466.21, 12201, 12300, 12301.1, 14132.95, 15204.2, 17021, 18939, and 19806 of, to amend and renumber Section 10553.2 of, to add Sections 9404, 11401.5, 11486.3, 12301.21, 12305.7, 12305.71, 12305.72, 12305.8, 12305.81, 12305.82, 12305.83, 12317, 12317.1, 12317.2, 14132.951, and 16521.3 to, to repeal and add Section 12301.2 of, and to repeal Chapter 2.4 (commencing with Section 16145) of Part 4 of Division 9 of, the Welfare and Institutions Code, relating to human services, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor August 16, 2004. Filed with Secretary of State August 16, 2004.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1104, Committee on Budget and Fiscal Review. Budget Act of 2004: human services.

(1) Existing law provides for a system of priority for state and federally subsidized child development services and provides that first priority is given to neglected or abused children, or children who are at risk of being neglected or abused.

This bill would provide that a family receiving child care services on the basis of a child being at risk of abuse is eligible to receive services for up to 3 months, unless the county child welfare agency certifies that child care services continue to be necessary, or the child is receiving child protection services, requires child care, and remains otherwise eligible for services, in which case the family may receive child care services for up to 12 months.

(2) The department, in consultation with the county welfare departments and the State Department of Health Services, shall determine, define, and issue instructions to the counties describing the roles and responsibilities of the department, the State Department of Health Services, and counties for resolving data match discrepancies requiring followup, defining the necessary actions that will be taken to resolve them, and the process for exchange of information pertaining to the findings and disposition of data match discrepancies.

(c) The department shall develop methods for verifying the receipt of supportive services by program recipients. In developing the specified methods the department shall obtain input from program stakeholders as provided in Section 12305.72. The department shall, in consultation with the county welfare departments, also determine, define, and issue instructions describing the roles and responsibilities of the department and the county welfare departments for evaluating and responding to identified problems and discrepancies.

(d) The department shall make available on its Internet Web site the regulations, all-county letters, approved forms, and training curricula developed and officially issued by the department to implement the items described in Section 12305.72. The department shall inform supportive services providers, recipients, and the general public about the availability of these items and of the Medi-Cal toll free fraud hotline and Web site for reporting suspected fraud or abuse in the provision or receipt of supportive services.

(e) The department shall, in consultation with counties and in accordance with Section 12305.72, develop a standardized curriculum, training materials, and work aids, and operate an ongoing, statewide training program on the supportive services uniformity system for county workers, managers, quality assurance staff, state hearing officers, and public authority or nonprofit consortium staff, to the extent a county operates a public authority or nonprofit consortium. The training shall be expanded to include variable assessment intervals, statewide hourly task guidelines, and use of the protective supervision medical certification form as the development of each of these components is completed. Training shall be scheduled and provided at sites throughout the state. The department may obtain a qualified vendor to assist in the development of the training and to conduct the training program. The design of the training program shall provide reasonable flexibility to allow counties to use their preferred training modalities to educate their supportive services staff in this subject matter.

(f) The department shall, in conjunction with the counties, develop protocols and procedures for monitoring county quality assurance programs. The monitoring may include onsite reviews of county quality

**DEPARTMENT OF SOCIAL SERVICES**
744 P Street, MS 19-96, Sacramento, CA 95814

September 30, 2004

ALL-COUNTY INFORMATION NOTICE NO. I-69-04

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

Reason For This Transmittal

[X] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order or Settlement Agreement
[ ] Clarification Requested by one or More Counties
[ ] Initiated by CDSS

**SUBJECT: IN-HOME SUPPORTIVE SERVICES/PERSONAL CARE SERVICES PROGRAM (IHSS/PCSP) QUALITY ASSURANCE (QA) AND PROGRAM INTEGRITY PROVISIONS OF THE FISCAL YEAR (FY) 2004/05 HEALTH AND HUMAN SERVICES' BUDGET TRAILER BILL SENATE BILL (SB) 1104**

This All-County Information Notice (ACIN) provides information regarding the In-Home Supportive Services/Personal Care Services Program (IHSS/PCSP ) Quality Assurance (QA) and program integrity provisions of the Fiscal Year (FY) 2004/05 health and human services' budget trailer bill Senate Bill (SB) 1104.

## BACKGROUND

The California Department of Social Services (CDSS) proposed an IHSS/PCSP QA Initiative as an element of the Governor's 2004/05 State Budget. The proposal outlined a number of enhanced activities to be performed by CDSS, the counties, and the California Department of Health Services (DHS) to improve the quality of IHSS/PCSP service need assessments, enhance program integrity, and detect and prevent program fraud and abuse. The proposal requested: (1) State and county staffing augmentations specifically for QA activities, (2) funding to establish an ongoing State training component for IHSS/PCSP workers, and (3) funding for specified systems changes tied to QA and program integrity improvements.

The CDSS QA proposal was adopted by the Administration. Funding for new State and county QA staff, the IHSS/PCSP training program, and systems changes was included in the FY 2004/05 Budget Act along with projected program savings expected as a result of the program improvements.

**Example of a Statute that has become Regulation**
**From ACIN I -69-04 pages 5-7**

**3. WIC Section 12305.7**

**Summary:** Establishes requirements for State-level IHSS/PCSP QA and program integrity functions.

- Requires CDSS, in consultation with DHS and the counties, to design and conduct an annual IHSS/PCSP payment error rate study beginning in the 04/05 FY to provide baseline data for prioritizing and directing QA and program integrity efforts at the State and county levels.

- Requires CDSS and DHS to conduct automated data matches between IHSS/PCSP paid hours data and Medi-Cal claims payment data to identify potential service overlap, duplication, and third-party liability among other things.

    - Requires CDSS to work with the counties to determine, define, and issue instructions to the counties describing the roles and responsibilities of the CDSS, the DHS, and the counties for resolving data match discrepancies requiring follow-up, defining the necessary actions that will be taken to resolve them, and the process for exchange of information pertaining to the findings and disposition of data match discrepancies.

- Requires CDSS to develop methods for verifying recipient receipt of services and work with the counties to determine, define, and issue instructions describing the roles and responsibilities of the Department and the county welfare departments for evaluating and responding to identified problems and discrepancies.

    - Requires CDSS to get input from counties and other stakeholders when developing the methods for verifying recipient receipt of services.

- Requires CDSS to make available on its website specified information regarding IHSS/PCSP including IHSS/PCSP QA and program integrity regulations, ACLs, program forms, IHSS/PCSP training and materials developed to implement the Trailer Bill's IHSS/PCSP program QA and program integrity provisions. Requires CDSS to notify program stakeholders of the availability of the information on the CDSS website.

- Requires CDSS to notify IHSS/PCSP providers, recipients, and the general public about the toll-free Medi-Cal hotline and website for reporting suspected fraud and abuse.

- Requires CDSS to work in consultation with the counties to develop a statewide training program for county IHSS/PCSP workers, managers, QA staff, State hearing officers, and Public Authority or Non-Profit Consortium

staff on the IHSS/PCSP Uniformity System and other elements of IHSS/PCSP QA and program integrity as they are developed. Requires CDSS to obtain input from program stakeholders while developing the training. Specifically:

- Authorizes CDSS to obtain a contractor to assist in developing and to conduct the training.

- Requires that the design of the training afford reasonable flexibility to counties to use their preferred modalities arranging the training.

- Requires CDSS to monitor county IHSS/PCSP QA programs. This may include on-site visits.

  - Requires CDSS to work with the counties to develop protocols and procedures for monitoring county QA programs and protocols and procedures under which the Department will report its monitoring findings to a county, disagreements over the findings will be resolved, to the extent possible, and the county, DHS and CDSS will follow-up on the findings.

- Requires CDSS to conduct a review of IHSS/PCSP regulations in effect on the date of enactment of this section and revise the regulations as necessary to conform to the changes in statute that have occurred since the regulations were initially promulgated and to conform to federally authorized program changes, such as the federal waiver.

**4. <u>WIC Section 12305.71</u>**

**Summary:** Requires each county to establish a dedicated, specialized IHSS/PCSP QA function or unit and specifies activities the function is to perform.

- Requires the counties to perform routine, scheduled reviews of supportive services cases to ensure that caseworkers appropriately apply the IHSS/PCSP uniformity system and other IHSS/PCSP rules and policies for assessing recipients' need for services to the end that there are accurate assessments of needs and hours. Authorizes counties to consult with State QA staff for technical assistance.

- Requires CDSS and the counties to develop policies, procedures, implementation timelines, and instructions under which the county QA function will perform the following specified QA activities:

  - Receive, resolve, and respond appropriately to claims data matches discrepancies or other State-level QA and program integrity information that indicates potential overpayments to providers or recipients or third party liability for supportive services.

- Implement procedures to identify potential sources of third party liability for IHSS/PCSP services.

- Monitor the delivery of supportive services in the county to detect and prevent potential fraud by providers, recipients, and others and maximize the recovery of overpayments from providers or recipients.

- Inform IHSS/PCSP providers and recipients and the general public that suspected fraud in the provision or receipt of supportive services can be reported using of the toll-free Medi-Cal fraud hotline and website.

- Requires each county to develop a schedule beginning with July 1, 2005, under which county QA staff will periodically perform targeted IHSS/PCSP QA studies.

- Provides that, in accordance with protocols developed by the CDSS and county welfare departments, county QA staff will conduct joint case review activities with State QA staff, including random post-payment paid claims reviews to ensure that payments to providers were valid and were associated with existing program recipients; identify, refer to, and work with appropriate agencies in investigation, administrative action, or prosecution of instances of fraud in the provision of supportive services.

    - Requires that protocols take into account the relative priority of the activities required of county IHSS/PCSP QA functions and available resources.

# IHSS ELIGIBILITY

## Financial

- Receives SSI/SSP (called Status Eligible) – OR –
  - Potentially eligible for all IHSS programs without a share of cost.
  - Social Security Administration (SSA) determines eligibility and issues monthly checks (sometimes called gold checks to differentiate from the green checks Social Security Administration issues without a means test to people who paid into the Social Security system while they worked).
  - Aged (over 65 years old), or Blind, or Disabled (unable to work because of an impairment that is expected to last at least a year or end in death earlier). This determination is done by CDSS Disability and Evaluation Division staff who evaluate medical information and the person's work history. [A person could, for example, have a spinal cord injury but considered not to be disabled if his/her employment prior to the accident was a desk job. On the other hand, that same person would be considered disabled if his/her only work history was as a truck driver and that person had no other marketable skills.]
  - Low income – The SSA evaluates net nonexempt monthly income within the following[1]:

| | **Aged or Disabled** | **Blind** | **Aged/Disabled & Blind** |
|---|---|---|---|
| **Individual** | $ 870.00 | $ 935.00 | --- |
| **Couple** | $ 1,524.00 | $ 1,751.00 | $ 1,666.00 |
| **Child** | $ 756.00 | --- | --- |

  - Countable Resources under $2,000 for an individual or $3,000 for a couple. Resources are things like savings, checking, stocks, and bonds. A home where the client lives is not counted as a resource.
  - Is a U.S. citizen or a legal immigrant with certain other requirements.
  - A resident of California.
- Does not receive SSI/SSP but received unrestricted Medi-Cal (called Income Eligible)
  - County Medi-Cal Eligibility Workers evaluate income, resources and other criteria to determine eligibility.
  - An Aid Code chart is provided to determine which Medi-Cal beneficiaries have unrestricted Medi-Cal and other conditions must be met to qualify for the various IHSS programs.
  - Recipients may or may not have a Share of Cost. If there is a Share of Cost, that must be obligated before the IHSS service provider can be paid. The Share of Cost is obligated either to a health care provider such as a doctor or a pharmacy or to the IHSS provider whose net pay check will be reduced by the amount of the unpaid Share of Cost.

[1] These figures are effective January 1, 2008 and are subject to annual Cost of Living Adjustments (COLA) increases.

**Threshold of Need**

- MPP §30-700.1 states, "The In-Home Supportive Services (IHSS) Program provides assistance to those eligible aged, blind and disabled individuals who are unable to remain safely in their own homes without this assistance. IHSS is an alternative to out-of-home care."
- People who are not at risk without the provision of paid or unpaid assistance from another are not eligible for IHSS.

**Own Home**

- To qualify for IHSS, the person must be living in his/her "own home."
    - MPP §30-701(o)(2) defines own home as, "...the place in which the individual chooses to reside. An individual's "own home" does not include an acute care hospital, skilled nursing facility, intermediate care facility, or a board and care facility. A person receiving an SSI/SSP payment for a nonmedical out-of-home living arrangement is not considered to be living in his/her home.
    - A person can be living with family members and still be living in his/her "own home."
    - A person living in a homeless shelter is living in his/her "own home," but that specific IHSS which are provided by the shelter (such as meal preparation) cannot also be authorized.

**The 3 IHSS Programs**

- *PCSP* – For Status Eligible or Income Eligible people who are not disqualified from the Program because of one of the conditions listed in IPW or Residual.
- *IPW* – For Status Eligible or Income Eligible people who meet one of the following criteria that disqualifies the person from PCSP:
    - *Spouse* provider.
    - *Parent* provider when the consumer is a minor.
    - *Advanced Pay* option selected when the consumer meets the regulatory definition of Severely Impaired.
    - *Restaurant Meal Allowance* (cash payment selected in lieu of IHSS Meal Preparation and Meal Cleanup) selected by consumer.
- *Residual* – Not Full Scope Medi-Cal but meets the eligibility requirements found in MPP §30-755.
    - This is unusual.
    - The consumer's Share of Cost is the difference between the SSI/SSP payment level and the consumer's net nonexempt income.
    - The cost of care is more expensive to the state and county because there is no federal funding for the care.

## IHSS PROGRAM CATEGORIES

| Program Title | Characteristics | Payment Source |
|---|---|---|
| **IHSS-Plus Waiver (IPW)** | Covers consumers who are eligible for Federal Financial Participation (FFP) Medi-Cal, but not eligible for Personal Care Services (PCSP) due to one or more of the following:<br><br>• Consumer has a spouse for a provider; **or**<br>• Consumer is a minor child with a parent for a provider; **or**<br>• Consumer receives Advance Pay; **or**<br>• Consumer receives Restaurant Meal Allowance. | Federal, State and County<br><br>**Note**: FFP is available through a Waiver granted by the Centers for Medicaid and Medicare (CMS) in 2004. Prior to the approval of the IPW, these cases were paid for by state and county funds. |
| **Personal Care Services Program (PCSP)** | Covers consumers who are eligible for FFP Medi-Cal. Services include: Domestic and Related Services, Personal Care Services, and Protective Supervision.<br><br>**Note**: If one of the four IPW conditions listed above exists, the case would be an IPW case rather than PCSP. If the consumer is not eligible for FFP Medi-Cal, the consumer would be in the Residual Program. | Federal, State, and County<br><br>**Note:** Cases with Protective Supervision and cases with only Domestic and Related Services were added to the PCSP Program in 2004. |
| **Residual Program** | Covers consumers who are not eligible for FFP Medi-Cal and who meet the IHSS eligibility criteria (MPP 30-755). | State and County |

## MEDI-CAL AID CODES

This Medi-Cal Aid Codes Master Chart describes the meaning of each Aid Code, the type of coverage (full or restricted), whether the beneficiary qualifies financially for PCSP or IPW, and whether the person has a Share of Cost (SOC). Beneficiaries may have more than one Aid Code. A single Aid Code qualifies a person for PCSP or IPW; all Aid Codes need not be qualifying.

The first 2 digits of the Medi-Cal case number designate the beneficiary's county of residence. The next 2 are the Aid Code. The Aid Code is followed by a serial number assigned to the case (most often, the serial number will be shared by husband and wife and other family members). Following the serial number is the Medi-Cal Family Budget Unit number (MFBU); each person sharing the serial number is assigned an FBU number. The most reliable source to verify the Medi-Cal case number is MEDS, an on-line computer system.

Financial eligibility for PCSP/IPW is determined by either the Social Security Administration (SSA) for people who qualify for SSI/SSP or the county Medi-Cal worker. If a person receives SSI/SSP and meets all other eligibility criteria, s/he is *Status Eligible.* People who do not receive SSI/SSP but get Medi-Cal with a qualifying Aid Code and meet all other eligibility criteria are *Income Eligible.* Once an initial financial determination is made, eligibility for Medi-Cal services, including PCSP and IPW can go retroactive 3 months prior to the Medi-Cal application date if the PCSP/IPW application was filed simultaneously.

To financially qualify for PCSP or IPW, the person must have Full Scope Medi-Cal, must not have Long Term Care (LTC) coverage, and must have a disabling condition that is expected to last at least 12 months or end in death before that time. Some Aid Codes designate that the disabling condition has already been determined. In those circumstances, the PCSP/IPW column indicates "Yes." If the person's Medi-Cal is restricted, "No" has been entered in that column. If the person's Aid Code indicates that coverage is for LTC, "OHC" (Out of Home Care) is listed in the PCSP/IPW column; the person would not qualify for services because s/he is not living in his/her "own home." If the person is potentially eligible (listed as "Nd Disab), the county would need to make a determination that s/he has a disabling condition that is expected to last at least a year or end in death sooner.

If a person has a Share of Cost (SOC), that means that his/her income is higher than the allowable to qualify for free Medi-Cal. The SOC must be obligated before payment of Medi-Cal services, including PCSP/IPW. If the consumer does not incur costs against the SOC before the PCSP/IPW timesheet is processed, the SOC is applied to the provider's timesheet, deducting the unmet SOC against the provider's gross pay. If the SOC has been obligated to other medical costs, the provider's pay will not be reduced. Medi-Cal payments (including PCSP/IPW) cannot be issued until the Share of Cost is met. For more information on SOC, refer to CMIPS Manual Page V-B-19 through V-B-25.

## MEDI-CAL AID CODES

| Code | Benefits | PCSP/ IPW | SOC | Program/Description |
|---|---|---|---|---|
| 0A | Full | Yes | No | Refugee Cash Assistance (RCA). Covers all eligible refugees during their first eight months in the United States, including unaccompanied children who are not subject to the eight-month limitation. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project. |
| 0C | HF services only (no Medi-Cal) | No | No | Access for Infants and Mothers (AIM) – Infants enrolled in Healthy Families (HF). Infants from a family with an income of 200 to 300 percent of the federal poverty level, born to a mother enrolled in AIM. The infant's enrollment in the HF program is based on their mother's participation in AIM. |
| 0L | Restricted | No | No | Breast and Cervical Cancer Treatment Program (BCCTP) Transitional Coverage Until the County Makes a Determination of Medi-Cal Eligibility. Covers:<br>• BCCTP recipients formerly in aid code 0U, without satisfactory immigration status, who are no longer in need of treatment, and/or have creditable health coverage and are not eligible for state-funded BCCTP.<br>• BCCTP recipients formerly in aid code 0V, without satisfactory immigration status, who have turned 65 years of age, have other health coverage, and/or are no longer in need of treatment and have exhausted their 18-month (breast cancer) or 24-month (cervical cancer) time limit.<br>• BCCTP recipients formerly in aid code 0X with creditable health coverage who have exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of state eligibility.<br>• BCCTP recipients formerly in aid code 0Y, age 65 or older who have exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of state eligibility.<br>Recipients eligible only for transitional federal emergency, pregnancy-related and state-only Long Term Care (LTC) services. |
| 0M | Full | Nd Disab | No | BCCTP – Accelerated Enrollment (AE). Provides temporary AE for full-scope, no Share of Cost (SOC) Medi-Cal for eligible females younger than 65 years of age who have been diagnosed with breast and/or cervical cancer. Limited to two months. |

## MEDI-CAL AID CODES

| Code | Benefits | PCSP/ IPW | SOC | Program/Description |
|---|---|---|---|---|
| 0N | Full | Nd Disab | No | BCCTP – AE. Provides temporary AE for full-scope, no SOC Medi-Cal while an eligibility determination is made for eligible females younger than 65 years of age without creditable health coverage who have been diagnosed with breast and/or cervical cancer. |
| 0P | Full | Nd Disab | No | BCCTP. Provides full-scope, no SOC Medi-Cal for eligible females younger than 65 years of age who are diagnosed with breast and/or cervical cancer and are without creditable insurance coverage. They remain eligible while still in need of treatment and meet all other eligibility requirements. |
| 0R | Restricted Services | No | No | BCCTP – High Cost Other Health Coverage (OHC). State-funded. Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for eligible all-age males and females, including undocumented aliens, who have been diagnosed with breast and/or cervical cancer, if premiums, co-payments and deductibles are greater than $750. Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months. |
| 0T | Restricted Services | No | No | BCCTP – State-funded. Provides 18 months of breast cancer treatments and 24 months of cervical cancer treatments for eligible all-age males and females 65 years of age or older, regardless of citizenship, who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with expensive, creditable insurance. Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months. |
| 0U | Restricted Services | No | No | BCCTP – Undocumented Aliens. Provides emergency, pregnancy-related and Long Term Care (LTC) services to females younger than 65 years of age with unsatisfactory immigration status who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with creditable insurance. State-funded cancer treatment services are **covered for** 18 months (breast) and 24 months (cervical).<br>*Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).* |

## MEDI-CAL AID CODES

| Code | Benefits | PCSP/ IPW | SOC | Program/Description |
|---|---|---|---|---|
| 0V | Restricted Services | No | No | Post-BCCTP. Provides limited-scope no SOC Medi-Cal emergency, pregnancy-related and Long Term Care (LTC) services for females younger than 65 years of age with unsatisfactory immigration status and without creditable health insurance coverage who have exhausted their 18-month (breast) or 24-month (cervical) period of cancer treatment coverage under aid code 0U. No cancer treatment. Continues as long as the woman is in need of treatment and, other than immigration, meets all other eligibility requirements.<br>*Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).* |
| 0W | Full | Nd Disab | No | BCCTP Transitional Coverage. Covers recipients formerly in aid code 0P who no longer meet federal BCCTP requirements due to reaching age 65, are no longer in need of treatment for breast and/or cervical cancer, or have obtained creditable health coverage. Recipients in aid code 0W will continue to receive transitional full-scope Medi-Cal services until the county completes an eligibility determination for other Medi-Cal programs. |
| 0X | Restricted | No | No | BCCTP Transitional Coverage. Covers recipients formerly in aid code 0U who do not have satisfactory immigration status, have obtained creditable health coverage, still require treatment for breast and/or cervical cancer and have not exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of coverage under state-funded BCCTP.<br>Recipients eligible only for transitional emergency, pregnancy-related and state-only LTC services, and co-pays, deductibles and/or non-covered breast and/or cervical cancer treatment and related services. |
| 0Y | Restricted | No | No | BCCTP Transitional Coverage. Covers recipients formerly in aid code 0U who do not have satisfactory immigration status, have reached 65 years of age, still require treatment for breast and/or cervical cancer and have not exhausted their 18 months (breast cancer) or 24 months (cervical cancer) state-funded BCCTP.<br>Recipients eligible only for transitional emergency, pregnancy-related and state-only LTC services, and state-funded cancer treatment and related services. |

## MEDI-CAL AID CODES

| Code | Benefits | PCSP/ IPW | SOC | Program/Description |
|---|---|---|---|---|
| 01 | Full | Nd Disab | No | Refugee Cash Assistance (RAC). Covers all eligible refugees during their first eight months in the United States, including unaccompanied children who are not subject to the eight-month limitation. |
| 02 | Full | Nd Disab | Y/N | Refugee Medical Assistance/Entrant Medical Assistance. Covers eligible refugees and entrants who are not eligible for Medi-Cal or Healthy Families and do not qualify for or want cash assistance. |
| 03 | Full | Nd Disab | No | Adoption Assistance Program (AAP). Covers children receiving federal cash grants under Title IV-E to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance. |
| 04 | Full | Nd Disab | No | Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC). Covers children receiving cash grants under the state-only AAP/AAC program. |
| 06 | Full | Nd Disab | No | Adoption Assistance Program (AAP) Child. Covers children receiving federal AAP cash subsidies from out of state. Provides eligibility for Continued Eligibility for Children (CEC) if for some reason the child is no longer eligible under AAP prior to his/her 18th birthday. |
| 08 | Full | Nd Disab | No | Entrant Cash Assistance (ECA). Covers Cuban/Haitian entrants during their first eight months in the United States who are receiving ECA benefits, including unaccompanied children who are not subject to the eight-month provision. |
| 1E | Full | Yes | No | Craig v. Bonta Aged Pending SB 87 Redetermination. Covers former Supplemental Security Income/State Supplementary Payment recipients who are aged, until the county redetermines their Medi-Cal eligibility. |
| 1H | Full | Yes | No | Federal Poverty Level – Aged (FPL-Aged). Covers the aged in the Aged and Disabled FPL program. |
| 1U | Restricted to pregnancy and emergency services | No | No | Restricted Federal Poverty Level – Aged. Covers the aged in the Aged and Disabled FPL program that do not have satisfactory immigration status. |
| 1X | Full | Yes | No | Aid to the Aged – Multipurpose Senior Services Program (MSSP). Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older. |
| 1Y | Full | Yes | Yes | Aid to the Aged – MSSP. Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older. |
| 10 | Full | Yes | No | Aid to the Aged – SSI/SSP. |

## MEDI-CAL AID CODES

| Code | Benefits | PCSP/ IPW | SOC | Program/Description |
|---|---|---|---|---|
| 13 | Full | OHC | Y/N | Aid to the Aged – Long Term Care (LTC). Covers persons 65 years of age or older who are medically needy and in LTC status. |
| 14 | Full | Yes | No | Aid to the Aged – Medically Needy. |
| 16 | Full | Yes | No | Aid to the Aged – Pickle Eligibles. |
| 17 | Full | Yes | Yes | Aid to the Aged – Medically Needy, SOC. |
| 18 | Full | Yes | No | Aid to the Aged – In-Home Support Services (IHSS). |
| 2A | Full | Nd Disab | No | Abandoned Baby Program. Provides full-scope benefits to children up to 3 months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act. |
| 2E | Full | Yes | No | Craig v. Bonta Blind – Pending SB 87 Redetermination. Covers former Supplemental Security Income/State Supplementary Payment recipients who are blind, until the county redetermines their Medi-Cal eligibility. |
| 20 | Full | Yes | No | Blind – SSI/SSP – Cash. |
| 23 | Full | OHC | Y/N | Blind – Long Term Care (LTC). |
| 24 | Full | Yes | No | Blind – Medically Needy. |
| 26 | Full | Yes | No | Blind – Pickle Eligibles. |
| 27 | Full | Yes | Yes | Blind – Medically Needy, SOC. |
| 28 | Full | Yes | No | Blind – IHSS. |
| 3A | Full | Nd Disab | No | California Work Opportunity and Responsibility to Kids (CalWORKs), Timed-Out, Safety Net – All Other Families. |
| 3C | Full | Nd Disab | No | CalWORKS Timed-Out, Safety Net – Two-Parent Families. |
| 3D | Full | Nd Disab | No | CalWORKS – Pending, Medi-Cal Eligible. |
| 3E | Full | Nd Disab | No | CalWORKS – Legal Immigrant – Family Group. |
| 3G | Full | Nd Disab | No | CalWORKS – Zero Parent Exempt. |
| 3H | Full | Nd Disab | No | CalWORKS – Zero Parent Mixed. |
| 3L | Full | Nd Disab | No | CalWORKs – Legal Immigrant – Aid to families. |
| 3M | Full | Nd Disab | No | CalWORKs – Legal Immigrant – Two Parent. |
| 3N | Full | Nd Disab | No | Aid to Families with Dependent Children (AFDC) – 1931(b) Non-CalWORKS. |

## MEDI-CAL AID CODES

| Code | Benefits | PCSP/ IPW | SOC | Program/Description |
|---|---|---|---|---|
| 3P | Full | Nd Disab | No | CalWORKS – All Families – Exempt. |
| 3R | Full | Nd Disab | No | CalWORKS – Zero Parent – Exempt. |
| 3T | Restricted to pregnancy and emergency services | No | No | Initial Transitional Medi-Cal (TMC). Provides six months of coverage for eligible aliens without satisfactory immigration status who have been discontinued from Section 1931(b) due to increased earnings from employment. |
| 3U | Full | Nd Disab | No | CalWORKs – Legal Immigrant – Two Parent Mixed. |
| 3V | Restricted to pregnancy and emergency services | No | No | AFDC – 1931(b) Non CalWORKS. Covers those eligible for the Section 1931(b) program who do not have satisfactory immigration status. |
| 3W | Full | Nd Disab | No | Temporary Assistance to Needy Families (TANF) Timed-Out, Mixed Case. |
| 30 | Full | Nd Disab | No | CalWORKS – All Families. |
| 32 | Full | Nd Disab | No | TANF Timed out. |
| 33 | Full | Nd Disab | No | CalWORKS – Zero Parent. |
| 34 | Full | Nd Disab | No | AFDC – Medically Needy. |
| 35 | Full | Nd Disab | No | CalWORKS – Two Parent. |
| 36 | Full | Nd Disab | No | Aid to Disabled Widow(er)s |
| 37 | Full | Nd Disab | Yes | AFDC – Medically Needy SOC. |
| 38 | Full | Nd Disab | No | Edwards v. Kizer. |
| 39 | Full | Nd Disab | No | Initial Transitional Medi-Cal (TMC) (6 months). Provides six months of coverage for those discontinued from CalWORKs or the Section 1931(b) program due to increased earnings or increased hours of employment. |
| 4A | Full | No Resi-dence | No | Out-of-State Adoption Assistance Program (AAP). Covers children for whom there is a state-only AAP agreement between any state other than California and adoptive parents. |
| 4F | Full | Nd Disab | No | Kinship Guardianship Assistance Payment (Kin-GAP) Cash Assistance. Covers children in the federal program for children in relative placement receiving cash assistance. |

## MEDI-CAL AID CODES

| Code | Benefits | PCSP/ IPW | SOC | Program/Description |
|---|---|---|---|---|
| 4G | Full | Nd Disab | No | Kin-GAP Cash Assistance. Covers children in the state program for children in relative placement receiving cash assistance. |
| 4K | Full | OHC | No | Emergency Assistance Foster Care. Covers juvenile probation cases placed in foster care. |
| 4M | Full | OHC | No | Former Foster Care Children (FFCC). |
| 40 | Full | OHC | No | AFDC-Foster Care. Covers children on whose behalf financial assistance is provided for state only foster care placement. |
| 42 | Full | OHC | No | AFDC-Foster Care. Covers children on whose behalf financial assistance is provided for federal foster care placement. |
| 44 | Restricted to pregnancy-related services | No | No | 200 Percent FPL Pregnant (Income Disregard Program – Pregnant). Provides eligible pregnant women of any age with family planning, pregnancy-related and postpartum services if family income is at or below 200 percent of the federal poverty level. |
| 45 | Full | OHC | No | Foster Care. Covers children supported by public funds other than AFDC-FC. |
| 46 | Full | OHC | No | Interstate Compact on the Placement of Children (ICPC) Child. Covers foster children placed in California from another state. Provides eligibility for CEC if for some reason the child is no longer eligible under foster care prior to his/her eighteenth birthday. Also provides eligibility for the Former Foster Care Children (FFCC) program (aid code 4M) at age 18. |
| 47 | Full | Nd Disab | No | 200 Percent FPL Infant (Income Disregard Program – Infant). Provides full Medi-Cal benefits to eligible infants up to 1 year old or continues beyond 1 year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level. |
| 48 | Restricted to pregnancy-related services | No | No | 200 Percent FPL Pregnant Omnibus Budget Reconciliation Act (OBRA) (Income Disregard Program – Pregnant OBRA). Provides eligible pregnant aliens of any age without satisfactory immigration status with family planning, pregnancy-related and postpartum, if family income is at or below 200 percent of the federal poverty level. |
| 5F | Restricted to pregnancy and emergency services | No | Y/N | OBRA Alien – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status. |

## MEDI-CAL AID CODES

| Code | Benefits | PCSP/ IPW | SOC | Program/Description |
|---|---|---|---|---|
| 5J | Restricted to pregnancy-related and emergency services | No | No | SB 87 Pending Disability Program. |
| 5K | Full | OHC | No | Emergency Assistance (EA) Foster Care. Covers child welfare cases placed in EA foster care. |
| 5R | Restricted to pregnancy-related and emergency services | No | Yes | SB 87 Pending Disability Program. |
| 5T | Restricted to pregnancy and emergency services | No | No | Continuing TMC. Provides an additional six months of emergency services coverage for those beneficiaries who received six months of initial TMC coverage under aid code 3T. |
| 5W | Restricted to pregnancy and emergency services | No | No | Four-Month Continuing Pregnancy and Emergency Services Only. Provides four months of emergency services for aliens without satisfactory immigration status who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support. |
| 50 | Restricted to CMSP emergency services only | No | Y/N | County Medical Services Program (CMSP). OBRA/Out of County Care. |
| 53 | Restricted to LTC and related services | No | Y/N | Medically Indigent – Long Term Care (LTC) services. Covers eligible persons age 21 or older and under 65 years of age who are residing in a Nursing Facility Level A or B with or without SOC. For more information about LTC services, refer to the *County Medical Services Program (CMSP)* section in this manual.<br>*Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).* |
| 54 | Full | Nd Disab | No | Four-Month Continuing Eligibility. Covers persons discontinued from CalWORKs or Section 1931(b) due to the increased collection of child/spousal support. |

## MEDI-CAL AID CODES

| Code | Benefits | PCSP/ IPW | SOC | Program/Description |
|---|---|---|---|---|
| 55 | Restricted to pregnancy and emergency services | No | No | OBRA Not PRUCOL – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the *OBRA and IRCA* section in this manual.<br>*Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).* |
| 58 | Restricted to pregnancy and emergency services | No | Y/N | OBRA Aliens. Covers eligible aliens who do not have satisfactory immigration status. |
| 59 | Full | Nd Disab | No | Continuing TMC (6 months). Provides an additional six months of TMC for beneficiaries who had six months of initial TMC coverage under aid code 39. |
| 6A | Full | Yes | No | Disabled Adult Child(ren) (DAC) Blind. |
| 6C | Full | Yes | No | Disabled Adult Child(ren) (DAC) Disabled. |
| 6E | Full | Yes | No | Craig v. Bonta Disabled – Pending SB 87 redetermination. Covers former Supplemental Security Income/State Supplementary Payment recipients who are disabled, until the county redetermines their Medi-Cal eligibility. |
| 6G | Full | Yes | No | 250 Percent Working Disabled Program. |
| 6H | Full | Yes | No | Disabled – FPL. Covers the disabled in the Aged and Disabled Federal Poverty Level program. |
| 6J | Full | Nd Disab | No | SB 87 Pending Disability. Covers with no SOC beneficiaries ages 21 to 65 who have lost their non-disability linkage to Medi-Cal and are claiming disability. |
| 6N | Full | Nd Disab | No | Former SSI No Longer Disabled in SSI Appeals Status. |
| 6P | Full | No | No | PRWORA/No Longer Disabled Children. |
| 6R | Full | Nd Disab | Yes | SB 87 Pending Disability (SOC). Covers with an SOC those ages 21 to 65 who have lost their non-disability linkage to Medi-Cal and are claiming disability. |
| 6U | Restricted to pregnancy and emergency services | No | No | Restricted Federal Poverty Level – Disabled. Covers the disabled in the Aged and Disabled FPL program who do not have satisfactory immigration status. |
| 6V | Full | Yes | No | Department of Developmental Services (DDS) Waivers (No SOC). |

## MEDI-CAL AID CODES

| Code | Benefits | PCSP/ IPW | SOC | Program/Description |
|---|---|---|---|---|
| 6W | Full | Yes | Yes | DDS Waivers (SOC). |
| 6X | Full | Yes | No | Medi-Cal In-Home Operations (IHO) Waiver (No SOC). |
| 6Y | Full | Yes | Yes | Medi-Cal In-Home Operations (IHO) Waiver (SOC). |
| 60 | Full | Yes | No | Disabled – SSI/SSP – Cash. |
| 63 | Full | OHC | Y/N | Disabled – Long Term Care (LTC). |
| 64 | Full | Yes | No | Disabled – Medically Needy. |
| 65 | Full | Yes | Y/N | Katrina-Covers eligible evacuees of Hurricane Katrina. |
| 66 | Full | Yes | No | Disabled – Pickle Eligibles. |
| 67 | Full | Yes | Yes | Disabled – Medically Needy SOC. |
| 68 | Full | Yes | No | Disabled – IHSS. |
| 69 | Restricted to emergency services | No | No | 200 Percent Infant OBRA. Provides emergency services only for eligible infants without satisfactory immigration status who are under 1 year of age or beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the federal poverty level. |
| 7A | Full | Nd Disab | No | 100 Percent Child. Provides full benefits to otherwise eligible children, ages 6 to 19 or beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level. |
| 7C | Restricted to pregnancy and emergency services | No | No | 100 Percent OBRA Child. Covers emergency and pregnancy-related services to otherwise eligible children, without satisfactory immigration status who are ages 6 to 19 or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level. |
| 7F | Valid for pregnancy verification office visit | No | No | Presumptive Eligibility (PE) – Pregnancy Verification. This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have pregnancy test results that are negative. |
| 7G | Valid only for ambulatory prenatal care services | No | No | Presumptive Eligibility (PE) – Ambulatory Prenatal Care. This option allows the Qualified Provider (QP) to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have pregnancy test results that are positive. QP issues paper PE ID Card. |

## MEDI-CAL AID CODES

| Code | Benefits | PCSP/ IPW | SOC | Program/Description |
|---|---|---|---|---|
| 7H | Valid only for TB-related outpatient services | No | No | Tuberculosis (TB) Program. Covers eligible individuals who are TB-infected for TB-related outpatient services only. |
| 7J | Full | Nd Disab | No | Continuous Eligibility for Children (CEC). Provides full-scope benefits to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal. |
| 7K | Restricted to pregnancy and emergency services | No | No | Continuous Eligibility for Children (CEC). Provides emergency and pregnancy-related benefits (no Share of Cost) to children without satisfactory immigration status who are up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal. |
| 7M | Valid for Minor Consent services | No | Y/N | Minor Consent Program. Covers eligible minors at least 12 years of age and under the age of 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning. Paper Medi-Cal ID Card issued. |
| 7N | Valid for Minor Consent services | No | No | Minor Consent Program. Covers eligible pregnant minors under the age of 21. Limited to services related to pregnancy and family planning. Paper Medi-Cal ID card issued. |
| 7P | Valid for Minor Consent services | No | Y/N | Minor Consent Program. Covers eligible minors at least 12 years of age and under the age of 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. Paper Medi-Cal ID card issued. |
| 7R | Valid for Minor Consent services | No | Y/N | Minor Consent Program. Covers eligible minors under age 12. Limited to services related to family planning and sexual assault. Paper Medi-Cal ID card issued. |
| 7T | Full | Nd Disab | No | Express Enrollment – National School Lunch Program (NSLP). |
| 7X | Full | Nd Disab | No | One-Month Medi-Cal to Healthy Families Bridge. |
| 71 | Restricted to dialysis and supplemental dialysis-related services | No | Y/N | Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP). Covers eligible persons of any age who are eligible only for dialysis and related services. |

## MEDI-CAL AID CODES

| Code | Benefits | PCSP/ IPW | SOC | Program/Description |
|---|---|---|---|---|
| 72 | Full | Nd Disab | No | 133 Percent Program. Provides full Medi-Cal benefits to eligible children ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level. |
| 73 | Restricted to parenteral hyperali-mentation-related expenses | No | Y/N | Total Parenteral Nutrition (TPN). Covers eligible persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs. |
| 74 | Restricted to emergency services | No | No | 133 Percent Program (OBRA). Provides emergency services only for eligible children without satisfactory immigration status who are ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level. |
| 76 | Restricted to 60-day postpartum services | No | No | 60-Day Postpartum Program. Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs. |
| 8E | Full | Nd Disab | No | Accelerated Enrollment. Provides immediate, temporary, fee-for-service, full-scope Medi-Cal benefits to certain children under the age of 19. |
| 8F | CMSP acute inpatient services only | OHC | Y/N | CMSP Companion Aid Code. Used in conjunction with Medi-Cal aid code 53. Aid Code 8F will appear as a special aid code and will entitle the eligible client to acute inpatient services only while residing in a Nursing Facility Level A or B. For more information about Long Term Care (LTC) services, refer to the *County Medical Services Program (CMSP)* section in this manual. |
| 8G | Full | Yes | No | Severely Impaired Working Individual (SIWI). |
| 8H | Family Planning | No | N/A | Family PACT (FPACT). Comprehensive family planning services for low income residents of California with no other source of health care coverage. HAP Card Issued. |
| 8N | Restricted to emergency services | No | No | 133 Percent Excess Property Child – Emergency Services Only. Provides emergency services only for eligible children without satisfactory immigration status who are ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level. |

## MEDI-CAL AID CODES

| Code | Benefits | PCSP/ IPW | SOC | Program/Description |
|---|---|---|---|---|
| 8P | Full | OHC | No | 133 Percent Excess Property Child. Provides full-scope Medi-Cal benefits to eligible children ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level. |
| 8R | Full | OHC | No | 100 Excess Property Child. Provides full-scope benefits to otherwise eligible children, ages 6 to 19 or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level. |
| 8T | Restricted to pregnancy and emergency services | No | No | 100 Percent Excess Property Child – Pregnancy and Emergency Services Only. Covers emergency and pregnancy-related services only to otherwise eligible children without satisfactory immigration status who are ages 6 to 19 or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level. |
| 8U | Full | Nd Disab | No | CHDP Gateway Deemed Infant. Provides full-scope, no Share of Cost (SOC) Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with no SOC in the month of the infant's birth. |
| 8V | Full | Nd Disab | Yes | CHDP Gateway Deemed Infant SOC. Provides full-scope Medi-Cal benefits with a Share of Cost (SOC) for infants born to mothers who were enrolled in Medi-Cal with a SOC in the month of the infant's birth and SOC was met. |
| 8W | Full | Nd Disab | No | CHDP Gateway Medi-Cal. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Medi-Cal eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC. |
| 8X | Full | Nd Disab | No | CHDP Gateway Healthy Families. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Healthy Families eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC. |
| 8Y | CHDP services only | No | No | CHDP. Covers CHDP eligible children who are also eligible for Medi-Cal emergency, pregnancy-related and Long Term Care (LTC) services. |
| 80 | Restricted to Medicare expenses | No | No | Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind or disabled individuals. |
| 81 | Full | Nd Disab | Y/N | MI – Adults Aid Paid Pending. |

## MEDI-CAL AID CODES

| Code | Benefits | PCSP/ IPW | SOC | Program/Description |
|---|---|---|---|---|
| 82 | Full | Nd Disab | No | MI – Child. Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing. |
| 83 | Full | Nd Disab | Yes | MI – Child SOC. Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent. |
| 84 | CMSP services only (no Medi-Cal) | No | No | MI – Adult. Covers medically indigent adults aged 21 and over but under 65 years that meet the eligibility requirements of medically indigent. |
| 85 | CMSP services only (no Medi-Cal) | No | Yes | MI – Adult. Covers medically indigent adults aged 21 and over but under 65 years, which meet the eligibility requirements of medically indigent. |
| 86 | Full | Nd Disab | No | MI – Confirmed Pregnancy. Covers persons aged 21 years or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent. |
| 87 | Full | Nd Disab | Yes | MI – Confirmed Pregnancy SOC. Covers persons aged 21 or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs. |
| 88 | CMSP services only (no Medi-Cal) | No | No | MI – Adult – Disability Pending. Covers medically indigent adults aged 21 and over but under 65 years that meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. |
| 89 | CMSP services only (no Medi-Cal) | No | Yes | MI – Adult – Disability Pending SOC. Covers medically indigent adults aged 21 and over but under 65 years that meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. |
| 9A | Cancer Detection Programs: Every Woman Counts only | No | No | The Cancer Detection Programs: Every Woman Counts recipient identifier. Cancer Detection Programs: Every Woman Counts offers benefits to uninsured and underinsured women, 25 years and older, whose household income is at or below 200 percent of the Federal poverty level. Cancer Detection Programs: Every Woman Counts offers reimbursement for screening, diagnostic and case management services.<br><br>*Please note: Cancer Detection Programs: Every Woman Counts and Medi-Cal are separate programs; however, Cancer Detection Programs: Every Woman Counts relies on the Medi-Cal billing process (with few exceptions).* |

## MEDI-CAL AID CODES

| Code | Benefits | PCSP/ IPW | SOC | Program/Description |
|---|---|---|---|---|
| 9H | HF services only (no Medi-Cal) | No | No | Healthy Families Child. Provides a comprehensive health insurance plan for uninsured children from 1 to 19 years of age whose family's income is at or below 200 percent of the Federal poverty level. HF covers medical, dental and vision services to enrolled children. |
| 9J | GHPP | No | No | GHPP-eligible. Eligible for GHPP benefits and case management. |
| 9K | CCS | No | No | CCS-eligible. Eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management). |
| 9M | CCS Medical Therapy Program only | No | No | Eligible for CCS Medical Therapy Program services only. |
| 9N | CCS Case Management | No | No | Eligible for CCS only if concurrently eligible for full-scope, no SOC Medi-Cal. CCS authorization required. |
| 9R | CCS | No | No | CCS-eligible Healthy Families child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management). The child's county of residence has no cost sharing for the child's CCS services. |
| 9U | CCS | No | No | CCS-eligible Healthy Families child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e. diagnosis, treatment, therapy and case management). The child's county of residence has county cost sharing for the child's CCS services. |

**Special Share of Cost (SOC) Case Indicators:** These indicators, which appear on a recipient's SOC Case Summary Form, are used to identify the following:

**RR – Responsible Relative:** An RR is allowed to use medical expenses to meet the SOC for other family members for whom he/she is responsible. Upon certification of the SOC, an RR individual is not eligible for Medi-Cal benefits in this Medi-Cal Budget Unit (MBU). The individual may be eligible for Medi-Cal benefits in another MBU where the person is not identified as RR.

# County Number Table

| | | | |
|---|---|---|---|
| 01 | Alameda | 30 | Orange |
| 02 | Alpine | 31 | Placer |
| 03 | Amador | 32 | Plumas |
| 04 | Butte | 33 | Riverside |
| 05 | Calaveras | 34 | Sacramento |
| 06 | Colusa | 35 | San Benito |
| 07 | Contra Costa | 36 | San Bernardino |
| 08 | Del Norte | 37 | San Diego |
| 09 | El Dorado | 38 | San Francisco |
| 10 | Fresno | 39 | San Joaquin |
| 11 | Glenn | 40 | San Luis Obispo |
| 12 | Humboldt | 41 | San Mateo |
| 13 | Imperial | 42 | Santa Barbara |
| 14 | Inyo | 43 | Santa Clara |
| 15 | Kern | 44 | Santa Cruz |
| 16 | Kings | 45 | Shasta |
| 17 | Lake | 46 | Sierra |
| 18 | Lassen | 47 | Siskiyou |
| 19 | Los Angeles | 48 | Solano |
| 20 | Madera | 49 | Sonoma |
| 21 | Marin | 50 | Stanislaus |
| 22 | Mariposa | 51 | Sutter |
| 23 | Mendocino | 52 | Tehama |
| 24 | Merced | 53 | Trinity |
| 25 | Modoc | 54 | Tulare |
| 26 | Mono | 55 | Tuolumne |
| 27 | Monterey | 56 | Ventura |
| 28 | Napa | 57 | Yolo |
| 29 | Nevada | 58 | Yuba |

## THINGS TO CONSIDER WHEN ASSESSING

### AA Domestic Services [MPP 30-757.11]

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.

| | |
|---|---|
| • What is the living arrangement? How many people live in the home? Does the consumer have a separate bedroom and bathroom? How many people use the rooms used in common? Are there any rooms not being used by the consumer? What are the proration rules that apply?<br>• What is the consumer's mental status? Is he/she alert? Are there cognitive issues that prevent the consumer from completing tasks?<br>• Avoid judging the suitability of the living situation based on your own standards versus the safety of the situation. The social worker may not believe this is the best condition, but the check is if it is SAFE?<br>• What physical or mental limitations exist that contribute to the consumer's need for assistance?<br>• Look at the number and size of rooms to be cleaned. The assessed need for a studio apartment should usually be less than for a larger dwelling.<br>• If the consumer suffers from incontinence, frequent changes of bed linen may be necessary if the consumer does not have protective pads that protect linens. Extra changing of the sheets should be assessed as domestic services but the washing of them is assessed as laundry. | **Common Authorization Mistakes:**<br>• *Everyone is assessed 6.00 hours per month regardless of FI score.*<br>• *Size of residence or lifestyle choices are not taken into consideration.*<br>• *Service is authorized when the consumer resides with Able/Available spouse or is a minor child with parent provider.*<br>• *The total need is divided by the number of persons living in the household without taking into consideration shared living regulations.*<br>• *Social workers are sometimes not familiar with how to document "refused services".* |

## THINGS TO CONSIDER WHEN ASSESSING

### BB & CC Meal Preparation and Clean-Up [MPP 30-757.131 and .132]

Meal Prep: Planning menus; removing food from the refrigerator or pantry; washing/drying hands before and after meal preparations; 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 the stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-sized pieces.

Meal Clean-up: 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.

- Are there health or safety issues that prevent the consumer from preparing their own meals?
- What is the living arrangement? In shared living situations, are the meals prepared together with other family members? Some meals may be prepared separately and others may be shared.
- What are the consumer's specific medical dietary requirements? Are they requirements that preclude the housemates from sharing meals? For example, a diabetic diet or heart diet are healthy diets that can be shared by housemates.
- What types of meals does the consumer typically eat?
- Can the consumer chew? Do they need pureed foods?
- Does the consumer need help cutting up food?
- What alternative resources are available? Do they get Meals on Wheels or go to a day care center that provides meals? Are there voluntary resources such as family or neighbors who bring food to the consumer?
- Is the consumer able to use the kitchen?
- How often is meal preparation needed? How often does the consumer eat?
- What is their Functional Index rank for Meal Preparation?
- Observe if the consumer's movements are impaired. Do they have poor strength and endurance? Can they lift pots/pans? Can they bend or stoop? Can they reach stored food or utensils?
- Ask if they can stand long enough to prepare a meal, help with clean up, wash the dishes or load the dishwasher.
- Is the consumer safe around a stove? Do they use oxygen?
- Does the consumer have a microwave? Can s/he use it? A consumer who is otherwise unable to use the stove to prepare a meal may be able to reheat meals in the microwave.
- Authorization of Restaurant Meals Allowance may be appropriate for some consumers.

**Common Authorization Mistakes:**

- *Needs are assessed for meals that consumers are able to prepare/clean-up without any assistance.*
- *Consumers are assessed the same amount of time regardless of what type of meals they eat (frozen dinner vs. full meal).*
- *Everyone gets the same amount of time for meal prep/clean-up regardless of what they eat or their FI score.*
- *Alternative resources such as Meals on Wheels or meals received at ADHCs are not taken into consideration in the authorized hours.*

## THINGS TO CONSIDER WHEN ASSESSING

### DD Laundry [MPP 30-757.134]

Washing and drying laundry, mending, ironing, folding, and storing clothes on shelves or in drawers.

- Provider should accomplish other tasks while clothes are washing and drying if done in the home.
- If the consumer has a washer and the capability to dry clothes on the premises, laundry facilities are considered to be in the home. Per CDSS policy "on the premises" means available within an apartment complex or mobile home park.
- If the consumer is able to do some laundry, their assessed need may be less than the 1 or 1.5 hours per week guideline.
- If the consumer has incontinence or other issues which creates extra laundry, justification for the extra hours is required in the case file. (Not everyone who is incontinent requires extra laundry as some consumers wear pads or underwear to prevent soiling clothing and bedding and use protective pads on beds.)
- Does the consumer have the capability to hand wash some items? If so, the need for laundry may be decreased.
- Is the consumer's laundry washed separately? What is the living arrangement**?** If the consumer's laundry is done with laundry of other household members, proration rules apply**.**

**Common Authorization Mistakes:**

- *Consumers routinely are assessed at the guideline of 1.00 or 1.50 hours per week without taking into consideration things that the consumer is able to do, such as gathering clothes, folding clothes, etc.*
- *Consumers are assessed extra hours for out of home laundry facilities when laundry facilities exist on the premises of apartment buildings, mobile home parks, etc.*

### EE Shopping for Food [MPP 30-757.135(b)]

Making a grocery list, travel to/from the store, shopping, loading, unloading, and storing food.

- What is the living arrangement? Is shopping for groceries for the entire household? Is there a reason the shopping must be done separately?
- Observe the consumer's ability to move around the home. Observe the consumer's ability to reach, grasp, and lift.
- Are they physically/mentally able to perform all tasks related to shopping?
- If the consumer "prefers" items from a particular distant store but there are comparable items at a nearby store, extra time is not allowed for the provider to shop at the preferred store. An exception would be if the nearby store is not consistent with the consumer's economic needs.
- Although the consumer may want to accompany the provider shopping, extra time should not be approved.

**Common Authorization Mistakes:**

- *A need is assessed for services the consumer is able to perform independently, such as going to a nearby store for small items.*
- *Consumers are assessed extra time to go to distant stores when there is a nearby store that is consistent with their economic needs.*
- *Extra time is allowed for the consumer to accompany the provider shopping.*

## FF Other Shopping and Errands [MPP 30-757.135(c)]

Making a shopping list, travel to/from store, shopping, loading, unloading, and storing supplies purchased, and/or performing reasonable errands such as delivering a delinquent payment to avert an imminent utility shut-off or picking up a prescription, etc.

- What is the living arrangement? Is other shopping and errands done for the entire household?
- In some cases, the other errands may be completed when the food shopping is done, e.g. superstore which has a pharmacy, clothing, etc., and additional time for shopping and errands may not be needed.
- Purpose of other shopping and errands is for picking up prescriptions, going to the bank, shopping for clothing, getting a haircut, etc.
- What alternative resources are available or could be obtained to help with shopping and errands?
- Although the consumer may want to accompany the provider shopping, extra time should not be approved.

## GG Heavy Cleaning [MPP 30-757.12]

Involves thorough cleaning of the home to remove hazardous debris or dirt.

- Heavy cleaning can be authorized at the time IHSS is initially granted to enable the provider to perform continuous maintenance; or if a lapse in eligibility occurs, eligibility is re-established, and IHSS has not been provided within the previous 12 months. Can also be authorized when living conditions are a threat to his/her safety or when the consumer is at risk for eviction for failure to prepare his/her home for fumigation as required by statute or ordinance.
- An APS referral might be appropriate to develop a corrective plan so that the heavy cleaning service can occur (so that the hoarder doesn't take things back out of the dumpster during the cleanup process). This may increase the potential that a provider can maintain the home after heavy cleaning.
- Health factors should be considered when authorizing this service. Is there human or animal waste, garbage lying around, clutter that prevents the consumer from moving around the house safely, etc.? Referral to APS or Public Health may be indicated in some cases.
- Are the extreme conditions the result of lifestyle choice or the consumer's disability? Referral for a new provider might be needed if the current provider is not performing authorized services. If this is a lifestyle choice, this service would not benefit the consumer because it would not make a difference in his/her future living conditions.

**Common Authorization Mistakes:**

- *Justification for allowing the service is not documented in the case file.*
- *A plan has not been developed to assure that the housing unit can be maintained after heavy cleaning has been completed.*
- *A need is assessed for reasons that are not consistent with regulations which specify when the service can be authorized.*

## THINGS TO CONSIDER WHEN ASSESSING

| **HH Respiration** [MPP 30-757.14(b)]<br>Limited to non-medical services such as assistance with self-administration of oxygen and cleaning IPPB machines. | |
|---|---|
| • Observe the home for breathing equipment. Does the consumer cough or wheeze excessively during the interview? Is their breathing labored? Always ask regarding the need for breathing equipment. May be used intermittently and not in plain sight.<br>• What type of apparatus does the consumer use? Is the consumer physically and mentally able to hold a nebulizer or inhaler without assistance for the required time?<br>• Ask if they have been instructed on how to use their equipment and if they are able to manage cleaning it.<br>• If the consumer has an oxygen machine but can hook it up and clean it themselves, they should be considered independent with respiration.<br>• If the provider or others assist with the administration of oxygen and/or cleaning of the equipment, how often is the assistance provided and how long does it take?<br>• Is there a service that does maintenance? If the consumer has a service that assists them with the cleaning of their equipment, those needs should be assessed and shown as being met through an alternative resource on the SOC 293.<br>• Does the consumer have a portable tank?<br>• Does the consumer need help putting the apparatus on? How often is this needed and how long does it take? | **Common Authorization Mistakes:**<br>• *Alternative resources that the consumer receives (such as cleaning equipment by vendor) are often not identified.*<br>• *Consumer is capable of performing the services for which a need is assessed.* |

## THINGS TO CONSIDER WHEN ASSESSING

### II Bowel and Bladder [MPP 30-757.14(a)]

Assistance with using, emptying, and cleaning bed pans/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 rubber gloves; wiping and cleaning recipient; assistance with getting on/off commode or toilet; and washing/drying recipient's and provider's hands.

- Does the consumer have difficulty getting to the bathroom in time?
- Can you smell urine/feces in the home?
- Are there other signs of bowel/bladder incontinence, such as supplies of diapers in the bedroom/bathroom or pads on the bed to prevent soiling bedding?
- Observe for signs that the consumer is not making it to the bathroom in time or missing the toilet.
- Does the consumer have a medical condition or take medications which contribute to the need for assistance with bowel and bladder care?
- Is the need expected to be ongoing or time limited? Example: Consumer normally can get to the bathroom and does not require assistance, but due to a recent injury/surgery, cannot get into the bathroom.
- What assistive devices does the consumer have? What devices would help minimize the need for assistance? Examples: Elevated toilet seat or bars that can assist on/off the toilet.
- Does the consumer use a urinal or bedside commode?
- Can the consumer complete cleaning and maintenance of the commode? If the consumer uses a bedside commode or urinal but can empty or clean it by themselves, they should be assessed as Rank 1 (independent).
- Can the consumer stay on the commode/toilet once assisted to get on?
- Is the consumer able to change diapers/pads?
- Is the consumer able to wipe himself?
- Is the consumer incontinent? How many times a day? Some cleaning will need to occur after each episode of incontinence. Can the consumer manage that cleaning?
- How many times a day does the consumer use toilet/commode if they need an assist, and how long for each assist? (Separate answers for bowel movement and for urination.)
- What impact does bowel and bladder issues have on needs for extra laundry and/or an increased need for Domestic services? Also consider need to have laundry done separately.
- If the consumer has ostomy bag, and the provider is only emptying the bag, services are assessed as bowel/bladder.

**Common Authorization Mistakes:**

- *Service is assessed when the consumer experiences some difficulty performing task, however, it does not put them at risk for injury, hazard or accident.*
- *A need is assessed for consumers who wear diapers but are able to manage without assistance from another person.*
- *Consumer needs assistance but is too embarrassed to discuss the need and the social worker does not ask.*

## THINGS TO CONSIDER WHEN ASSESSING

**JJ Feeding** [MPP 30-757.14(c)]
Assistance with consumption of food and assurance of adequate fluid intake consisting of feeding 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.

- Does the consumer have physical conditions that prevent him/her from grasping/holding utensils, cups, etc.? Is it difficult or impossible? Look for paralysis, tremors, weakness, arthritis, pain, or physical deformity.
- A consumer's hands may be deformed and they may have restricted ability to grasp but if they are able to feed themselves, they would still be considered independent.
- Does the consumer have a special device or brace on his hand or available for feeding?
- Is the consumer's condition consistent throughout the day? Does it improve after medication? Is their independence better for some meals?
- Look for cognitive issues that may interfere with focus during eating, i.e., psychotic disorder, severe depression, mental confusion, or dementia. If such disorders exist, does the consumer eat if reminded? Does the provider need to sit with the consumer, encouraging him/her throughout the meal?
- Does the provider need to feed the consumer?
- How many times a day does the consumer eat and how much time does it take for each meal?
- Are there some meals that the consumer can eat independently while others require more hands on help? Example: Consumer can eat toast or sandwich independently, but requires hands on help for dinner.
- How willing is the consumer to eat? Will they eat once you've set food in front of them, or do they need constant attention?
- When the consumer greets you, how do they shake hands with you? Do they appear extremely frail? Shaky?
- Does the consumer appear undernourished? Observe if their clothes appear too large, possibly indicating a recent weight loss. Ask them what they have eaten that day. If the consumer didn't eat that day, ask follow-up questions to determine the reason.
- If the consumer is able to feed themselves and does not need the provider's constant presence, the provider can often remind them to eat while they are doing other IHSS tasks such as meal cleanup or housework.
- If the consumer feeds self, do they spill food on clothing, table, etc. which results in increased need for dressing, laundry, meal cleanup?

**Common Authorization Mistakes:**

- *Often services are assessed for reminding the consumer to eat, which in many cases can be done while the provider is accomplishing other tasks.*
- *A need is assessed for cutting food, which should be assessed as part of meal preparation.*

## THINGS TO CONSIDER WHEN ASSESSING

| **KK Bed Baths** [MPP 30-757.14(d)]<br>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. | |
|---|---|
| • Is the shower or tub too narrow for the consumer to access?<br>• Are there steps or other barriers leading to the bathroom that prevent the consumer from going into the bathroom?<br>• Is the consumer recovering from an injury or surgery? If so, their needs will probably be different than the long-term bed bound consumer. Consider a time-limited assessment, or flag the case for follow-up at time of expected recovery.<br>• Does the consumer need to be bathed daily to prevent skin breakdown and pressure sores?<br>• How many times a week does a consumer need to be bathed to maintain safety?<br>• Can the consumer assist with the process at all? If so, this should be encouraged to maximize independence and promote self-esteem.<br>• The assessed need for consumers who are unable to assist in changing positions or participate in washing their body, etc. will be greater than that of consumers who can change positions and assist.<br>• How long does it take to bathe the consumer? | **Common Authorization Mistakes:**<br>▪ *A need is assessed for bed baths when the consumer is able to safely bathe in the bathroom.* |

## THINGS TO CONSIDER WHEN ASSESSING

**LL Dressing** [MPP 30-757.14(f)]
Washing/drying of hands; putting on/taking off, fastening/unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garment, undergarments, corsets, elastic stockings and braces; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing.

| | |
|---|---|
| • If the consumer dresses self, observe if he/she is appropriately dressed for their environment.<br>• Consider lifestyle choices. Do they prefer to spend the day in pajamas or sweats? Consider that even if they prefer to spend the day in pajamas or sweats, they will probably dress in other clothing when they leave the house for medical appointments, etc.<br>• Is the consumer bed bound?<br>• Does the consumer use specialized garments, braces, splints, etc.?<br>• Do they frequently soil their clothing causing frequent changes?<br>• Does the consumer have uncontrollable tremors in extremities or medical problems such as arthritis that affect the hands/fingers making fastening or lacing garments difficult?<br>• Does the consumer have devices that assist with dressing? Could they use devices that would assist them in dressing? If not, suggest these items to the consumer/family/ provider. These may lessen the need for assistance.<br>• Remember that one of the goals should be to foster independence so the consumer should be encouraged to do whatever they are capable of doing to dress self or assist in dressing.<br>• Do they look and appear comfortably dressed?<br>• Are all buttons buttoned correctly? Zippers zipped? Shoes tied or fastened?<br>• If the consumer only changes clothing in the morning and evening or only requires occasional assistance, the assessed time should reflect that.<br>• If the consumer only requires assistance on "bad days" such as after dialysis treatments, the need should reflect this. | **Common Authorization Mistakes:**<br>▪ *Consumer changes clothes only once a day, however, assessed need reflects numerous clothing changes.*<br>▪ *Consumer has minor need, however, assessed need reflects full clothing changes.*<br>▪ *Consumer needs only occasional assistance, however, need reflects daily assistance.* |

## THINGS TO CONSIDER WHEN ASSESSING

| **MM Menstrual Care** [MPP 30-757.14(j)]<br>Limited to external application of sanitary napkins and external cleaning and positioning for sanitary napkin changes; using and/or disposing of barrier pads; managing clothing; wiping and cleaning; and washing/drying hands before and after performing these tasks. | |
|---|---|
| • Limited to external application of sanitary napkin and cleaning.<br>• Does the consumer menstruate? Regardless of the consumer's age, it is vital to ask questions as spotting might indicate a possible serious medical condition. Is her period regular? What is the duration?<br>• Ask what kinds of personal assistance she requires.<br>• Are there any mental/physical issues? Why does the consumer require assistance?<br>• Determine whether the task is still needed at each reassessment. Stop authorization when the consumer has gone through menopause or has had a hysterectomy.<br>• Determine amount of daily time assistance is required by asking about the number of times pad is changed daily and how long it takes each time. Determine weekly time by multiplying daily time by number of days the period lasts. Divide weekly time by 4.33, as time entered on the SOC 293 is weekly. | **Common Authorization Mistakes:**<br>▪ *A need is assessed when the consumer is able to perform the task without assistance.*<br>▪ *Need is typically monthly, however assessed need does not reflect it as such (menstrual cycles are normally only once a month, however, time is sometimes assessed as a weekly need).*<br>▪ *Authorization continues even after the consumer goes through menopause.*<br>▪ *The social worker is too embarrassed to discuss menstrual care so there is no discussion about the reason assistance is needed, the frequency changes are needed, or the duration of the period.* |

## THINGS TO CONSIDER WHEN ASSESSING

**NN Ambulation** [MPP 30-757.14(k)]

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. 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.

| | |
|---|---|
| • How much difficulty does the consumer have in moving around the house or from the front door to the car (and in and out of car for medical appointments or travel to alternative resources)? Ask the consumer to show you around the house and observe their mobility.<br>• Does the consumer need help maneuvering the wheelchair from one room to another?<br>• Ask if they feel safe walking around their home and if they have a history of falls when ambulating.<br>• Can the person move around more safely using a walker/cane? Do they know how to use them properly? Do they remember to use the assistive device or leave it next to the chair when they get up and walk?<br>• If the consumer does not have assistive devices and it appears they are needed to make the consumer safer and more independent, suggest that the consumer or his/her representative discuss this with their physician.<br>• Will the consumer use assistive devices?<br>• If they use a wheelchair, walker or cane but can do so safely without assistance, they should be considered independent.<br>• Is the consumer at risk if they are unassisted? Consider the amount of assistance needed to keep the consumer safe – stand-by versus hands-on.<br>• How often does the consumer move around the home? How long does it take them to get from place to place?<br>• Are there stairs the consumer must maneuver?<br>• Consider whether the consumer needs someone to bring assistive devices to them and put them away. If so, time should be assessed under ambulation. | **Common Authorization Mistakes:**<br>▪ *A need is assessed for assistance moving around outside of the home – time should be related to daily activities which the consumer needs to walk (or use a wheelchair/walker) to perform, such as walking to and from the bathroom, bedroom, and kitchen. Ambulation is not authorized for general exercise purposes or for assistance walking outside of the home.*<br>▪ *Need is often based solely on the fact that the consumer uses an assistive device. Assistive devices often make the consumer independent or less dependent on the need for human assistance.* |

## THINGS TO CONSIDER WHEN ASSESSING

| **OO Moving In/Out of Bed (Transfers)** [MPP 30-757.14(h)]<br>Transfers: 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. | |
|---|---|
| • Assess the consumer's strength, balance, flexibility, and stability on their feet.<br>• Does the consumer use any assistive devices to assist in transfer or would such devices increase safety and improve independence?<br>• Does the consumer need the assistance of a Hoyer or other type of lift to transfer them from the bed to the wheelchair?<br>• Does the provider need to do a pivot transfer? Does the consumer have an appropriate belt to assist in this process?<br>• Can the consumer use furniture safely to get in and out of a position for transfer?<br>• Ask the consumer if s/he gets dizzy upon standing up and if s/he has ever fainted or fallen when that happens. Ask if this was reported to the consumer's physician and if not, suggest they report this at the next visit.<br>• Do they nap during the day? Do they need help every time they get in and out of bed?<br>• Does the consumer have trouble getting out of a chair? If so, getting out of bed would probably be even more difficult.<br>• Ask them if they need help getting out of bed in the morning or back in at night. It may be more difficult for the consumer to get out of bed in the morning due to joint stiffness, etc., but may be able to get back into bed without assistance. | **Common Authorization Mistakes:**<br>• *Assessed need reflects more time than is actually required.*<br>• *Consumer is allowed time daily, however, only requires assistance on bad days.*<br>• *Need is assessed when assistive device allows the consumer to move in and out of bed without assistance.* |

## THINGS TO CONSIDER WHEN ASSESSING

**PP Bathing, Oral Hygiene, Grooming** [MPP 30-757.14(e)[

Bathing: 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: Applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands.

Grooming: Hair combing/brushing; hair trimming when the recipient cannot get to the barber/salon; shampooing, applying conditioner, and drying hair; shaving; fingernail/toenail care when these services are not assessed as "paramedical" services for the recipient; and washing/drying hands.

- Consider a medical condition that would increase the need for frequent bathing, i.e., diabetes (sweating), incontinence, skin allergies, or lesions which need to be kept clean. Note that the care of open lesions would be a paramedical service.
- What is the consumer's activity level? The more active they are, the more frequent the need for bathing.
- How often is the consumer currently being bathed? Does the consumer look clean?
- Does the consumer resist bathing (frequently with people with Alzheimer's disease)?
- How much assistance does the consumer need? What can they do to maximize their independence?
- Does the consumer need assistance to get in/out of tub for safety, but able to bathe himself once in the tub or on a shower stool?
- Assess the need for a grab bar or shower chair to maximize safety and promote independence.
- Frequent bathing of the elderly can cause dry skin leading to itchiness, lesions, or skin breakdown.
- Elderly people who are not active frequently do not bathe on a daily basis.
- Time for application of lotion/powder to the skin after bathing can be included here.
- Does the consumer need shaving? How often and how long does it take? Can the consumer shave himself with an electric shaver?
- How often does the consumer need hair washing?
- Can the consumer brush their own teeth? Floss?
- Can the consumer do their own denture care?
- Can the consumer do their own hair (comb/brush)? Check out range of motion of their arms.
- If toenail care is medically contraindicated, it is evaluated as a paramedical service.

**Common Authorization Mistakes:**

- *A need is assessed for services that the consumer is able to perform without assistance.*
- *Services are assessed daily and it is apparent that they are not being performed (consumer is not clean).*
- *Services are assessed daily, however, the provider provides services less frequently.*

## THINGS TO CONSIDER WHEN ASSESSING

| **QQ Repositioning and Rubbing of Skin** [MPP 30-757(g)(1) & (2)]<br>Repositioning and Rubbing of Skin: Rubbing skin to promote circulation and/or prevent skin breakdown; turning in bed and other types of repositioning; and limited range of motion exercises. | |
|---|---|
| • Is the consumer's movement unimpaired?<br>• Are they able to get out of a chair unassisted?<br>• Are they able to reposition themselves as necessary in a wheelchair or in bed?<br>• How often does the consumer move around? If bed bound, medical repositioning standard is every 2-3 hours. Discuss with consumer/responsible person what physician has indicated is needed. If necessary, get clarification from physician's office.<br>• Does the consumer need skin rubbing to promote circulation and prevent skin breakdown?<br>• Range of motion exercises must have been taught to the consumer by a licensed health care professional.<br>• If pressure sores have developed, the need for care of them is evaluated as a paramedical service.<br>• Range of motion must be needed to restore mobility restricted because of injury, disuse, or disease, not for comfort or esthetic reasons.<br>• A need for maintenance therapy which is consistent with the consumer's capacity and tolerance may be authorized. This consists of carrying out the performance of 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. | **Common Authorization Mistakes:**<br>• *A need is assessed when the consumer can safely perform transfers without assistance from another person.*<br>• *Assessed need does not accurately reflect number of times assistance is required.* |

## THINGS TO CONSIDER WHEN ASSESSING

### RR Care and Assistance with Prosthesis [MPP 30-757.14(i)]

Assistance with taking off/putting on and maintaining and cleaning prosthetic devices, vision/hearing aids and washing/drying hands before and after performing these tasks. Reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken and setting up medi-sets.

- How long does it take to set up a mediset? How many times a week? Consider packaging of pills from the pharmacy.
- Does the consumer's cognitive impairment make it unsafe to do self-meds setup? Can the consumer remember to take meds from the filled medi-set? Is the consumer mentally competent to manage their own meds?
- If assistance with medication is more complicated, for example administering injections, the time should be assessed as a paramedical service.
- If the consumer requires prosthetic devices, ask what types of assistance they require. May be assessed as "dressing" versus "care & assistance with prosthesis". For example, if the consumer uses a leg brace, putting it on would be "Dressing" rather than "Care and Assistance with Prosthesis."
- When a provider must physically put the medication into a consumer's mouth or orifice, this should be assessed as a paramedical service rather than assistance with prosthesis.

**Common Authorization Mistakes:**

- *Assessed need reflects daily set up of medications; however provider sets up medications one time weekly.*
- *Time is authorized when consumer requires only "reminding" to take meds which is done while provider is performing other tasks.*

### SS Accompaniment to Medical Appointments [MPP 30-757.15]

Transportation to and from appointments with physicians, dentists, and other health practitioners. Transportation necessary for fitting health related appliances/devices and special clothing. Authorized only after social service staff have determined that Medi-Cal will not provide transportation in the specific case.

- Accompaniment is only authorized when the consumer needs the help of a provider because of mobility problems or because the consumer gets disoriented. It is not just to fill the consumer's need for transportation. It is not to act as an interpreter because the consumer does not speak or understand English.
- Does not include time waiting for an appointment to finish.
- If the consumer takes a bus to appointments, time should be authorized only if the consumer cannot ambulate **outside** of the home without assistance.
- If the consumer uses taxi scripts or is driven to appointments, time should be authorized only if the consumer cannot ambulate **inside** the home without assistance.
- Consumers using medi-vans should not be authorized accompaniment time unless they are confused or disoriented.
- Transportation should be authorized only after it is determined that Medi-Cal will not provide transportation in the specific case. Suggest that the consumer be asked if they ever use Medi-vans that use their Medi-Cal card for.

**Common Authorization Mistakes:**

- *Assessed need includes time waiting for the consumer while they are in the appointment.*
- *Assessed need does not reflect the total time needed during the month because the monthly need was not converted to a weekly need when completing the SOC 293.*
- *Assessed need includes accompaniment to locations not consistent with regulations.*
- *Assessed need is authorized on a weekly or monthly basis when the consumer only goes to the physician twice a year.*

## TT Accompaniment to Alternative Resources [MPP 30-757.15]

Transportation to the site when alternative resources provide in-home supportive services to the recipient in lieu of IHSS.

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|---|---|
| • Accompaniment to alternative resources should only be authorized if the alternative resource does not provide its own transportation (most adult one-day health centers provide their own transportation) and when the consumer is going to receive some service at the alternative resource site that is an alternative to IHSS.<br>• Also see SS above. | **Common Authorization Mistakes:**<br>• *Need is assessed for transportation to a location which provides services which are not an alternative to IHSS.*<br>• *Need is assessed for transportation to practitioners other than physicians, such as chiropractors, dentists, and podiatrists. Transportation to physicians, dentists, and other health practitioners should be assessed as Accompaniment to Medical Appointments.* |

## UU Remove Grass, Weeds, Rubbish [MPP 30-757.16]

Removal of high grass or weeds, and rubbish when this constitutes a fire hazard.

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|---|---|
| • This is not gardening. Need for the service must constitute a fire or safety hazard.<br>• Has the consumer received a citation from the fire department or other agency?<br>• How long will it reasonably take to eliminate the yard hazard? Consider the size of the yard, amount of weed growth, and time of year. | **Common Authorization Mistakes:**<br>▪ *Services are allowed for merely enhancing the appearance of the yard.*<br>▪ *Type of living arrangement has not been taken into consideration.* |

## VV Remove Ice, Snow [MPP 30-757.16]

Removal of ice, snow from entrances and essential walkways when access to the home is hazardous.

| | |
|---|---|
| • Must constitute a safety hazard.<br>• Must be from entrances and essential walkways.<br>• Must be stopped when the season changes. | **Common Authorization Mistakes:**<br>• *Calendar controls are not set.*<br>o *Service allowed during summer months.* |

## THINGS TO CONSIDER WHEN ASSESSING

### WW Protective Supervision [MPP 30-757.17]

Observing recipient behavior and intervening as appropriate in order to safeguard nonself-directing recipients who are confused, mentally impaired or mentally ill against injury, hazard or accident.

- Protective supervision consists of observing the consumer's behavior in order to safeguard them against injury, hazard or accident.
- This service is available for monitoring the behavior of non-self-directing, confused, mentally impaired or mentally ill persons.
- Not in anticipation of a medical emergency (seizure, heart attack, there might be a fire and the consumer couldn't get out of the house if this were to happen) or to control anti-social or aggressive behavior (consumer might break neighbor's windows, has a tendency of smearing feces, may take drugs). Not to prevent suicide.
- A 24-hour need must exist which can be met through IHSS and alternative resources.
- Ask for a description of incident(s) that have occurred during which the consumer placed him/herself at risk for injury, hazard and accident and date(s) of the incidents. Do they wander? Do they attempt to turn on the stove or operate appliances?
- What does the consumer do when confronted with danger, crisis or hazard?
- Has the provider voluntarily instituted measures such as taking knobs off stoves, putting locks/alarms on doors which have eliminated the ability of consumer to put him/herself at risk? (Cannot require this, but should be considered if this was done voluntarily.)
- Do they know how to act in a way that is appropriate to the situation?
- Never having an "accident" is not cause to deny services.
- Even if the consumer says that they know what to do, can they act on it?
- Is the consumer <u>physically</u> capable of placing themselves at risk for injury, hazard or accident? Are they bed or wheelchair bound?
- What is their mental functioning? How alert are they? Consider progression of dementia may lesson need. Need must be reassessed yearly.
- Is the consumer ever left alone? If so, how long are they able to be alone?
- Not being able to get self out of the home in case of fire or other emergency is, in itself, not a basis for authorizing protective supervision.

**Common Authorization Mistakes:**

- *Hours are not calculated correctly.*
- *Documentation in the case file does not indicate <u>how</u> the consumer places themselves in danger for injury, hazard or accident.*
- *Protective supervision is assessed when the primary purpose is one of the following:*
  - *Friendly visiting.*
  - *The need is caused by a medical condition and the form of supervision required is medical.*
  - *In anticipation of a medical emergency or to prevent or control anti-social or aggressive consumer behavior.*
- *The need is not reassessed when a reassessment is conducted.*
- *The authorized hours are not removed when the consumer's condition changes and they are no longer able to physically put themselves at risk for injury, hazard or accident.*

| **XX Teaching & Demonstration** [MPP 30-757.18] | |
|---|---|
| • Limited to instruction in domestic tasks, related services, non-medical personal care services and yard hazard abatement.<br>• Provider must possess skills to effectively and safely train the consumer.<br>• There must be a reasonable expectation that the consumer will no longer require IHSS assistance with the task after the training, or assistance will be at a reduced level. | **Common Authorization Mistakes:**<br>• *Services authorized longer than three months.*<br>• *Results of service not sent to CDSS.* |

| **YY Paramedical** [MPP 30-757.19]<br>Activities which 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. | |
|---|---|
| • Does the consumer require injections? Are they able to safely self-administer them?<br>• Do they require a bowel program or other invasive medical type procedure?<br>• Is the consumer physically or mentally able to perform the function?<br>• Life support is usually not paramedical because it doesn't meet the definition of "…are activities which persons would normally perform for themselves but for their functional limitations." Consider a referral for In Home Medical Care through DHS' In Home Operations. Perhaps the doctor should be referring for Home Health Agency care and/or hospice, if indicated.<br>• Paramedical services cannot be authorized prior to obtaining a medical order (SOC 321) from the consumer's physician confirming the provider has been trained in the required procedures. | **Common Authorization Mistakes:**<br>• *Paramedical services are authorized before SOC 321 has been obtained.*<br>  ○ *Services should not be authorized until SOC 321 is correctly completed and in the case file.*<br>• *Services approved are not always paramedical in nature.*<br>• *The time period for which the services are ordered by the physician has expired.*<br>• *The authorization for services continue indefinitely without reassessment. The need for services should be reassessed at each assessment.* |

# THE HOME VISIT CHECKLIST

**Before the Visit:**

- Set up appointment by letter or phone.
- Check for current Medi-Cal eligibility in Meds.
- Prepare paperwork packet – check if income eligible or status eligible. This will tell you what kind of forms you will need.
- Request a Medical from the consumer's physician if case record indicates that would assist in the assessment.
- Arrange for an interpreter, if needed.
- Have forms semi-completed before you arrive at the appointment.
- Familiarize yourself with the person's illness or diagnosis – check for contagious diseases.
- Familiarize yourself with case. Review narrative notes from last home visit and any notes documenting phone calls to identify any potential issues that will need to be addressed during the home visit. Make notes to take with you or copy information, if necessary.
- Pay special attention to safety alerts, i.e., dogs, illegal activity expected, mental health issues.
- Make any contacts (i.e., APS, etc.) that you feel will help you do a thorough assessment or answer questions that you may have.
- If indicated, get input or discuss concerns with supervisor or peers.
- If possible, review timesheets or CMIPS screens to determine if the provider has been submitting timesheets for all authorized hours.
- Prepare a map.

**During the Visit:**

- Introduce yourself, show your ID.
- On entry into the home, be sure to inquire as to who is currently present in the home.
- Ask for permission to be seated and where they want you to sit. This gives them control early on and helps with rapport building.
- Explain the purpose of the visit.
- Observe consumer's abilities. This should begin with observing how the consumer greets you and continue until the interview is concluded.
- Observe environmental safety issues (i.e., throw rugs, lack of handrails, availability of DME, etc.).
- Conduct needs interview:
  - Give civil rights pamphlet (pub 13).
  - Complete Emergency Back-up plan.
  - Review medications.
  - Explain rights and responsibilities.
  - Give copy of fingerprinting rights.
  - All other county and state forms, if applicable.
- If the consumer is new to IHSS, inform him/her regarding the steps required to hire a provider and how they get paid. If this is a reassessment, check with the consumer about how well things are going with the provider. Make appropriate referrals to the Public Authority if the provider needs training or if the consumer wants to change the provider.
- Before leaving, tell the consumer what to expect next:
  - S/he will receive a NOA.
  - Discuss significant changes in authorization, but do not commit to a new service plan while at the home visit.

**Best Practices (not in regs):**

- View all rooms in the home utilized by the consumer (if reassessing, check that assessed chores are being completed).
- Note DMEs that will improve the safety of the client.
- Suggest/make referrals as needed.
- Assess the need to make referrals.

Cleanse your hands immediately following every visit.

Take precautions while transporting forms that contain consumer information per your county's policy.

# PERSONAL SAFETY TIPS FOR HOME VISITING

**General Tips:**

- Pay attention to intuitive feelings.
- Be alert to your surroundings.
- Anticipate potential problems.
- Keep a list of your credit card numbers in a safe place.
- Carry only enough money to get through the day.
- Maintain your car;. Make sure you have enough gas.
- Carry a cell phone.
- Obtain any history of clients to be visited (i.e., chemical abuse, history of violence, criminal activity, non-compliance with medication, violent or criminal family members, etc.)

**Appearance is Everything:**

- Dress practically. Wear clothing that allows you to move freely and wear comfortable walking shoes.
- Avoid wearing expensive jewelry or accessories.
- Walk with confidence and purpose – head up, eyes forward.
- Keep your purse or wallet out of sight or lock them in the trunk. Keep car keys handy at all times.

**Protect Your Health:**

- Learn about any situations that might jeopardize your health.
- Use universal health precautions.
- Carry sanitary wipes or antibacterial lotion.

**Know Where You Are Going:**

- Plan your route and carry maps.
- Learn about the neighborhood you will be visiting.
- Go with assistance if you're concerned (law enforcement or another social worker).
- Consider asking law enforcement to do a "Welfare Check".
- Visit areas of high-risk early in the day.
- Let people know where you are going: Give location, name of consumer, license plate of your vehicle, and time you are expected to leave location with a supervisor or co worker.
- Don't carry any weapons. (In case of emergency, pens, clipboards, keys, etc. could be used for protection.)
- Have supervisor or co-worker make a safety check phone call every 10-15 minutes.

**Before You Get Out of the Car:**

- Check out the neighborhood as you drive in.
- Drive around the block, try and see what is happening behind the house.
- If you don't feel safe, don't get out of the car. Leave.
- Park in a visible area as close to the consumer's residence as possible.
- Think about an escape route.