

30-702 COUNTY QUALITY ASSURANCE AND QUALITY IMPROVEMENT 30-702
(Continued)

- .126 The county's QA review process shall also identify any optional county special requirements.
- .127 When the county QA staff is prevented from completing a review on a specific case, this information shall be conveyed to the appropriate staff and an alternative case shall be selected.
- .13 Develop procedures to report QA findings to county and State management and to ensure that deficiencies identified are appropriately reported and corrected.
 - .131 The county's reporting procedures shall identify a standardized process for communicating results of routine, scheduled reviews to management, line staff, and the immediate supervisors of line staff. The process shall include:
 - (a) A specified time frame for response to QA findings and a follow-up process.
 - (b) Protocols for identifying and responding to a need for immediate action.
 - (c) Measures to ensure that corrective actions address problems that are systematic in nature.
- .14 Review and respond to information provided as a result of data matches conducted by the State with other agencies that provide services to program recipients or State control agencies.
 - .141 In performing data match activities, counties shall ensure that confidentiality requirements are adhered to.
- .15 Develop procedures to detect and prevent potential fraud by providers, recipients, and others, which include informing providers, recipients, and others that suspected fraud of supportive services can be reported by using the toll-free Medi-Cal fraud telephone hotline and/or internet web site.
- .16 Conduct appropriate follow-up of suspected fraud and seek recovery of any overpayments, as appropriate.
- .17 Identify potential sources of third-party liability and make appropriate referrals. Potential sources of third-party liability include but are not limited to:

30-702	COUNTY QUALITY ASSURANCE AND QUALITY IMPROVEMENT (Continued)	30-702
---------------	---	---------------

- .171 Long-Term Care Insurance.
- .172 Worker's Compensation Insurance.
- .173 Victim Compensation Program Payments.
- .174 Civil Judgment/Pending Litigations.
- .18 Conduct joint case review activities with State QA staff.
- .19 Develop a plan for and perform targeted QA/QI studies based on:
 - .191 Analysis of data acquired through the county's quality assurance program; or
 - .192 Analysis of data available through Case Management Information Payrolling System (CMIPS), county systems; or
 - .193 Other information, including but not limited to:
 - (a) Data from QA case review findings; or
 - (b) Input from Public Authorities and other consumer groups.
 - .194 The county shall submit a quarterly report of their QA/QI activities to CDSS on the SOC 824 (3/06) form fifteen days after the report quarter ends. (Quarters end on March 31, June 30th, September 30th, and December 31st).
- .2 Each county shall develop and submit an annual QA/QI Plan to CDSS no later than June 1 of each year.
 - .21 The QA/QI Plan shall identify how the county will use the information gathered through QA activities to improve the quality of the IHSS program at the local level.

NOTE: Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 12305.71, Welfare and Institutions Code.

30-755 PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM**30-755****.1 Eligibility**

- .11 A person is eligible for IHSS who is a California resident living in his/her own home, and who meets one of the following conditions:

.111 Currently receives SSI/SSP benefits.

.112 Meets all SSI/SSP eligibility criteria including income, but does not receive SSI/SSP benefits.

.113 Meets all SSI/SSP eligibility criteria, except for income in excess of SSI/SSP eligibility standards and meets applicable share of cost obligations.

.114 Was once eligible for SSI/SSP benefits, but became ineligible because of engaging in substantial gainful activity, and meets all of the following conditions:

(a) The individual was once determined to be disabled in accordance with Title XVI of the Social Security Act (SSI/SSP).

(b) The individual continues to have the physical or mental impairments which were the basis of the disability determination.

(c) The individual requires assistance in one or more of the areas specified under the definition of "severely impaired individual" in Section 30-753.

(d) The individual meets applicable share of cost obligations.

- .12 Otherwise eligible applicants, currently institutionalized, who wish to live in their own homes and who are capable of safely doing so if IHSS is provided, shall upon application receive IHSS based upon a needs assessment.

.121 Service delivery shall commence upon the applicant's return home, except that authorized services as specified in Section 30-757.12 may be used to prepare for the applicant's return home.

.2 Eligibility Determination

- .21 Eligibility shall be determined by county social service staff at the time of application, at subsequent 12-month intervals, and when required based on information received about changes in the individual's situation.

30-755	PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM (Continued)	30-755
---------------	--	---------------

- .22 Eligibility for current recipients of SSI/SSP shall be determined by verifying receipt of SSI/SSP. This can be done in any of the following ways:
- .221 Seeing the current SSI/SSP Notice of Determination.
 - .222 Seeing the current SSI/SSP benefit check.
 - .223 Contacting the Social Security District Office.
 - .224 Checking the Medi-Cal Eligibility Data System (MEDS) or the State Data Exchange (SDX) screens.
- .23 Eligibility for those persons described in Sections 30-755.112, .113, and .114 above shall be determined as follows:
- .231 Age, blindness, and disability shall be determined by social service staff using the eligibility standards specified in Sections 30-770 through 30-775.
 - (a) Age, blindness or disability may be established by looking at the third and fourth digits of the Medi-Cal number. If the number is 10, the recipient is aged; if 20, the recipient is blind; and if 60, the recipient is disabled. However, if the third and fourth digits of the number are not 20 or 60, a new determination of blindness or disability may be required.
 - .232 Residence, property, and net nonexempt income shall be determined by social service staff using the eligibility standards specified in Sections 30-770 through 30-775.
 - .233 Net nonexempt income in excess of the applicable SSI/SSP benefit level shall be applied to the cost of IHSS.
 - (a) Payment of the entire obligated share of cost is a condition of eligibility for IHSS.
 - (b) Providers shall have the primary responsibility for collecting any share of cost owed to them.
 - (1) The county may collect the share of cost.
 - (2) Counties shall have the responsibility for collection of any share of cost which must be paid against the provider's tax liability.
 - (c) If a recipient fails to pay his/her entire obligated share of cost within the month for which it is obligated, IHSS shall be terminated.

30-755	PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM (Continued)	30-755
---------------	--	---------------

- (1) Termination will be effective the last day of the month following the month of discovery of the recipient's failure to pay his/her entire obligated share of cost.
 - (d) If an applicant/recipient states verbally or in writing that he/she will not pay his/her share of cost, the applicant/recipient shall not be eligible for IHSS services.
- .24 Notwithstanding Section 30-755.232 above, net nonexempt income for persons specified in Section 30-755.113 above shall be determined, depending on the aid category to which the individual was linked in December, 1973, according to the Old Age Security (OAS), Aid to the Blind (AB) and Aid to the Totally Disabled (ATD) income regulations which would have been applicable in the individual's case in June, 1973, if it is to the person's advantage and either of the following conditions is met:
 - .241 In December 1973 the person was receiving only homemaker/chore services or was receiving an OAS, AB or ATD cash grant solely for attendant care, and has received IHSS services continuously since that date.
 - .242 In December 1973 the person had applied for attendant care of homemaker/chore service, met all eligibility requirements in that month, and has received IHSS services continuously since that date.
- .25 The case record for persons specified in .111 above shall indicate the information used to determine receipt of SSI/SSP benefits.
- .26 The case record for persons specified in Sections 30-755.112, .113, and .114 above shall include:
 - .261 The information used by the county to determine age, blindness or disability.
 - .262 The information regarding the recipient's property, income, and living situation used by the county in determining eligibility. Such information shall be recorded on a statement of facts form which shall be signed by the recipient or his/her authorized representative under penalty of perjury, and shall be dated. The county shall verify income. The county may verify other information if necessary to insure a correct eligibility determination.

30-755	PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM (Continued)	30-755
---------------	--	---------------

.263 For persons eligible under .114 above, the information used to decide that the recipient was once determined to be eligible for SSI/SSP, was once determined to be disabled as provided in .114(a) above, and was discontinued from SSI/SSP because of engaging in substantial gainful activity.

.264 The computation of the amount the recipient must pay toward the cost of in-home supportive services.

.3 Medi-Cal

.31 Recipients of services under .112, .113, and .114 above are eligible for Medi-Cal, provided that any net nonexempt income in excess of the SSI/SSP benefit level shall be applied to the cost of in-home supportive services.

NOTE: Authority cited: Sections 10553, 10554, and 12150, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 10554, 12304.5, 12305, and 14132.95, Welfare and Institutions Code.

This page is intentionally left blank.

30-756	NEED	30-756
--------	------	--------

- .1 Staff of the designated county department shall determine the recipient's level of ability and dependence upon verbal or physical assistance by another for each of the functions listed in Section 30-756.2. This assessment shall evaluate the effect of the recipient's physical, cognitive and emotional impairment on functioning. Staff shall quantify the recipient's level of functioning using the following hierarchical five-point scale:
 - .11 Rank 1: Independent: able to perform function without human assistance, although the recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his or her safety. A recipient who ranks a "1" in any function shall not be authorized the correlated service activity.
 - .12 Rank 2: Able to perform a function, but needs verbal assistance, such as reminding, guidance, or encouragement.
 - .13 Rank 3: Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.
 - .14 Rank 4: Can perform a function but only with substantial human assistance.
 - .15 Rank 5: Cannot perform the function, with or without human assistance.
- .2 Staff of the designated county department shall rank the recipient's functioning in each of the following functions.
 - (a) Housework;
 - (b) Laundry;
 - (c) Shopping and errands;
 - (d) Meal preparation and cleanup;
 - (e) Mobility inside;

30-756	NEED (Continued)	30-756
---------------	-------------------------	---------------

- (f) Bathing and grooming;
- (g) Dressing;
- (h) Bowel, bladder and menstrual;
- (i) Repositioning;
- (j) Eating;
- (k) Respiration;
- (l) Memory;
- (m) Orientation; and
- (n) Judgment.

.3 Staff of the designated county department shall use the following criteria to support the determination of functional impairment:

- .31 The recipient's diagnosis may provide information to substantiate demonstrated functional impairments, but the recipient's functioning is an evaluation of the recipient's capacity to perform self-care and daily chores.
- .32 Need may be distinct from current practice. The assessment of need shall identify the recipient's capacity to perform functions safely. The assessment of need shall identify the recipient's capacity rather than level of dependence.
- .33 The recipient's needs shall be assessed within his/her environment, considering the mechanical aids or durable medical appliances the recipient uses.
- .34 The scales are hierarchical. The higher the score, the more dependent the recipient is upon another person to perform IHSS services activities.
- .35 Most functions are evaluated on a five-point scale. However, the functions of memory, orientation and judgment contain only three ranks. The function of respiration contains only ranks 1 and 5. These inconsistencies in the ranking patterns exist because differing functional ability in these areas does not result in significantly different need for human assistance.

SOCIAL SERVICES STANDARDS		
SERVICE PROGRAM NO. 7: IHSS		
Regulations		30-756
30-756	NEED (Continued)	30-756

- .36 The order in which the physical functions are listed in Sections 30-756.2(a) through (k) is hierarchical.

HANDBOOK BEGINS HERE

- .361 In 95 percent of any impaired population, people tend to lose functioning in the inverse order of normal infant development. Therefore, it would be unlikely for a recipient to score higher ranks in the functions listed at the bottom of the list than those at the top. This listing should assist in the assessment process.

HANDBOOK ENDS HERE

- .37 Mental functioning shall be evaluated as follows:
- .371 The extent to which the recipient's cognitive and emotional impairment (if any) impacts his/her functioning in the 11 physical functions listed in Sections 30-756.2(a) through (k) is ranked in each of those functions. The level and type of human intervention needed shall be reflected in the rank for each function.
- .372 The recipient's mental function shall be evaluated on a three-point scale (Ranks 1, 2, and 5) in the functions of memory, orientation and judgment. This scale is used to determine the need for protective supervision.
- .4 Notwithstanding Section 30-756.11, staff shall rank a recipient the rank of "1" if the recipient's needs for a particular function are met entirely with paramedical services as described in Section 30-757.19 in lieu of the correlated task.
- .41 If all of the recipient's ingestion of nutrients occurs with tube feeding, the recipient shall be ranked "1" in both meal preparation and eating because tube feeding is a paramedical service.
- .42 If all the recipient's needs for human assistance in respiration are met with the paramedical services of tracheostomy care and suctioning, the recipient should be ranked a "1" because this care is paramedical service rather than respiration.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Section 12309, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code.

This page is intentionally left blank.

30-757	PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES	30-757
---------------	---	---------------

.1 Only those services specified in Sections 30-757.11 through .19 shall be authorized through IHSS. A person who is eligible for a personal care service provided pursuant to the PCSP shall not be eligible for that personal care service through IHSS. A service provided by IHSS shall be equal to the level of the same service provided by PCSP.

(a) For services in this section where time guidelines are specified, the services shall be subject to the specified time guideline unless the recipient's needs require an exception to the guideline. When assessing time for services (both within and outside the time guidelines), the time authorized shall be based on the recipient's individual level of need necessary to ensure his/her health, safety, and independence based on the scope of tasks identified for service. In accordance with Welfare and Institutions Code Section 12301.2, the dual purpose of the guidelines is to provide counties with a tool for both consistently and accurately assessing service needs and authorizing time.

(1) In determining the amount of time per task, the recipient's ability to perform the tasks based on his/her functional index ranking shall be a contributing factor, but not the sole factor. Other factors could include the recipient's living environment, and/or the recipient's fluctuation in needs due to daily variances in the recipient's functional capacity (e.g., "good days" and "bad days").

(A) In determining the amount of time per task, universal precautions should be considered.

1. Universal precautions are protective practices necessary to ensure safety and prevent the spread of the infectious diseases. Universal precautions should be followed by anyone providing a service, which may include contact with blood or body fluids such as saliva, mucus, vaginal secretions, semen, or other internal body fluids such as urine or feces. Universal precautions include the use of protective barriers such as gloves or facemask depending on the type and amount of exposure expected, and always washing hands before and after performing tasks. More information regarding universal precautions can be obtained by contacting the National Center for Disease Control.

(2) An exception to the time guideline may result in receiving more or less time based on the recipient's need for each supportive service and the amount of time needed to complete the task.

(3) Exceptions to the hourly task guidelines identified in this section shall be made when necessary to enable the recipient to establish and maintain an independent living arrangement and/or remain safely in his/her home or abode of his/her own choosing and shall be considered a normal part of the authorization process.

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

- (4) No exception shall result in the recipient's hours exceeding the maximum limits of 195 hours per month as specified at Section 30-765.121 for nonseverely impaired cases or 283 hours per month for severely impaired cases as specified in Section 30-765.111. No exception shall result in the recipient's hours exceeding the maximum limit for PCSP cases as specified at Section 30-780.2(b).
- (5) No exceptions to hourly task guidelines shall be made due to inefficiency or incompetence of the provider.
- (6) When an exception to an hourly task guideline is made in a recipient's case, the reason for the exception shall be documented in the case file.

HANDBOOK BEGINS HERE

- (A) Documentation of the reason for the exception will provide necessary data to audit the effectiveness of each guideline in terms of:
 - 1. Achieving equity in service authorizations; and
 - 2. Evaluating program costs.
- (B) In documenting an exception, the county worker can record the circumstances requiring more or less time than the range recommends. Examples of written documentation may include:
 - 1. Writing a few words, phrases, or sentences (e.g., more time needed due to frequent urination, etc.); or
 - 2. Citing the regulation that identifies the exception reason when the reason is listed as one of the exception criteria provided in regulation for that particular service (e.g., under "bowel and bladder" care, frequent urination per Section 30-757.14(a)(4)(A)).
- (C) The worker's supervisor should review the documentation of the worker in accordance with current county procedures and current program regulations. The purpose of supervisory case review is to assure that service hours authorized by workers accurately reflect the individual's care needs and that these needs have been appropriately documented in the case file by the worker.
- (D) Consistent with current practice, if the supervisor determines that the worker's documentation is not sufficient, the supervisor should discuss the case with the worker and identify any additional items needed to see if the worker can substantiate the exception prior to the supervisor making any changes.

HANDBOOK ENDS HERE

30-757	PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES	30-757
	(Continued)	

- .11 Domestic services which are limited to the following:
- (a) Sweeping, vacuuming, washing and waxing of floor surfaces.
 - (b) Washing kitchen counters and sinks.
 - (c) Cleaning the bathroom.
 - (d) Storing food and supplies.
 - (e) Taking out garbage.
 - (f) Dusting and picking up.
 - (g) Cleaning oven and stove.
 - (h) Cleaning and defrosting refrigerator.
 - (i) Bringing in fuel for heating or cooking purposes from a fuel bin in the yard.
 - (j) Changing bed linen.
 - (k) Miscellaneous domestic services (e.g., changing light bulbs, wheelchair cleaning, and changing and recharging wheelchair batteries) when the service is identified and documented by the caseworker as necessary for the recipient to remain safely in his/her home.
- (1) The time guideline for "domestic services" shall not exceed 6.0 hours total per month per household unless the recipient's needs require an exception.
- .12 Heavy cleaning which involves thorough cleaning of the home to remove hazardous debris or dirt.
- .121 The county shall have the authority to authorize this service only at the time IHSS is initially granted, to enable the provider to perform continuous maintenance; or if a lapse in eligibility occurs, eligibility is reestablished, and IHSS has not been provided within the previous 12 months. The county shall also have the authority to authorize this service should the recipient's living conditions result in a threat to his/her safety and such service may be authorized where a recipient is at risk of eviction for failure to prepare his/her home or abode for fumigation as required by statute or ordinance. The caseworker shall document the circumstances, justifying any such allowance.

30-757 PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)**30-757**

.13 Related services which are limited to the following:

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

- (a) The time guidelines range for "preparation of meals" shall be as follows unless the recipient's needs require an exception:

Preparation of Meals Hours per Week Time Guidelines		
	Low	High
Rank 2	3.02	7.00
Rank 3	3.50	7.00
Rank 4	5.25	7.00
Rank 5	7.00	7.00

Note: Rank represents the recipient's level of functioning (functional index as provided in Section 30-756.1.

- (b) Factors for the consideration of time include, but are not limited to:
- (1) The extent to which the recipient can assist or perform tasks safely.
 - (2) The types of food the recipient usually eats for breakfast, lunch, dinner, and snacks and the amount of time needed to prepare the food (e.g., more cooked meals versus meals that do not require cooking).
 - (3) Whether the recipient is able to reheat meals prepared in advance and the types of food the recipient eats on days the provider does not work.
 - (4) The frequency the recipient eats.
 - (5) Time for universal precautions, as appropriate.
- (c) Exception criteria to the time guideline range include, but are not limited to:
- (1) If the recipient must have meals pureed or cut into bite-sized pieces.

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

- (2) If the recipient has special dietary requirements that require longer preparation times or preparation of more frequent meals.
- (3) If the recipient eats meals that require less preparation time (e.g., toast and coffee for breakfast).

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

- (a) Meal clean up does not include general cleaning of the refrigerator, stove/oven, or counters and sinks. These services are assessed under "domestic services" in Section 30-757.11.
- (b) The time guideline range for "meal cleanup" shall be as follows unless the recipient's needs require an exception:

Meal Cleanup Hours per Week Time Guideline		
	Low	High
Rank 2	1.17	3.50
Rank 3	1.75	3.50
Rank 4	1.75	3.50
Rank 5	2.33	3.50

- (c) Factors for consideration of time include, but are not limited to:
 - (1) The extent to which the recipient can assist or perform tasks safely.
 - (A) A recipient with a Rank 3 in "meal cleanup" who has been determined able to wash breakfast/lunch dishes and utensils and only needs the provider to cleanup after dinner would require time based on the provider performing cleanup of the dinner meal only.
 - (B) A recipient who has less control of utensils and/or spills food frequently may require more time for cleanup.
 - (2) The types of meals requiring the cleanup.

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

HANDBOOK BEGINS HERE

- (A) A recipient who chooses to eat eggs and bacon for breakfast would require more time for cleanup than a recipient who chooses to eat toast and coffee.

HANDBOOK ENDS HERE

- (3) If the recipient can rinse the dishes and leave them in the sink until the provider can wash them.
- (4) The frequency that meal cleanup is necessary.
- (5) If there is a dishwasher appliance available.
- (6) Time for universal precautions, as appropriate.
- (d) Exceptions criteria to the time guideline range may include, but are not limited to:
- (1) If the recipient must eat frequent meals which require additional time for cleanup.
- (2) If the recipient eats light meals that require less time for cleanup.

.133 Restaurant meal allowance.

- (a) An aged or disabled client who has adequate cooking facilities at home but whose disabilities prevent their use shall be advised of his/her option to receive a restaurant meal allowance in lieu of the services specified in .131 through .133, above, and shopping for food which the recipient would otherwise receive.
- (1) The amount of the restaurant meal allowance shall be that specified in Welfare and Institutions Code Section 12303.7 or as otherwise provided by law.

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

- (A) IHSS restaurant meal allowances established in accordance with Welfare and Institutions Code Section 12303.7 shall be as follows:

Allowance for <u>an Individual</u>	Allowance for <u>a Couple</u>
\$62.00 per month	\$124.00 per month

- (2) A recipient who receives a restaurant meal allowance as part of his/her SSP grant shall not receive a restaurant meal allowance from IHSS.
- (3) An aged or disabled recipient who is an SSP recipient, who requests a restaurant meal allowance, and who does not have adequate cooking facilities at home shall be referred to SSP.

.134 Laundry services which includes the tasks of washing and drying laundry, mending, ironing, folding, and storing clothes on shelves or in drawers.

- (a) Laundry facilities are considered available in the home if, at a minimum, there exists a washing machine and a capability to dry clothes on the premises.
- (b) The need for out-of-home laundry services exists when laundry facilities are not available on the premises and it is therefore necessary to go outside the premises to accomplish this service. Included in out-of-home laundry is the time needed to travel to/from a locally available laundromat or other laundry facility.
- (c) The time guideline for laundry service where laundry facilities are available in the home shall not exceed 1.0 hours total per week per household unless the recipient's need requires an exception to exceed this limit.

HANDBOOK BEGINS HERE

- (1) In assessing time for in-home laundry services, it is expected that the provider will accomplish other tasks while clothes are washing and drying.

HANDBOOK ENDS HERE

- (d) The time guideline for laundry services where laundry facilities are not available in the home shall not exceed 1.5 hours total per week per household unless the recipient's need requires an exception to exceed this limit.

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

HANDBOOK BEGINS HERE

- (1) It is expected that the typical provider will use a local laundromat as necessary for efficient time utilization.

HANDBOOK ENDS HERE

- (e) An exception to grant more time than the time guidelines specified in Sections 30-757.134(c) and (d) may be necessary for recipients who have incontinence.

.135 Food shopping which includes reasonable food shopping and other shopping/errands limited to the nearest available stores or other facilities consistent with the recipient's economy and needs.

- (a) The county shall not authorize additional time for the recipient to accompany the provider.

- (b) Food shopping includes the tasks of making a grocery list, travel to/from the store, shopping, loading, unloading, and storing food.

- (1) The time guideline for "food shopping" shall not exceed 1.0 hour total per week per household unless the recipient's need requires an exception to exceed this limit.

- (c) Other shopping/errands includes the tasks of making a shopping list, travel to/from the 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.

- (1) The time guideline for "other shopping/errands" shall not exceed 0.5 hour total per week per household unless the recipient's need requires an exception to exceed this limit.

.14 Personal care services, limited to:

- (a) "Bowel and bladder" care, which includes 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 providers hands.

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

- (1) "Bowel and bladder" care does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program, or colostomy irrigation. These tasks are assessed as "paramedical services" specified at Section 30-757.19.
- (2) The time guideline range for "bowel and bladder" care shall be as follows unless the recipient's needs require an exception:

Bowel and Bladder Care Hours per Week Time Guideline		
	Low	High
Rank 2	0.58	2.00
Rank 3	1.17	3.33
Rank 4	2.91	5.83
Rank 5	4.08	8.00

- (3) Factors for consideration of time include, but are not limited to:
 - (A) The extent to which the recipient can assist or perform tasks safely.
 - (B) The frequency of the recipient's urination and/or bowel movements.
 - (C) If there are assistive devices available which result in decreased or increased need for assistance.

HANDBOOK BEGINS HERE

1. Situation where elevated toilet seats and/or Hoyer lifts are available may result in less time needed for "bowel and bladder" care if the use of these devices results in a decreased need for assistance by the recipient.
2. Situations where a bathroom door is not wide enough to allow for easy wheelchair access may result in more time needed if its use results in an increased need.

HANDBOOK ENDS HERE

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

- (D) Time for universal precautions, as appropriate.
- (4) Exception criteria to the time guideline range may include, but are not limited to:
 - (A) If the recipient has frequent urination or bowel movements.
 - (B) If the recipient has frequent bowel or bladder accidents.
 - (C) If the recipient has occasional bowel or bladder accidents that require assistance from another person.
 - (D) If the recipient's morbid obesity requires more time.
 - (E) If the recipient has spasticity or locked limbs.
 - (F) If the recipient is combative.
- (b) Respiration limited to nonmedical services such as assistance with self-administration of oxygen and cleaning IPPB machines.
- (c) "Feeding," which includes 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.
 - (1) "Feeding" tasks include assistance with reaching for, picking up, and grasping utensils and cup; cleaning recipient's face and hands; and washing/drying hands; and washing/drying hands before and after feeding.
 - (2) "Feeding" tasks do not include cutting food into bite-sized pieces or pureeing food, as these tasks are assessed in "preparation of meals" services specified at Section 30-757.131.
 - (3) The time guideline range for "feeding" shall be as follows unless the recipient's needs require an exception:

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

Feeding Hours per Week Time Guideline		
	Low	High
Rank 2	0.70	2.30
Rank 3	1.17	3.50
Rank 4	3.50	7.00
Rank 5	5.25	9.33

- (4) Factors for consideration of time include, but are not limited to:
- (A) The extent to which the recipient can assist or perform tasks safely.
 - (B) The amount of time it takes the recipient to eat meals.
 - (C) The type of food that will be consumed.
 - (D) The frequency of meals/liquids.
 - (E) Time for universal precautions, as appropriate.
- (5) Exception criteria to the time guideline range may include, but are not limited to:
- (A) If the constant presence of the provider is required due to the danger of choking or other medical issues.
 - (B) If the recipient is mentally impaired and only requires prompting for feeding him/herself.
 - (C) If the recipient requires frequent meals.
 - (D) If the recipient prefers to eat foods that he/she can manage without assistance.
 - (E) If the recipient must eat in bed.
 - (F) If food must be placed in the recipient's mouth in a special way due to difficulty swallowing or other reasons.
 - (G) If the recipient is combative.
- (d) Routine bed baths, which 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.

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

- (1) The time guideline range for "bed baths" shall be as follows unless the recipient's needs require an exception:

Bed Baths Hours per Week Time Guideline		
	Low	High
Rank 2	0.50	1.75
Rank 3	1.00	2.33
Rank 4	1.17	3.50
Rank 5	1.75	3.50

- (2) Factors for consideration of time include, but are not limited to:

- (A) The extent to which the recipient can assist or perform tasks safely.
- (B) If the recipient is prevented from bathing in the tub/shower.
- (C) If bed baths are needed in addition to baths in the tub/shower.
- (D) Time for universal precautions, as appropriate.

- (3) Exception criteria to the time guideline range may include, but are not limited to:

- (A) If the recipient is confined to bed and sweats profusely requiring frequent bed baths.
- (B) If the weight of the recipient requires more or less time.
- (C) If the recipient is combative.

- (e) Bathing, oral hygiene and grooming:

- (1) Bathing includes cleaning the body in a tub or shower; obtaining water/supplies and putting them away; turning on/off faucets and adjusting water temperature; assistance with getting in/out of tub or shower; assistance with reaching all parts of the body for washing, rinsing, drying and applying lotion, powder, deodorant; and washing/drying hands.
- (2) Oral hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands.

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

- (3) Grooming includes 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.
- (4) "Bathing, oral hygiene, and grooming," does not include getting to/from the bathroom. These tasks are assessed as mobility under "ambulation" services specified at Section 30-757.14(k).
- (5) The time guideline range for "bathing, oral hygiene, and grooming," shall be as follows unless the recipient's needs require an exception:

Bathing, Oral Hygiene, and Grooming Hours per Week Time Guideline		
	Low	High
Rank 2	0.50	1.92
Rank 3	1.27	3.15
Rank 4	2.35	4.08
Rank 5	3.00	5.10

- (6) Factors for consideration of time include, but are not limited to:
- (A) The extent to which the recipient can assist or perform tasks safely.
- (B) The number of times the recipient may need to bathe.
- (C) If the recipient requires assistance in/out of tub/shower.
- (D) If the recipient needs assistance with supplies.
- (E) If the recipient requires assistance washing his/her body.
- (F) If the provider must be present while the recipient bathes.
- (G) If the recipient requires assistance drying his/her body and/or putting on lotion/powder after bathing.
- (H) If the recipient showers in a wheelchair.
- (I) Universal precautions, as appropriate.

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

(7) Exceptions to the time guideline range may include, but are not limited to:

- (A) If the provider's constant presence is required.
- (B) If the weight of the recipient requires more or less time.
- (C) If the recipient has spasticity or locked limbs.
- (D) If a roll-in shower is available.
- (E) If the recipient is combative.

(f) Dressing, which includes washing/drying of hands; putting on/taking off, fastening/unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments, undergarments, corsets, elastic stockings and braces; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing.

(1) The time guideline range for "dressing" shall be as follows unless the recipient's needs require an exception.

Dressing Hours per Week Time Guideline		
	Low	High
Rank 2	0.56	1.20
Rank 3	1.00	1.86
Rank 4	1.50	2.33
Rank 5	1.90	3.50

(2) Factors for consideration of time include, but are not limited to:

- (A) The extent to which the recipient can assist or perform tasks safely.
- (B) The type of clothing/garments the recipient wears.
- (C) If the recipient prefers other types of clothing/garments.
- (D) The weather conditions.
- (E) Universal precautions, as appropriate.

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

- (3) Exception criteria to the time guideline range may include, but are not limited to:
 - (A) If the recipient frequently leaves his/her home, requiring additional dressing/undressing.
 - (B) If the recipient frequently bathes and requires additional dressing or soils clothing, requiring frequent changes of clothing.
 - (C) If the recipient has spasticity or locked limbs.
 - (D) If the recipient is immobile.
 - (E) If the recipient is combative.
- (g) Repositioning and rubbing skin, which includes rubbing skin to promote circulation and/or prevent skin breakdown; turning in bed and other types of repositioning; and range of motion exercises which shall be limited to the following:
 - (1) General supervision of exercises which have been taught to the recipient by a licensed therapist or other health care professional to restore mobility restricted because of injury, disuse or disease.
 - (2) Maintenance therapy when the specialized knowledge and judgment of a qualified therapist is not required and the exercises are consistent with the patient's capacity and tolerance.
 - (A) Such exercises shall include the carrying out of maintenance programs, i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain range of motion in paralyzed extremities; and assistive walking.
 - (3) "Repositioning and rubbing skin" does not include:
 - (A) Care of pressure sores (skin and wound care). This task is assessed as a part of "paramedical" services specified at Section 30-757.19.
 - (B) Ultraviolet treatment (set up and monitor equipment) for pressure sores and/or application of medicated creams to the skin. These tasks are assessed as part of "assistance with prosthetic devices" at Section 30-757.14(i).

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

- (4) The time guideline range for "repositioning and rubbing skin" shall be as follows unless the recipient's needs require an exception:

Repositioning and Rubbing Skin Hours per Week Time Guideline		
	Low	High
* Functional ranking does not apply	0.75	2.80

- (5) Factors for consideration of time include, but are not limited to:
- (A) The extent to which the recipient can assist or perform tasks safely.
 - (B) If the recipient's movement is limited while in the seating position and/or in bed, and the amount of time the recipient spends in the seating position and/or in bed.
 - (C) If the recipient has circulatory problems.
 - (D) Universal precautions, as appropriate.
- (6) Exceptions criteria to the time guideline range may include, but are not limited to:
- (A) If the recipient has a condition that makes him/her confined to the bed.
 - (B) If the recipient has spasticity or locked limbs.
 - (C) If the recipient has or is at risk of having decubitus ulcers which require the need to turn the recipient frequently.
 - (D) If the recipient is combative.
- (h) "Transfer," which includes 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.
- (1) "Transfer" does not include:
- (A) Assistance on/off toilet. This task is assessed as part of "bowel and bladder" care specified at Section 30-757.14(a).

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

- (B) Changing the recipient's position to prevent skin breakdown and to promote circulation. This task is assessed as part of "repositioning and rubbing skin" specified at Section 30-757.14(g).
- (2) The time guideline range for "transfer" shall be as follows unless the recipient's needs require an exception:

Transfer Hours per Week Time Guideline		
	Low	High
Rank 2	0.50	1.17
Rank 3	0.58	1.40
Rank 4	1.10	2.33
Rank 5	1.17	3.50

- (3) Factors for consideration of time include, but are not limited to:
- (A) The extent to which the recipient can assist or perform tasks safely.
 - (B) The amount of assistance required.
 - (C) The availability of equipment, such as a Hoyer lift.
 - (D) Universal precautions, as appropriate.
- (4) Exception criteria to the time guideline range may include, but are not limited to:
- (A) If the recipient gets in and out of bed frequently during the day or night due to naps or use of the bathroom.
 - (B) If the weight of the recipient and/or condition of his/her bones requires more careful, slow transfers.
 - (C) If the recipient has spasticity or locked limbs.
 - (D) If the recipient is combative.
- (i) Care of and assistance with prosthetic devices and assistance with self-administration of medications, which includes 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.

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

- (1) Assistance with self-administration of medications consists of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken and setting up Medi-sets.
- (2) The time guideline range for "care and assistance with prosthetic devices" shall be as follows unless the recipient's needs require an exception:

Care and Assistance with Prosthetic Devices		
Hours per Week		
Time Guideline		
	Low	High
*Functional ranking does not apply	0.47	1.12

- (3) Factors for consideration of time include, but are not limited to:
 - (A) The extent to which the recipient is able to manage medications and/or prosthesis independently and safely.
 - (B) The amount of medications prescribed for the recipient.
 - (C) If the recipient requires special preparation to distribute medications (e.g., cutting tablets, putting medications into Medi-sets, etc.).
 - (D) If the recipient has cognitive difficulties that contribute to the need for assistance with medications and/or prosthetic devices.
 - (E) Universal precautions, as appropriate.
- (4) Exception criteria to the time guideline range may include, but are not limited to:
 - (A) If the recipient takes medications several times a day.
 - (B) If the pharmacy sets up medications in bubble wraps or Medi-sets for the recipient.
 - (C) If the recipient has multiple prosthetic devices.
 - (D) If the recipient is combative.

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

- (j) Routine menstrual care which is 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.

HANDBOOK BEGINS HERE

- (1) In assessing "menstrual" care, it may be necessary to assess additional time in other service categories specified in this section, such as "laundry," "dressing," "domestic," "bathing, oral hygiene, and grooming."
- (2) In assessing "menstrual" care, if the recipient wears diapers, time for menstrual care should not be necessary. This time would be assessed as a part of "bowel and bladder" care.

HANDBOOK ENDS HERE

- (3) The time guideline range for "menstrual care" shall be as follows unless the recipient's needs require an exception:

Menstrual Care Hours per Week Time Guideline		
	Low	High
*Functional rank does not apply	0.28	0.80

- (4) Factors for consideration of time include, but are not limited to:
- (A) The extent to which the recipient can assist or perform tasks safely.
 - (B) If the recipient has a menstrual cycle.
 - (C) The duration of the recipient's menstrual cycle.
 - (D) If there are medical issues that necessitate additional time.
 - (E) Universal precautions, as appropriate.
- (5) Exception criteria to the time guideline range may include, but are not limited to:
- (A) If the recipient has spasticity or locked limbs.
 - (B) If the recipient is combative.

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

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

- (1) The time guideline range for "ambulation" shall be as follows unless the recipient's needs require an exception:

Ambulation Hours per Week Time Guideline		
	Low	High
Rank 2	0.58	1.75
Rank 3	1.00	2.10
Rank 4	1.75	3.50
Rank 5	1.75	3.50

- (2) Factors for consideration of time include, but are not limited to:
- (A) The extent to which the recipient can assist or perform tasks safely.
 - (B) The distance the recipient must move inside the home.
 - (C) The speed of the recipient's ambulation.
 - (D) Any barriers that impede the recipient's ambulation.
 - (E) Universal precautions, as appropriate.
- (3) Exceptions to the time guideline range may include, but are not limited to:
- (A) If the recipient's home is large or small.
 - (B) If the recipient requires frequent help getting to/from the bathroom.
 - (C) If the recipient has a mobility device, such as a wheelchair that results in a decreased need.
 - (D) If the recipient has spasticity or locked limbs.
 - (E) If the recipient is combative.

30-757	PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES	30-757
---------------	---	---------------

(Continued)

- .15 Assistance by the provider is available for transportation when the recipient's presence is required at the destination and such assistance is necessary to accomplish the travel, limited to:
 - .151 Transportation to and from appointments with physicians, dentists and other health practitioners.
 - .152 Transportation necessary for fitting health related appliances/devices and special clothing.
 - .153 Transportation under .151 and .152 above shall be authorized only after social service staff have determined that Medi-Cal will not provide transportation in the specific case.
 - .154 Transportation to the site where alternative resources provide in-home supportive services to the recipient in lieu of IHSS.
- .16 Yard hazard abatement is light work in the yard which may be authorized for:
 - .161 Removal of high grass or weeds, and rubbish when this constitutes a fire hazard.
 - .162 Removal of ice, snow or other hazardous substances from entrances and essential walkways when access to the home is hazardous.
 - .163 Such services are limited by Sections 30.763.235(b) and .24.
- .17 Protective Supervision consists of observing recipient behavior and intervening as appropriate in order to safeguard the recipient against injury, hazard, or accident.

30-757

PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

.171 Protective Supervision is available for observing the behavior of nonself-directing, confused, mentally impaired, or mentally ill persons only.

(a) Protective Supervision may be provided through the following, or combination of the following arrangements.

(1) In-Home Supportive Services program;

(2) Alternative resources such as adult or child day care centers, community resource centers, Senior Centers; respite centers;

(3) Voluntary resources;

(4) Repealed by Manual Letter No. SS-07-01

.172 Protective Supervision shall not be authorized:

(a) For friendly visiting or other social activities;

(b) When the need is caused by a medical condition and the form of the supervision required is medical.

(c) In anticipation of a medical emergency;

(d) To prevent or control anti-social or aggressive recipient behavior.

(e) To guard against deliberate self-destructive behavior, such as suicide, or when an individual knowingly intends to harm himself/herself.

.173 Protective Supervision is only available under the following conditions as determined by social service staff:

(a) At the time of the initial assessment or reassessment, a need exists for twenty-four-hours-a-day of supervision in order for the recipient to remain at home safely.

(1) For a person identified by county staff to potentially need Protective Supervision, the county social services staff shall request that the form SOC 821 (3/06), "Assessment of Need for Protective Supervision for In-Home Supportive Services Program," which is incorporated by reference, be completed by a physician or other appropriate medical professional to certify the need for Protective Supervision and returned to the county.

30-757	PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES	30-757
---------------	---	---------------

(Continued)

(A) For purposes of this regulation, appropriate medical professional shall be limited to those with a medical specialty or scope of practice in the areas of memory, orientation, and/or judgment.

(2) The form SOC 821 (3/06) shall be used in conjunction with other pertinent information, such as an interview or report by the social service staff or a Public Health Nurse, to assess the person's need for Protective Supervision.

(3) The completed form SOC 821 (3/06) shall not be determinative, but considered as one indicator of the need for Protective Supervision.

(4) In the event that the form SOC 821 (3/06) is not returned to the county, or is returned incomplete, the county social services staff shall make its determination of need based upon other available information.

HANDBOOK BEGINS HERE

(5) Other available information can include, but is not limited to, the following:

(A) A Public Health Nurse interview;

(B) A licensed health care professional reports;

(C) Police reports;

(D) Collaboration with Adult Protective Services, Linkages, and/or other social service agencies;

(E) The social service staff's own observations.

HANDBOOK ENDS HERE

(b) At the time of reassessment of a person receiving authorized Protective Supervision, the county social service staff shall determine the need to renew the form SOC 821 (3/06).

(1) A newly completed form SOC 821 (3/06) shall be requested if determined necessary, and the basis for the determination shall be documented in the recipient's case file by the county social service staff.

30-757	PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES (Continued)	30-757
---------------	--	---------------

(c) Recipients may request protective supervision. Recipients may obtain documentation (such as the SOC 821) from their physicians or other appropriate medical professionals for submission to the county social service staff to substantiate the need for protective supervision.

.174 Social Services staff shall explain the availability of protective supervision and discuss the need for twenty-four-hours-a-day supervision with the recipient, or the recipient's parent(s), or the recipient's guardian or conservator, the appropriateness of out-of-home care as an alternative to Protective Supervision.

.175 (Reserved.)

.176 County Social Services staff shall obtain a signed statement from the provider(s) of record or any other person(s) who agrees to provide any In-Home Supportive Services (IHSS) or PCSP compensable service voluntarily. The statement [Form SOC 450 (10/98)] shall indicate that the provider knows of the right to compensated services, but voluntarily chooses not to accept any payment, or reduced payment, for the provision of services.

(a) The voluntary services certification for IHSS shall contain the following information:

- (1) Services to be performed;
- (2) Recipient(s) name;
- (3) Case number;
- (4) Day(s) and/or hours per month service(s) will be performed;
- (5) Provider of services;
- (6) Provider's address and telephone number;
- (7) Provider's signature and date signed;
- (8) Name and signature of Social Service Worker;
- (9) County; and
- (10) Social Security Number (Optional, for identification purposes only [Authority: Welfare and Institutions Code Section 12302.2]).

30-757	PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES	30-757
---------------	---	---------------

(Continued)

- .18 Teaching and demonstration services provided by IHSS providers to enable recipients to perform for themselves services which they currently receive from IHSS. Teaching and demonstration services are limited to instruction in those tasks specified in .11, .13, .14, and .16 above.
- .181 This service shall be provided by persons who ordinarily provide IHSS. The hourly rate of provider compensation shall be the same as that paid to other IHSS providers in the county for the delivery method used.
- .182 This service shall only be provided when the provider has the necessary skills to do so effectively and safely.
- .183 Services shall be authorized for no more than three months.
- .184 Services shall be authorized only when there is a reasonable expectation that there will be a reduction in the need for a specified IHSS funded service as a result of the service authorized under this category which is at least equivalent to the cost of the services provided under this category.
- (a) The reduction in cost is equivalent if the full cost of service authorized under this part is recovered within six months after the conclusion of the training period.
- .185 Within seven months after completion of teaching and demonstration in a specific case, social service staff shall report in to the Department on the results of the service. The report shall include:
- (a) The tasks taught.
- (b) The instructional method used.
- (c) The delivery method used.
- (d) The frequency and duration of the instruction.
- (e) The total need for each service to be affected both before and six months after the instruction.
- (f) The results of instruction including the number of hours of each authorized IHSS funded service to be affected by the instruction both before and six months after the end of the instruction in hours per month.
- (g) The hourly rate paid the provider.

30-757	PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES	30-757
---------------	---	---------------

(Continued)

- .19 Paramedical services, under the following conditions:
- .191 The services shall have the following characteristics:
- (a) are activities which persons would normally perform for themselves but for their functional limitations,
 - (b) are activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health.
 - (c) are 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.
- .192 The services shall be provided when ordered by a licensed health care professional who is lawfully authorized to do so. The licensed health care professional shall be selected by the recipient. The recipient may select a licensed health care professional who is not a Medi-Cal provider, but in that event shall be responsible for any fee payments required by the professional.
- .193 The services shall be provided under the direction of the licensed health care professional.
- .194 The licensed health care professional shall indicate to social services staff the time necessary to perform the ordered services.
- .195 This service shall be provided by persons who ordinarily provide IHSS. The hourly rate of provider compensation shall be the same as that paid to other IHSS providers in the county for the delivery method used.
- .196 The county shall have received a signed and dated order for the paramedical services from a licensed health care professional. The order shall include a statement of informed consent saying that the recipient has been informed of the potential risks arising from receipt of such services. The statement of informed consent shall be signed and dated by the recipient, or his/her guardian or conservator. The order and consent shall be on a form developed or approved by the department.
- .197 In the event that social services staff are unable to complete the above procedures necessary to authorize paramedical services during the same time period as that necessary to authorize the services described in .11 through .18, social services staff shall issue a notice of action and authorize those needed services which are described in .11 through .18 in a timely manner as provided in Section 30-759. Paramedical services shall be authorized at the earliest possible subsequent date.

30-757	PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES (Continued)	30-757
--------	--	--------

- .198 In no event shall paramedical services be authorized prior to receipt by social services staff of the order for such services by the licensed health care professional. However, the cost of paramedical services received may be reimbursed retroactively provided that they are consistent with the subsequent authorization and were received on or after the date of application for the paramedical services.

| NOTE: Authority cited: Sections 10553, 10554, 12300, 12301.1 and 12301.21, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Peremptory Writ of Mandate, Disabled Rights Union v. Woods, Superior Court, Los Angeles County, Case #C 380047; Miller v. Woods/Community Services for the Disabled v. Woods, Superior Court, San Diego County, Case Numbers 468192 and 472068; and Sections 12300, 12300(c)(7), 12300(f), 12300(g), 12300.1, and 12301.2, Welfare and Institutions Code.

30-758	TIME PER TASK AND FREQUENCY GUIDELINES	30-758
--------	---	--------

Repealed by Manual letter No. SS-06-02, effective 9/1/06

NOTE: Authority cited: Sections 10553, 10554, 12300, and 12301.2, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Peremptory Writ of Mandate, Disabled Rights Union v. Woods, Superior Court, Los Angeles County, Case #C 380047; and Sections 12300, and 12301.2, Welfare and Institutions Code.

30-759	APPLICATION PROCESS	30-759
--------	----------------------------	--------

- .1 Each request or application for services shall have been made in accordance with Section 30-009.22.
- .11 Recipient information including ethnicity and primary language (including sign language) shall be collected and recorded in the case file.
- .2 Applications shall be processed, including eligibility determination and needs assessment, and notice of action mailed no later than 30 days following the date the written application is completed. An exception may be made for this requirement when a disability determination in accordance with Section 30-771 has not been received in the 30-day period. Services shall be provided, or arrangements for their provision shall have been made, within 15 days after an approval notice of action is mailed.
- .3 Pending final determination, a person may be considered blind or disabled for purposes of non-PCSP IHSS eligibility under the following conditions:
- .31 For a disabled applicant, eligibility may be presumed if the applicant is not employed and has no expectation of employment within the next 45 days, and if in the county's judgment the person appears to have a mental or physical impairment that will last for at least one year or end in death.
- .32 For a blind applicant, eligibility may be presumed if in the county's judgment the person appears to meet the requirements of Section 30-771.2.

THIS PAGE IS INTENTIONALLY LEFT BLANK

30-759	APPLICATION PROCESS (Continued)	30-759
---------------	--	---------------

- .4 In-Home Supportive Services payment shall be made for authorizable services, as specified in Section 30-761.28, received on or after the date of application or of the request for services as provided in Section 30-009.224, if either the recipient or the provider does not qualify for PCSP. If the ineligible recipient/provider becomes eligible for payment under PCSP, payment shall be made from PCSP as soon as administratively feasible in lieu of IHSS.
- .5 Once services have been authorized, the authorization shall continue until there is a change in eligibility or assessed level of need.
- .6 The availability or continuity of services to a recipient shall not be limited or reduced because the county fails to comply with administrative processing standards in this section and in Section 30-761.2, unless the recipient has substantially contributed to the county's failure to comply.
- .7 A written notice of action containing information on the disposition of the request for service shall be sent to the applicant in accordance with MPP Sections 10-116 and 30-763.8.
- .8 Emergency services may be authorized to aged, blind, or disabled persons prior to the completion of a needs assessment if the recipient meets the eligibility criteria specified in .3 above or in Section 30-755 and the recipient's needs warrant immediate provision of service. The county shall subsequently perform a complete needs assessment within 30 days after the date of application as specified in .4 above, and comply with the standards for application processing.
- .9 An intercounty transfer shall be initiated by the transferring county after receiving notification from the recipient or person as described in Section 30-760.1 of his/her move to a new county. This transfer shall be accomplished in accordance with the following procedures:
- .91 The transferring county shall, within ten calendar days from the original date of notification, send (by mail or FAX) a notification of transfer form which includes a place for the names and numbers and telephones numbers of the social service workers from both the sending and receiving counties, the statement "Please sign and return a copy of this document which will verify that your county will accept responsibility for the case effective (date to be filled in)," a space for additional comments, and other documents pertaining to the transfer of responsibility and provision of IHSS to the receiving county. If faxed, mailed copy(ies) shall follow in a timely manner for auditing purposes.
- .911 The documents required in Section 30-759.91 include, but are not limited to, an application for In-Home Supportive Services (SOC 295, 10/90); the most recent IHSS assessment, an IHSS provider eligibility update, a personal care services program provider enrollment form (SOC 428, 5/90), if applicable; a paramedical authorization form (SOC 321, 10/88), if applicable; current NOAs, and any information pertaining to overpayments and fraud investigations, if applicable.
- .92 There shall be no interruption or overlapping of services as the result of a recipient moving from one county to another.

30-759	APPLICATION PROCESS (Continued)	30-759
---------------	--	---------------

- .921 The transferring county is responsible for authorizing and funding services until the transfer period expires, at which time the receiving county becomes responsible.
- .922 If the recipient moves from the receiving county to a third county during the transfer period, the transferring county is responsible for canceling the transfer to the original receiving county and initiating the transfer to the new receiving county.
- .93 The receiving county shall complete and return a notification of transfer form to the transferring county within 30 days of receipt of the form.
- .931 If the notification of transfer form has not been returned within 30 calendar days by the receiving county, the transferring county shall contact the receiving county to assure that the new county has received the notification of transfer and is taking action.
- .94 As part of the transfer process, the receiving county shall complete a face-to-face assessment with the recipient during the transfer period.
- .941 There shall be no change in the recipient's level of authorized hours/benefits taken or initiated by the transferring county during the transfer period unless there is a substantive change in living arrangements or other eligibility factors as verified by the receiving county.

HANDBOOK BEGINS HERE

- (a) Some examples of what is considered a "substantive change in living arrangements" follow:
 - 1. A change in the number of persons living in the household;
 - 2. A change in the age(s) of persons living in the household;
 - 3. A change in the layout or location of living areas;
 - 4. A change in the number of rooms in the living space;
 - 5. A change in the availability of cooking facilities;
 - 6. A change in the availability of alternate resources.
- (b) The receiving county should be notified immediately once appropriate action, including a notice of action (NOA) is taken.

HANDBOOK ENDS HERE

30-759	APPLICATION PROCESS (Continued)	30-759
---------------	--	---------------

- | | | |
|--|------|--|
| | .95 | When services are discontinued by the transferring county during the transfer period, and the recipient does not appeal the discontinuance through the state hearing process, any reapplication shall be treated as a new application with the county in which the recipient currently resides (receiving county). |
| | .96 | When an IHSS recipient appeals a discontinuance, decrease of hours, or any adverse action against him/her by the transferring county during the transferring process, the transferring county shall maintain full responsibility for the case. The transferring county is accountable for the hearing and aid paid pending (if applicable), until a hearing decision is made, after which the transfer of the case to the receiving county can be completed. |
| | .97 | If a person has an IHSS application pending at the time he/she moves to a new county, the responsibility for completion of the application shall remain with the transferring county in accordance with the following: |
| | .971 | If the person is eligible at the time the county of residence changes, a transfer process can be initiated. |
| | .972 | If a Determination of Disability is pending, responsibility shall be retained by the transferring county until the disability determination is received. The transferring county shall forward the disability determination, along with a notification of transfer form (see Section 30-759.91), within 10 calendar days of the date the determination was received. |

	NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 10950, 11102, 12301, 12305.71, and 14132.95, Welfare and Institutions Code.
--	--

This page is intentionally left blank.

30-760	RESPONSIBILITIES	30-760
---------------	-------------------------	---------------

.1 Applicant/Recipient Responsibilities

The applicant/recipient, his/her conservator, or in the case of a minor, his/her parents or guardian shall be responsible for:

- .11 Completing or participating in completion of all documents required in the determination of eligibility and need for services.
- .12 Making available to the county all documents that are in his/her possession or available to him/her which are needed to determine eligibility and need for service.
- .13 Cooperating with county fraud detection and prevention and quality assurance activities including case reviews and home visits.
- .14 Reporting all known facts which are material to his/her eligibility and level of need.
- .15 Reporting within ten calendar days of the occurrence, any change in any of these facts.
- .16 Reporting all information necessary to assure timely and accurate payment to providers of service.
- .17 Reporting within 10 calendar days when a change of residence places the recipient within the jurisdiction of another county.

.2 County Responsibilities

- .21 Informing recipients of their rights and responsibilities in relation to eligibility and need for services.
- .22 Evaluating the capacity of applicants or recipients to discharge their responsibilities as set forth in .1 above.
- .23 Assisting recipients as needed in establishing their eligibility and need for service.
- .24 Correctly determining eligibility and need.
- .25 Complying with administrative standards to ensure timely processing of recipient requests for service.

NOTE: Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 11102, 12301, and 14132.95, Welfare and Institutions Code.

30-761	NEEDS ASSESSMENT STANDARDS	30-761
---------------	-----------------------------------	---------------

- .1 Services shall be authorized only in cases which meet the following condition:
 - .11 The recipient is eligible as specified in Sections 30-755 or 30-780, except that services may be authorized on an interim basis as provided in Section 30-759.3.
 - .12 A needs assessment establishes a need for the services identified in Section 30-757 consistent with the purposes of the IHSS program, as specified in Section 30-700.1, except as provided in Section 30-759.8.
 - .13 Social services staff of the designated county department has had a face-to-face contact with the recipient in the recipient's home at least once within the past 12 months, except as provided in Sections 30-761.215 through .217, and has determined that the recipient would not be able to remain safely in his/her own home without IHSS. If the face-to-face contact is due but the recipient is absent from the state but still eligible to receive IHSS pursuant to the requirements stated in Section 30-770.4, Residency, the face- to-face requirement is suspended until such time as the recipient returns to the state.
 - .14 Performance of the service by the recipient would constitute such a threat to his/her health/safety that he/she would be unable to remain in his/her own home.
- .2 Needs Assessments
 - .21 Needs assessments are performed:
 - .211 Prior to the authorization of IHSS services when an applicant is determined to be eligible, except in emergencies as provided in Section 30-759.8.
 - .212 Prior to the end of the twelfth calendar month from the last face-to-face assessment except as provided in Sections 30-761.215 through .217.
 - (a) If a reassessment is completed before the twelfth calendar month, the month for the next reassessment shall be adjusted to the 12-month requirement except as provided in Section 30-761.215 through .217.

HANDBOOK BEGINS HERE

- .213 Example: If a recipient's initial face-to-face assessment for IHSS was completed on December 12th, the county may complete the next reassessment anytime prior to December 31st of the following year.
- .214 Example: If a reassessment is completed on September 15th, prior to the actual twelfth calendar month because of a change in the recipient's condition, the next reassessment shall occur anytime prior to September 30th of the following year.

HANDBOOK ENDS HERE

- .215 Except for IHSS Plus Waiver cases, prior to the end of the eighteenth calendar month from the last reassessment if the county opted to extend the assessment in accordance with these regulations. A county may opt to extend the time for a reassessment for up to six months beyond the regular 12-month period on a case-by-case basis if the county can document that all the following conditions exist, except as provided in Section 30-761.216:
- (a) The recipient had at least one reassessment since the initial program intake assessment; and
 - (b) The recipient's living arrangement has not changed since the last annual assessment; and
 - (1) The recipient lives with others (i.e., spouse, parent, live-in provider, housemate, children, a relative or non-relative); or
 - (2) Has regular meaningful contact with persons interested in the recipient's well being other than his/her provider; and
 - (c) The recipient is able to satisfactorily direct his/her care; or:
 - (1) If the recipient is a minor, his/her parent or legal guardian is able to satisfactorily direct the recipient's care; or
 - (2) If the recipient is incompetent, his/her conservator is able to satisfactorily direct the recipient's care; and
 - (d) There has not been any known change in the recipient's supportive services needs in the previous 24 months; and

30-761

NEEDS ASSESSMENT STANDARDS (Continued)

30-761

- (e) There have not been any reports to, or involvements of, an adult protective services agency or other agencies responsible for addressing the health and safety of individuals documented in the case record since the last assessment; and
 - (f) The recipient has not had a change in provider(s) in the previous six months; and
 - (g) The recipient has not reported a change in his/her supportive services needs that requires a reassessment; and
 - (h) The recipient has not been hospitalized in the previous three months.
- .216 If some, but not all, conditions specified in Section 30-761.215(a) through (h) are met, the county may consider other factors in determining if the extended assessment period is appropriate. The factors include, but are not limited to:
- (a) Involvement in the recipient's care from a social worker case manager or similar representative of a human services agency, such as Multi Services Seniors Program (MSSP), Linkages, a regional center, or county mental health program; or
 - (b) Prior to the end of the twelfth calendar month following the last assessment, the county receives a medical report from a physician or other licensed health care professional that states the recipient's medical condition is not likely to change.
 - (1) For purposes of this regulation, a licensed health care professional means a medical professional licensed in California by the appropriate California Regulatory Agency, acting within the scope of his or her license or certificate as defined in the California Business and Professions Code, and who has knowledge of the recipient's medical history.
- .217 If the county opts to extend the reassessment period as provided in Section 30-761.215 through .216, the county shall document the basis of the decision in the case file.
- .218 When the county has information indicating that the recipient's need for supportive services is expected to decrease in less than 12 months, the county may reassess the recipient's needs in less than 12 months since the last assessment.
- .219 The county shall reassess the recipient's need for services:
- (a) Any time the recipient notifies the county of a need to adjust the service hours authorized due to a change in circumstances; or

30-761	NEEDS ASSESSMENT STANDARDS (Continued)	30-761
---------------	---	---------------

(b) When there is other pertinent information which indicates a change in circumstances affecting the recipient's need for supportive services.

.22 Repealed by Manual Letter No. 82-67 (10/1/82).

.23 The designated county department shall not delegate the responsibility to do needs assessments to any other agency or organization.

.24 The needs assessment shall identify the types and hours of services needed and the services which will be paid for by the IHSS program.

.25 No services shall be determined to be needed which the recipient is able to perform in a safe manner without an unreasonable amount of physical or emotional stress.

30-761	NEEDS ASSESSMENT STANDARDS (Continued)	30-761
---------------	---	---------------

- .26 Social service staff shall determine the need for services based on all of the following:
- .261 The recipient's physical/mental condition, or living/social situation.
 - (a) These conditions and situations shall be determined following a face-to-face contact with the recipient, if necessary.
 - .262 The recipient's statement of need.
 - .263 The available medical information.
 - .264 Other information social service staff consider necessary and appropriate to assess the recipient's needs.
- .27 A needs assessment and authorization form shall be completed for each case and filed in the case record. The county shall use the needs assessment form developed or approved by the Department. The needs assessment form shall itemize the need for services and shall include the following:
- .271 Recipient information including age, sex, living situation, the nature, and extent of the recipient's functional limitations, and whether the recipient is severely impaired.
 - .272 The types of services to be provided through the IHSS program, the service delivery method and the number of hours per service per week.
 - .273 Types of IHSS provided without cost or through other resources, including sources and amounts of those services.
 - .274 Unmet need for IHSS.
 - .275 Beginning date of service authorization.

30-761	NEEDS ASSESSMENT STANDARDS (Continued)	30-761
---------------	---	---------------

- .28 Services authorized shall be justified by and consistent with the most recent needs assessment, but shall be limited by the provisions of Section 30-765.
- .3 IHSS staff shall be staff of a designated county department.
- .31 Classification of IHSS assessment workers shall be at the discretion of the county.
- .32 IHSS assessment workers shall be trained in the uniformity assessment system.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 12301.1 and 14132.95, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code.

30-763	SERVICE AUTHORIZATION	30-763
---------------	------------------------------	---------------

- .1 Services staff shall determine the need for only those tasks in which the recipient has functional impairments. In the functions specified in Section 30-756.2, a functional impairment shall be a rank of at least 2.
- .11 The applicant/recipient shall be required to cooperate to the best of his/her ability in the securing of medical verification which evaluates the following:
 - .111 His/her present condition.
 - .112 His/her ability to remain safely in his/her own home without IHSS services.
 - .113 His/her need for either medical or nonmedical out-of-home care placement if IHSS were not provided.
 - .114 The level of out-of-home care necessary if IHSS were not provided.

30-763	SERVICE AUTHORIZATION (Continued)	30-763
---------------	--	---------------

- .12 Applicant/recipient failure to cooperate as required in Section 30-763.11 shall result in denial or termination of IHSS.
- .2 Using the needs assessment form, services staff shall calculate the number of hours per week needed for each of the services determined to be needed by the procedure described in Section 30-763.1.
- .3 Shared Living Arrangements: The following steps apply to assessing need for clients who live with another person(s). With certain exceptions specified in Section 30-763.4, the need for IHSS shall be determined in the following manner.
 - .31 Domestic Services and Heavy Cleaning
 - .311 The living area in the house shall be divided into areas used solely by the recipient, areas used in common with others, and areas not used by the recipient.
 - .312 No need shall be assessed for areas not used by the recipient.
 - .313 The need for services in common living areas shall be prorated to all the housemates, the recipient's need being his/her prorated share.
 - .314 For areas used solely by the recipient, the assessment shall be based on the recipient's individual need.
 - .32 Related Services need shall be assessed as follows:
 - .321 When the need is being met in common with those of other housemates, the need shall be prorated to all the housemates involved, and the recipient's need is his/her prorated share.

30-763	SERVICE AUTHORIZATION (Continued)	30-763
---------------	--	---------------

- .322 When the service is not being provided by a housemate, and is being provided separately to the recipient, the assessment shall be based on the recipient's individual need.
- .33 The need for protective supervision shall be assessed based on the recipient's individual need provided that:
- .331 When two (or more) IHSS recipients are living together and both require protective supervision, the need shall be treated as a common need and prorated accordingly. In the event that proration results in one recipient's assessed need exceeding the payment and hourly maximums provided in Section 30-765, the apportionment of need shall be adjusted between the recipients so that all, or as much as possible of the total common need for protective supervision may be met within the payment and hourly maximums.
- .332 For service authorization purposes, no need for protective supervision exists during periods when a provider is in the home to provide other services.
- .34 The need for teaching and demonstration services shall be assessed based on the recipient's individual need, except when recipients live together and have a common need, the need shall be met in common when feasible.
- .35 Other IHSS Services:
- .351 The recipient's need for transportation services, paramedical services and personal care services shall be assessed based on the recipient's individual need.
- .352 The need for yard hazard abatement shall not be assessed in shared living arrangements, except when all housemates fall into one or more of the following categories:
- (a) Other IHSS recipients unable to provide such services.
 - (b) Other persons physically or mentally unable to provide such services.
 - (c) Children under the age of fourteen years.

This page is intentionally left blank.

30-763	SERVICE AUTHORIZATION (Continued)	30-763
---------------	--	---------------

.4 Exceptions when assessing needs in shared living arrangements:

.41 Able and Available Spouse

.411 When an IHSS recipient has a spouse who does not receive IHSS, the spouse shall be presumed able to perform certain specified tasks unless he/she provides medical verification of his/her inability to do so.

.412 An able spouse of an IHSS recipient shall be presumed available to perform certain specified tasks except during those times he/she is out of the home for employment, health or for other unavoidable reasons and the service must be provided during his/her absence.

.413 When the recipient has an able and available spouse there shall be no payment to the spouse or any other provider for the following services as described in 30-757:

- (a) Domestic
- (b) Related Services
- (c) Yard Hazard Abatement
- (d) Teaching and Demonstration
- (e) Heavy Cleaning

.414 When an able spouse is not available because of employment, health, or other unavoidable reasons, a provider may be paid for the following services only if they must be provided during the spouse's absence:

- (a) Meal Preparation
- (b) Transportation
- (c) Protective Supervision

.415 An able and available spouse or other provider may be paid for providing:

- (a) Personal care services
- (b) Paramedical service

30-763 SERVICE AUTHORIZATION (Continued)**30-763**

.416 In addition to those services listed in Section 30-763.445, a spouse may be paid to provide the following services when he/she leaves full-time employment or wishes to seek employment but is prevented from doing so because no other suitable provider is available:

- (a) Transportation
- (b) Protective Supervision

.42 Landlord/Tenant Arrangements

.421 When the recipient is the tenant, the need for domestic and heavy cleaning services shall be based on the living area used solely by the recipient. No need for yard hazard abatement shall be assessed. The needs assessment shall take into account any services the landlord is obligated to perform under the rental agreement.

.422 When the recipient is the landlord, the need for domestic and heavy cleaning services shall be assessed for all living areas not used solely by the tenant. The needs assessments shall take into account any services the tenant is obligated to perform under the rental agreement.

.43 If the recipient has moved into a relative's home primarily for the purpose of receiving services, the need for domestic and heavy cleaning services shall be assessed only for living areas used solely by the recipient. Yard hazard abatement services shall not be provided.

30-763	SERVICE AUTHORIZATION (Continued)	30-763
---------------	--	---------------

- .44 When the recipient is under eighteen years of age and is living with the recipient's parent(s), IHSS may be purchased from a provider other than the parent(s) when no parent is able to provide the services for any of the following reasons:
- .441 when the parent(s) is absent because of employment or education or training for vocational purposes.
 - .442 if the parent(s) is physically or mentally unable to perform the needed services.
 - .443 when the parent is absent because of on-going medical, dental or other health-related treatment.
 - .444 up to eight hours per week may be authorized for periods when the parent(s) must be absent from the home in order to perform shopping and errands essential to the family, or for essential purposes related to the care of the recipient's siblings who are minors.
- .45 When the recipient is under eighteen years of age and is living with the recipient's parent(s), IHSS may be purchased from a parent under the following conditions:
- .451 All of the following conditions shall be met:
 - (a) The parent has left full-time employment or is prevented from obtaining full-time employment because of the need to provide IHSS to the child;
 - (b) There is no other suitable provider available;
 - (c) If the child does not receive the listed services the child may inappropriately require out-of-home placement or may receive inadequate care.
 - .452 For the purposes of Section 30-763.451(b), a suitable provider is any person, other than the recipient's parent(s), who is willing, available, and qualified to provide the needed IHSS.

30-763	SERVICE AUTHORIZATION (Continued)	30-763
---------------	--	---------------

.453 When both parents are in the home, a parent may receive a payment as an IHSS provider only under the following conditions:

- (a) The conditions specified in Sections 30-763.451(a) through (c) shall be met.
- (b) The nonprovider parent shall be unable to provide the services because he/she is absent because of employment or in order to secure education as specified in Section 30-763.441, or is physically or mentally unable to provide the services, as specified in Section 30-763.442.
- (c) If the nonprovider parent is unable to provide services because he/she is absent for employment or educational purposes, payment shall be made to the provider parent only for services which are normally provided during the periods of the nonprovider parent's absence as indicated above.

.454 The IHSS provided shall be limited to:

- (a) Related services, as specified in Section 30-757.13.
- (b) Personal care services, as specified in Section 30- 757.14.
- (c) Assistance with travel, as specified in Section 30-757.15.
- (d) Paramedical services, as specified in Section 30-757.19.
- (e) Protective supervision, as specified in Section 30-757.17, limited to that needed because of the functional limitations of the recipient. This service shall not include routine child care or supervision.

.46 When the recipient is a parent living with his/her child(ren) who is under fourteen years of age and who is not eligible or does not need IHSS.

30-763	SERVICE AUTHORIZATION (Continued)	30-763
---------------	--	---------------

- .612 The IHSS program shall not deliver services which have been made available to the recipient through such alternative resources, except as provided in Section 30-763.613.
 - .613 In no event shall an alternative resource be used at the financial expense of the recipient, except:
 - (a) At the recipient's option; or
 - (b) When the recipient has a share of cost obligation which shall be reduced by the amount necessary for the purchase of the alternative resource.
 - .62 Social services staff shall explore with the recipient the willingness of relatives, housemates, friends or other appropriate persons to provide voluntarily some or all of the services required by the recipient.
 - .621 Social services staff shall obtain from the recipient a signed statement authorizing discussion of the case with any persons specified in Section 30-763.62.
 - .622 Social services staff shall not compel any such volunteer to provide services.
 - .63 Social services staff shall document on the needs assessment form the total need for a specific service, which shall then be reduced by any service available from an alternative resource. The remaining need for IHSS is the adjusted need.
 - .64 Social Services staff shall obtain a signed statement from the provider(s) of record or any other person(s) who agrees to provide any IHSS/PCSP compensable service voluntarily. The statement [Form SOC 450 (10/98)] shall indicate that the provider(s) knows of the right to compensated services, but voluntarily chooses not to accept any payment, or reduced payment, for the provision of services. (See MPP Section 30-757.176 for information regarding the voluntary services certification form).
- .7 The Determination of Services Which Shall be Purchased by IHSS
- .71 Services shall be authorized to meet all of the adjusted need for IHSS up to the appropriate service maximum identified in Section 30- 765.
 - .72 These services shall not be authorized concurrently with the SSI/SSP nonmedical out-of-home care living arrangement.
- .8 Notice of Action

30-763	SERVICE AUTHORIZATION (Continued)	30-763
---------------	--	---------------

.81 Whenever an IHSS needs assessment is completed the recipient shall be sent a notice of action in accordance with the requirements of MPP 10-116 and 30-759.7. In addition to the information required in 10- 116, the notice shall include:

.811 a description of each task for which need is assessed.

.812 the number of hours authorized for the completion of the task.

.813 identification of hours for tasks increased or decreased and the difference from previous hours authorized.

.9 Miller vs. Woods and Community Service Center for the Disabled vs. Woods.

HANDBOOK BEGINS HERE

.91 Background

On October 21, 1983 the Court of Appeal, Fourth Appellate District, issued a decision in the consolidated case of Miller vs. Woods and Community Service Center for the Disabled vs. Woods. The court declared invalid MPP 30-463.233c (now 30-763.233c) which provided that no need for protective supervision may be assessed when a housemate is in the home.

HANDBOOK ENDS HERE

.92 Case Review Procedures

.921 The county shall identify no later than June 30, 1984 all open IHSS cases with recipients living with a housemate where a need for protective supervision as defined in 30-757.17 may exist.

.922 The county shall determine through recipient contact whether a need for protective supervision exists unless the case record provides conclusive evidence which indicates that no need exists.

.93 Authorization and Notification

.931 The county shall complete a new Needs Assessment form to authorize protective supervision. The authorization shall be effective as of May 1, 1984.

30-763	SERVICE AUTHORIZATION (Continued)	30-763
---------------	--	---------------

.932 The county shall send a Notice of Action to all affected recipients which shall state: "Hours for protective supervision are authorized based on the Miller vs. Woods and Community Service Center for the Disabled vs. Woods court action."

.94 Recordkeeping

.941 The county shall maintain a listing of those recipients who were previously not authorized to receive protective supervision because of the presence of a housemate.

HANDBOOK BEGINS HERE

.942 DSS will provide each county with a computer generated listing which identifies any recipient whose address matches the address of an Individual Provider. The listing should be used as an aid and cross-check in the case review process; the listing is not a substitute for the case review.

.943 For those recipients with an Individual Provider, the listing in Section 30-763.941 will be generated through use of a special reason code indicating increased hours due to the Miller vs. Woods court decision.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 12300, 12309, and 14132.95, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code; and Miller v. Woods/Community Services for the Disabled v. Woods, Superior Court, San Diego County, Case Numbers 468192 and 472068.

30-764	INDIVIDUAL PROVIDER COMPENSATION	30-764
--------	----------------------------------	--------

.1 Computation of Payment

- .11 Social service staff shall determine the amount of the IHSS payment required to purchase services to meet the IHSS adjusted need as specified in 763.41 above.
- .12 The IHSS payment shall be determined by multiplying the monthly adjusted need for IHSS hours by the base payment rate used by the county, except as provided in .14 below.
- .13 The hours and amount of compensation available for personal attendant providers shall be determined by county social services staff. The payment shall be the minimum necessary to obtain adequate service to meet the authorized service needs of the recipient.

.2 Rate of Compensation

- .21 The base rate of compensation used by the county shall not be less than the legal minimum wage in effect at the time the work is performed, except when personal attendants are employed.
- .22 In advance pay cases, the base rate paid by the recipient to the provider shall not be less than the base rate used by the county for the authorized IHSS payment.
- .23 The recipient shall develop a work schedule which is consistent with the authorized service hours at the county's base rate. If the recipient finds that a work schedule cannot be established without requiring payment in excess of the county's base rate, the recipient shall bring such information to the county's attention. The county will determine if payment in excess of the base rate is necessary. Any additional costs resulting from the recipient's actions in work scheduling or increasing the rate paid per work unit shall be borne by the recipient unless prior county approval has been obtained.
- .24 No adjustments in the IHSS payment shall be made for meals and lodging provided to the provider by the recipient except as specified in Section 30-763. However, any income received by the recipient through this means is countable income for eligibility purposes as specified in Section 30-775 and shall be reported as such by the recipient.

30-764	INDIVIDUAL PROVIDER COMPENSATION	30-764
---------------	---	---------------

.3 Employer Responsibilities

- .31 As employers recipients have certain responsibilities for standards of compensation, work scheduling and working conditions as they apply to IHSS individual providers. The county will assure that all recipients understand their basic responsibilities as employers.
- .32 Non live-in employees shall be compensated at the base rate for the first forty hours worked during a work week. Each hour, or fraction thereof, worked in excess of forty hours during a work week shall be compensated at one and one-half times the base rate.

30-765	COST LIMITATIONS	30-765
---------------	-------------------------	---------------

- .1 The following limitations shall apply to all payments made for in-home supportive services:
- .11 The maximum services authorized per month except as provided in Section 30-765.3, under IHSS to any recipient determined to be severely impaired, as defined in Section 30-753(s)(1) shall be that specified in Welfare and Institutions Code Section 12303.4(b) or as otherwise provided by law.

HANDBOOK BEGINS HERE

- .111 The IHSS service hours for a severely impaired recipient receiving services through the individual provider mode of delivery shall not exceed 283 hours per month effective July 8, 1988. (Welfare and Institutions Code Section 12303.4(b)(1)).
- .112 Repealed by CDSS Manual Letter No. SS-00-02, effective 4/14/00.
- .113 Welfare and Institutions Code Section 12300(g)(2) states:
- "Any recipient receiving services under both Section 14132.95 and this article shall receive no more than 283 hours of service per month, combined, and any recipient of services under this article shall receive no more than the applicable maximum specified in Section 12303.4." (See Section 30-765.11.)

HANDBOOK ENDS HERE

- .12 The maximum services authorized per month except as provided in Section 30-765.3, under non-PCSP to any recipient determined not to be severely impaired shall be that specified in Welfare and Institutions Code Section 12303.4(a) or as otherwise provided by law.

HANDBOOK BEGINS HERE

- .121 The IHSS service hours for a recipient who is not determined to be severely impaired and receives services through the individual provider mode of service delivery shall not exceed 195 hours per month effective July 8, 1988 (Welfare and Institutions Code Section 12303.4(a)(1)).
- .122 Repealed by CDSS Manual Letter No. SS-00-02, effective 4/14/00.

HANDBOOK ENDS HERE

30-765 COST LIMITATIONS (Continued)**30-765**

- .13 The statutory maximum service hours per month shall be inclusive of any payment by IHSS for a restaurant meal allowance established in accordance with the Welfare and Institutions Code Section 12303.7.
- .131 The statutory maximum for individuals receiving services through the individual provider mode of service delivery and eligible for the restaurant meal allowance shall be determined by multiplying the statutory maximum hours of service by the county wage rate, subtracting the restaurant meal allowance (see Section 30-757.134(a)(1)(A)) from this product and dividing the remainder by the county hourly wage rate.
- .132 Repealed by CDSS Manual Letter No. SS-00-02, effective 4/14/00.
- .14 The county shall not make monthly payments of IHSS monies to recipients in excess of the computed maximums in Sections 30-765.11, .12 and .13. The sum of the IHSS monthly payment and the recipient's share of cost, if any, shall not exceed the appropriate maximum.
- .2 The statewide wage rate for individual providers shall be determined by the Department. Effective July 8, 1988, the statewide wage rate is \$4.25.

HANDBOOK BEGINS HERE

- .21 DHS regulation Section 51535.2 reads:

Reimbursement Rates for Personal Care Services Program.

- (a) For the individual provider mode for providing personal care services, the reimbursement rate shall be a maximum of \$5.50 per hour of service; provided, however, that the reimbursement rate in each county shall not exceed the rate in each county for the individual provider mode of service in the IHSS program pursuant to Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code, as it existed on September 28, 1992.

HANDBOOK CONTINUES

HANDBOOK CONTINUES

- (b) For the contract mode for providing personal care services pursuant to Welfare and Institutions Code Sections 12302 and 12302.1, the reimbursement rates shall be those specified in the contract between the county and the agency contractor not to exceed the following maximum rates for services provided through State fiscal year 1993-1994 as follows:

(1)	Butte	\$ 9.65
(2)	Nevada	\$10.34
(3)	Riverside	\$12.29
(4)	San Diego	\$10.49
(5)	San Francisco	\$12.28
(6)	San Joaquin	\$ 9.50
(7)	San Mateo	\$12.65
(8)	Santa Barbara	\$11.76
(9)	Santa Clara	\$11.11
(10)	Santa Cruz	\$13.61
(11)	Stanislaus	\$10.51
(12)	Tehama	\$11.30
(13)	Ventura	\$11.04

- (c) Nothing in this section is intended to be a limitation on the rights of providers and beneficiaries or on the duties of the Department of Social Services, pursuant to Welfare and Institutions Code Section 12302.2 subdivision (a). Contributions, premiums and taxes paid pursuant to Welfare and Institutions Code Section 12302.2, subdivision (a) shall be in addition to the hourly rates specified in subdivision (a) of this section.

HANDBOOK ENDS HERE

30-765	COST LIMITATIONS (Continued)	30-765
---------------	-------------------------------------	---------------

- .3 IHSS recipients receiving services through the individual provider mode of delivery shall not receive less service hours per month than he/she received during June 1988, without a reassessment of need. The reassessment shall not result in an automatic reduction in authorized hours, unless the recipient no longer needs the hours.
- .4 These regulations shall remain in effect until July 1, 1990, unless a later enacted regulation extends or repeals that date.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 12300, 12303.4, and 14132.95, Welfare and Institutions Code.

30-766 COUNTY PLANS**30-766**

- .1 Each county welfare department shall develop and submit a county plan to CDSS no later than 30 days following receipt of its allocation, which specifies the means by which IHSS will be provided in order to meet the objectives and conditions of the program within its allocation.
 - .11 The plan shall be submitted to CDSS and shall be based upon relevant information, as specified in Welfare and Institutions Code Sections 12301 and 14132.95, including, but not limited to the information specified below:
 - .111 Projected caseload, hours paid, and costs per month/quarter by mode;
 - .112 Modes of IHSS and PCSP service delivery the county intends to use;
 - .113 Estimated program costs for both the IHSS and PCSP programs;
 - .114 Methods the county will utilize to control non-PCSP program costs to comply with required fiscal limitations; and
 - .115 Program design intended to meet PCSP requirements.
 - .12 County plans and amendments shall be effective upon submission.
 - .13 CDSS shall review each county plan for compliance with Welfare and Institutions Code Sections 12300, et seq. and 14132.95, regulations of CDSS and DHS, and when appropriate, issue departmental approval.
 - .131 CDSS, when appropriate, shall adjust funding levels contained in the plan, as a condition of approval.
 - .132 A county plan which includes IHSS administrative costs shall not be issued departmental approval.
 - .133 If, after review, CDSS determines that a county plan is not in compliance, the Department shall require the county to amend its plan.
 - .134 CDSS shall develop a county plan for counties which have not submitted plans within the required time frame, based on CDSS' estimate for those counties. Such plans shall be effective upon written notification to the county.

30-766 COUNTY PLANS (Continued)**30-766**

- .14 In the event that funds are available for reallocation, special consideration shall be given to those counties which submit their county plans by the due date.
 - .141 CDSS shall be permitted to reallocate funds from counties which are late based on CDSS's estimate for those counties.
- .15 Each county shall monitor its expenditures monthly. Upon discovery by either CDSS or the county that anticipated expenditures will exceed the amount of the county's base allocation, the county shall immediately submit to CDSS for approval an amended plan.
 - .151 Repealed by CDSS Manual Letter No. SS-90-02, effective 10/4/90.
 - .152 Repealed by CDSS Manual Letter No. SS-90-02, effective 10/4/90.
- .16 Counties shall not reduce authorized services or hours of service to recipients in order to remain within their allocation.
- .17 All state-mandated program costs, after the required county contribution, shall be eligible for reimbursement from state social service funds. If appropriated funds are insufficient to reimburse counties for all state-mandated costs, the state shall fully reimburse the counties for all state-mandated program costs, less the required county contribution.
- .18 The portion of county expenditures which, after the county contribution, exceeds the allocation, shall not be eligible for reimbursement from state social service funds if such deficit is caused by:
 - .181 Noncompliance with the requirements of the state-approved county plan or State allocation plan; or
 - .182 Non-state-mandated costs; or
 - .183 IHSS administrative costs.

30-766	COUNTY PLANS (Continued)	30-766
---------------	---------------------------------	---------------

HANDBOOK BEGINS HERE

- (a) Some examples of situations where reimbursement would not be made are:
- (1) A county chooses to give a wage/benefit increase to IHSS providers which is higher than that provided in the Budget Act; or
 - (2) A county chooses to expand its use of a more expensive service delivery mode beyond the level of caseload and hours growth for each mode that is built into the Budget Act; or
 - (3) A county chooses to enter into a third party contract at an hourly rate higher than the maximum established for that county; or
 - (4) A county chooses to shift to a more expensive mode without providing for noncomitant offsetting savings in other areas, and causing a cost overrun.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; Chapter 939, Statutes of 1992. Reference: Sections 10102, 12301, 12302, 12306, 12308, 13002, and 14132.95, Welfare and Institutions Code; and Chapter 93, Statutes of 1989 (Budget Act of 1989).

30-767	SERVICE DELIVERY METHODS	30-767
---------------	---------------------------------	---------------

- .1 The county shall arrange for the provision of IHSS through one or more of the methods specified below in accordance with an approved county plan:

HANDBOOK BEGINS HERE

Counties may choose modes of delivery that best meet the needs of their recipient population in their county demographic situation (WIC 12302). However, state reimbursement can be available only within the constraints imposed by the annual budget act (WIC 12300) and state allocation plan (WIC 10102), all of which must be reflected in state-approved individual county plans. Counties which exceed the constraints run the risk of not receiving full reimbursement if the cost overrun was due to non-state mandated costs, i.e., costs within county control, or more expensive modes used beyond amounts approved in an individual county plan.

HANDBOOK ENDS HERE

30-767	SERVICE DELIVERY METHODS (Continued)	30-767
---------------	---	---------------

- .11 County Employment.
 - .111 The county shall be permitted to hire service providers in accordance with established county civil service requirements or merit system requirements. The county shall be permitted to consider such providers as temporary employees if approved by the appropriate civil service system.
 - .112 The county shall insure that each service provider is capable of and is providing the services authorized.
- .12 Purchase of Service from an Agency.
 - .121 The county may contract with an agency to provide service in accordance with the requirements of Division 10 and 23. The contract shall include a provision requiring the contractor to maintain a listing of contract recipients, their authorized hours, service hours provided and the amount paid for those services to the contract agency.
 - .122 The county shall insure that the contractor guarantees the continuity and reliability of service to recipients, supervision of service providers, that each service provider is capable of and is providing the service authorized and complies with the requirements of Division 21 (Civil Rights).
 - .123 The county shall insure that preference is given to the selection of providers who are recipients of public assistance or other low-income persons who would qualify for public assistance in the absence of such employment, except in regard to persons recruited by the recipient.
- .13 Purchase of Service From An Individual.
 - .131 The county shall make payment under this delivery method through the payrolling system as described in Section 30-769.
 - .132 The county shall make a reasonable effort to assist the recipient to obtain a service provider when the recipient is unable to obtain one individually.

30-767 SERVICE DELIVERY METHODS (Continued)**30-767**

.133 The county shall have the right to change from one to another of the three delivery methods outlined above or from payment in advance to payment in arrears when any of the following apply:

- (a) It has been determined that a recipient is using his/her payment for other than the purchase of authorized services.
- (b) The recipient has failed to submit time sheets, as specified in Section 30-769.737 within 90 days from the date of payment.
- (c) The recipient has not provided timely payment to his/her providers.

.2 Counties may elect to contract with a nonprofit consortium or may create a public authority to provide for the delivery of IHSS.

.21 The board of supervisors shall establish a public authority by ordinance.

.211 The public authority shall be separate from the county. Employees of the public authority shall not be considered to be employees of the county for any purpose.

.212 The ordinance shall designate the governing body of the public authority and specify the qualifications of the individual members, the procedures for nomination, selection, appointment, tenure and removal of members, and such other matters as the board of supervisors deems necessary for the operation of the public authority.

(a) The board of supervisors may designate itself as the governing body of the public authority.

(1) If the board of supervisors is the governing body, the ordinance shall require the appointment of an advisory committee of no more than 11 members.

(2) No fewer than 50 percent of the advisory committee shall be consumers as defined in Manual of Policies and Procedures Section 30-753(c)(1).

(b) If the board of supervisors does not designate itself the governing body of the public authority, it shall specify by ordinance the membership of the governing body of the public authority.

30-767 SERVICE DELIVERY METHODS (Continued)

30-767

- (1) No fewer than 50 percent of the members of the governing body shall be consumers as defined in Manual of Policies and Procedures Section 30-753(c)(1).
- .213 Before appointing members to the governing body or advisory committee, the board of supervisors shall solicit recommendations from the general public and interested persons and organizations through a fair and open process which includes reasonable written notice and a reasonable time to respond.
 - (a) The provisions at Section 30-767.213 shall be met by satisfying the requirements governing legislative bodies outlined in Government Code and other state and federal law, including, but not limited to, the Ralph M. Brown Act (Government Code Section 54950 et seq.) and the Americans with Disabilities Act.
- .214 Prior to initiating delivery of IHSS through a public authority, the county shall enter an agreement with the public authority specifying the purposes, scope or nature of the agreement, the roles and responsibilities of each party including provisions which ensure compliance with all applicable state and federal labor laws, and compliance with all statutory and regulatory provisions applicable to the delivery of IHSS. This agreement shall also specify the fiscal provisions under which the public authority shall be reimbursed for its performance under the agreement. The county, in exercising its option to establish a public authority, shall not be subject to competitive bidding requirements.
- .215 Prior to initiating the delivery of IHSS through a public authority, the county shall submit to the California Department of Social Services a copy of the agreement as specified in Section 30-767.214 along with the following information concerning the public authority:
 - (a) Organization chart of the public authority.
 - (b) Funding provision for public authority costs, including how the proposed rate was developed.
 - (1) The rate development process and the public authority hourly rate must be approved by Department of Health Services prior to initiating the delivery of services.
 - (c) Public authority staffing classifications and duties.
 - (d) A description of how the functional requirements of Welfare and Institutions Code Section 12301.6(e) will be met.

30-767	SERVICE DELIVERY METHODS (Continued)	30-767
---------------	---	---------------

HANDBOOK BEGINS HERE

- (e) The requirements of Welfare and Institutions Code Section 12301.6(e) are listed in Section 30-767.23.

HANDBOOK ENDS HERE

- .216 If the public authority contracts with another entity to provide the delivery of IHSS, the agreement shall satisfy the requirements of Manual of Policies and Procedures Chapter 23-600 relating to contracting.
- .217 All costs claimed for the delivery of services under an agreement as specified in Section 30-767.214 shall be claimed in compliance with criteria for rate setting found at Section F, attachment 4.19-B of the California Medicaid State Plan.
- (a) A county shall use county-only funds to fund both the county share and the state share of any increase in the cost of the program, including employment taxes, due to any increase in provider wages or benefits negotiated or agreed to by a public authority or nonprofit consortium unless otherwise provided for in the annual budget act or appropriated by statute. No increase in wages or benefits negotiated or agreed to pursuant to this section shall take effect until the Department has obtained the approval of the State Department of Health Services.
- .22 A county may contract with a consortium for delivery of services.
- .221 A consortium entering a contract under Section 30-767.22 shall have a governing body composed as described in Section 30-767.212(b)(1), or shall have established an advisory committee composed as described in Sections 30-767.212(a)(1) and (2).
- .222 Such contracts shall be subject to the provisions of Manual of Policies and Procedures Chapter 23-600.
- .223 A consortium entering a contract under Section 30-767.22 shall be deemed to be the employer of IHSS personnel referred to recipients as described in Section 30-767.23 for the purposes of collective bargaining over wages, hours and other terms and conditions of employment.
- .23 Any public authority or consortium shall provide the following minimum services:

30-767 SERVICE DELIVERY METHODS (Continued)**30-767**

- .231 Provide registry services to recipients receiving services pursuant to Section 30-767.23.
 - (a) Assistance in finding providers through the establishment of a registry.
 - (b) Investigation of the qualifications and background of potential providers listed on the registry.
 - (c) Establishment of a referral system under which potential providers are made known to recipients.
- .232 Provide access to training for providers and recipients.

HANDBOOK BEGINS HERE

- (a) Access to training for providers and recipients does not mean that the county or the Public Authority is under any obligation:
 - (1) to provide the training directly, to pay for training provided in the community, to pay for the provider's time to attend or to accompany the recipient to training, to pay for transportation to the training, or to pay for any materials required by the training; or
 - (2) to screen or be responsible for the content of any training it tells providers and/or recipients is available in the community; or
 - (3) to ensure that any provider or recipient attended/completed any training.

HANDBOOK ENDS HERE

- .233 Perform any other function related to the delivery of IHSS.
- .234 Ensure that the requirements of the Personal Care Services Program pursuant to Subchapter 19 (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code are met.
- .24 Any public authority may adopt reasonable rules and regulations for the administration of employer-employee relations.

30-767 SERVICE DELIVERY METHODS (Continued)

30-767

HANDBOOK BEGINS HERE

- .241 The Employer-Employee Relations Policy for Public Authorities Delivering In-Home Supportive Services is available from the California Department of Social Services as a model for public authorities. Public authorities may adopt, reject, or modify the policy in part or in its entirety.

HANDBOOK ENDS HERE

- .25 Public authorities and consortia must submit cost reports and such other data as required for the Case Management, Information and Payrolling System (CMIPS).
- .26 Any county that elects to provide for in-home supportive services pursuant to this section shall be responsible for any increased costs to the CMIPS attributable to such election. The Department shall collaborate with any county that elects to provide in-home supportive services pursuant to this section prior to implementing the amount of financial obligation for which the county shall be responsible.
- .3 No recipient of any services specified in Section 30-757.14 or .19 shall be compelled to accept services from any specific individual, except for individuals recruited by the recipient's guardian, conservator, or, in the case of recipients who are minors, by their parents.
- .31 For those recipients who are receiving services through the delivery methods described in .11 and .12 above, hiring preference shall be given to qualified persons recruited by the recipient to deliver services. For the purpose of this section a qualified person is one who meets the minimum requirements established by the contract agency or the County Civil Service or Merit Systems.

HANDBOOK BEGINS HERE

.4 Personal Care Services Program Providers

DHS regulation Section 51181 reads:

Personal Care Services Provider.

A personal care services provider is that individual, county employee, or county contracted agency authorized by the Department of Health Services to provide personal care services to eligible beneficiaries. An individual provider shall not be a family member, which for purposes of this section means the parent of a minor child or a spouse.

HANDBOOK CONTINUES

30-767 SERVICE DELIVERY METHODS (Continued)

30-767

HANDBOOK BEGINS HERE

.5 Personal Care Services Program Provider Enrollment

DHS regulation Section 51204 reads:

Personal Care Services Provider.

All providers of personal care program services must be approved by Department of Health Services and shall sign the "Personal Care Program Provider/Enrollment Agreement" form [SOC 426 1/93]] designated by the Department agreeing to comply with all applicable laws and regulations governing Medi-Cal and the providing of personal care service. Beneficiaries shall be given a choice of service providers.

- (a) Individual providers will be selected by the beneficiary, by the personal representative of the beneficiary, or in the case of a minor, the legal parent or guardian. The beneficiary or the beneficiary's personal representative, or in the case of a minor, the legal parent or guardian shall certify on the provider enrollment document that the provider, in the opinion of the beneficiary, is qualified to provide personal care so long as the person signing is not the provider.
- (b) Contract agency personal care providers shall be selected in accordance with Welfare and Institutions Code Section 12302.1. The contract agency shall certify to the designated county department that the workers it employs are qualified to provide the personal care services authorized.

.6 Provider Audit Appeals

DHS regulation Section 51015.2 reads:

Providers of Personal Care Services Grievance and Complaints.

Notwithstanding Section 51015, when a provider of personal care services has a grievance or complaint concerning the processing or payment of money for services rendered, the following procedures must be met:

- (a) The provider shall initiate an appeal, by submitting a grievance or complaint in writing, within 90 days of the action precipitating the grievance or complaint, to the designated county department identifying the claims involved and specifically describing the disputed action or inaction regarding such claims.

HANDBOOK CONTINUES

30-767	SERVICE DELIVERY METHODS (Continued)	30-767
---------------	---	---------------

HANDBOOK CONTINUES

- (b) The designated county department shall acknowledge the written grievance or complaint within 15 days of its receipt.
- (c) The designated county department shall review the merits of the grievance or complaint and send a written decision of its conclusion and reasons to the provider within 30 days of the acknowledgment of the receipt of the grievance or complaint.
- (d) After following this procedure, a provider who is not satisfied with the decision by the designated county department may seek appropriate judicial remedies in compliance with Section 14104.5 of the Welfare and Institutions Code, no later than one year after receiving notice of the decision.

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 12301.6, 12302, 12302.1, and 14132.95, Welfare and Institutions Code and Section 54950 et seq., Government Code.

30-768	OVERPAYMENTS/UNDERPAYMENTS	30-768
---------------	-----------------------------------	---------------

- .1 Definition of Overpayment for Non-PCSP Payments
 - .11 Overpayment means that cash payment was made for the purchase of IHSS or services were delivered in an amount to which the recipient was not entitled.
 - .111 Services payments paid pending a state hearing decision as required by MPP 22-022.5 are not overpayments and cannot be recovered.

30-768 OVERPAYMENTS/UNDERPAYMENTS (Continued)**30-768****.2 Amount of Overpayment for Non-PCSP Payments**

When the county has determined that an overpayment has occurred, the county shall calculate the amount of overpayment as follows:

.21 Overpayment due to the recipient's failure to use total direct advance payment for the purchase of authorized hours.**.211 Authorization based on an hourly rate**

- a. Determine the number of service hours for which the recipient received a direct advance payment in excess of those service hours actually paid for.
- b. Multiply this amount by the hourly wage rate used in computing the recipient's authorized payment.

.212 Authorization for a personal attendant

When services are delivered by a personal attendant, the amount of the overpayment is the difference between the amount that should have been paid and the amount which was actually paid.

.213 When the recipient receives a direct advance payment to purchase services in a given month, but fails to submit a reconciling time sheet within 45 days from the date of payment, there is a rebuttable presumption that the unreconciled amount is an overpayment.**.22 Overpayment due to excess service authorization****.221 Authorization based on an hourly rate**

- a. Determine the number of service hours for which payment was made in excess of the correct service authorization.
- b. Multiply this amount by the county's lowest individual provider hourly wage rate regardless of the service delivery method used.

.222 Authorization for a personal attendant

When services are delivered by a personal attendant, the amount of overpayment is the difference between the amount paid and the amount which would have been paid if the service authorization was correct.

30-768	OVERPAYMENTS/UNDERPAYMENTS (Continued)	30-768
---------------	---	---------------

.23 Overpayment due to incorrect share of cost

Where the correct share of cost was more than the recipient paid, the resulting overpayment is determined by subtracting the amount paid from the correct amount.

.24 Overpayment due to nonpayment of share of cost

Where the service hours were provided to the recipient, but he/she did not pay his/her obligated share of cost, the county should initiate overpayment recovery for the entire amount of the IHSS payment for the month in which the recipient was ineligible.

.25 Overpayment due to nonexpenditure of restaurant meal allowance

Where the recipient received an allowance for the purchase of restaurant meals, and used none of the allowance for that purpose, or if the recipient was ineligible for a restaurant meal allowance he/she received, the entire amount is an overpayment.

.3 Recovery of Overpayments for Non-PCSP Payments

.31 Limitations on amount of Recovery

.311 The repayment liability of the recipient shall be limited to the amount of liquid resources and income excluded or disregarded by the SSI/SSP Program. Liquid resources are cash or financial instruments that can be converted to cash, except funds set aside for burial.

.312 When an overpayment results from the recipient's failure to spend the entire amount of an advance direct payment for the purchase of authorized services, the difference in value between the hours purchased and the hours authorized shall be considered an available resource in determining repayment liability.

.32 Methods of Recovery

.321 The county may recover overpayments using any one or a combination of the methods listed below.

(a) Balancing

(1) Balancing means recovery of all or a portion of an overpayment by applying a repayable underpayment against it.

30-768	OVERPAYMENTS/UNDERPAYMENTS (Continued)	30-768
---------------	---	---------------

- (2) An underpayment shall not be balanced against an overpayment if the underpayment is discovered and payable prior to the time an overpayment is discovered and adjustable.

- (b) Payment Adjustment

- (1) Payment adjustment means that the county reduces payment for future authorized services to offset an overpayment.
- (2) If the service payment is reduced to adjust for previous overpayments, the recipient shall be responsible for paying the current month's adjustment amount to the service provider in addition to any share of cost.

- (c) Voluntary Cash Recovery

- (1) Voluntary cash recovery means repayment voluntarily made to the county by a recipient who has incurred an overpayment.
- (2) The recipient shall be given the option of voluntary cash repayment of all or a part of the amount to be adjusted in lieu of payment adjustment.

- (d) Civil Judgment

The county shall have the authority to demand repayment and file suit for restitution for any unadjusted portion of an overpayment.

.33 Notice of Action

If the county determines that an overpayment has occurred as defined in .11 above and proposes to recover the overpayment, the county shall notify the recipient of the following:

- .341 The period of time during which the overpayment occurred.
- .342 The reason for the overpayment.
- .343 The amount of overpayment and a description of how the amount was calculated.
- .344 The method by which the county proposes to recover the overpayment.

.4 Definition of Underpayment for Non-PCSP Payments

- .41 Underpayment means the recipient was entitled to more service than was authorized or that the share of cost paid by the recipient was greater than the correct amount.

30-768	OVERPAYMENTS/UNDERPAYMENTS (Continued)	30-768
---------------	---	---------------

.411 An underpayment has occurred when the county has failed to determine the correct share of cost or authorize the correct amount of service when all essential information was available to the county.

.412 An underpayment has not occurred when there is a disagreement in the county's exercise of discretion or opinion, where discretion or opinion is allowed in the determination of the need for service.

.42 Amount of Underpayment

When the county has determined that an underpayment has occurred, the county shall calculate the underpayment as follows:

.421 Incorrect Service Authorization

(a) Subtract the number of hours actually authorized from the number of hours to which the recipient was entitled.

(b) Multiply this amount by the county's lowest individual provider hourly wage rate regardless of the service delivery method used.

.422 Share of Cost

When the correct share of cost was less than the recipient paid, the resulting underpayment is determined by subtracting the correct amount from the amount paid.

.423 Restaurant Meals

When the amount paid was less than the amount to which there was entitlement, subtract the amount paid from the correct amount.

.43 Method of Payment

.431 Underpayments shall be adjusted by an increase in the service authorization when the unauthorized service for which there was entitlement was yard hazard abatement or heavy cleaning, and the service was not previously provided through another source at no cost to the recipient.

.432 All other underpayments shall be corrected by a retroactive payment issued to the recipient in an amount equal to that of the calculated underpayment.

30-768	OVERPAYMENTS/UNDERPAYMENTS (Continued)	30-768
---------------	---	---------------

.44 Notice of Action

If the county determines that an underpayment has occurred as defined in .4 above, the county shall notify the recipient of the following:

- .441 The time period during which the underpayment occurred.
- .442 The reason for the underpayment.
- .443 The amount of the underpayment, and a description of how the amount was calculated.
- .444 The method by which the county proposes to adjust the underpayment.

HANDBOOK BEGINS HERE

.5 DHS regulation Section 50781 reads:

Potential Overpayments

- (a) A potential overpayment occurs when any of the following conditions exist, as limited by (c).
 - (1) A beneficiary has property in excess of the property limits for an entire calendar month.
 - (2) A beneficiary or the person acting on the beneficiary's behalf willfully fails to report facts and those facts, when considered in conjunction with the other information available on the beneficiary's circumstances, would result in ineligibility or an increased share of cost.
 - (3) A beneficiary has other health coverage of a type designated by the Department [of Health Services] as not subject to post-service reimbursement, and the beneficiary or the person acting on the beneficiary's behalf willfully fails to report such coverage.

HANDBOOK CONTINUES

HANDBOOK CONTINUES

- (b) A beneficiary of the person acting on the beneficiary's behalf willfully fails to report facts if he/she has completed and signed a Medi-Cal Responsibilities Checklist, form MC 217, and a Statement of Facts and has, within his/her competence, done any of the following:
 - (1) Provided incorrect oral or written information.
 - (2) Failed to provide information which would affect the eligibility or share of cost determination.
 - (3) Failed to report changes in circumstances which would affect eligibility or share of cost within 10 days of the change.
- (c) If a change occurred in a person's circumstances and that change could not have been reflected in the person's eligibility determination for the month in which the change occurred or the month following because of the 10 day notice requirements specified in Section 50179, no potential overpayment exists in that month or in the following month if appropriate.

.6 DHS regulation Section 50786 reads:

Action on Overpayment -- Department of Health Services or County Unit Contracted to Collect Overpayments

- (a) Upon receipt of a potential overpayment referral, the Department's Recovery Section or the county unit contracted to collect overpayments shall:
 - (1) Determine the amount of Medi-Cal benefits received by the beneficiary for the period in which there was a potential overpayment.
 - (2) Compute the actual overpayment in accordance with the following:
 - (A) When the potential overpayment was due to excess property, the actual overpayment shall be the lesser of the:

HANDBOOK CONTINUES

HANDBOOK CONTINUES

1. Actual cost of services paid by the Department during that period of consecutive months in which there was excess property throughout each month.
 2. Amount of property in excess of the property limit during that period of consecutive months in which there was excess property throughout each month. This excess amount shall be determined as follows:
 - a. Compute the excess property at the lowest point in the month for each month.
 - b. The highest amount determined in a. shall be the amount of the excess property for the entire period of consecutive months.
- (B) When the potential overpayment was due to increased share of cost, the actual overpayment shall be the lesser of the:
1. Actual cost of services received in the share of cost period which were paid by the Department.
 2. Amount of the increased share of cost for the share of cost period(s).
- (C) When the overpayment was due to excess property and increased share of cost, the actual overpayment shall be a combination of (A) and (B).
- (D) When the potential overpayment was due to other factors which result in ineligibility the overpayment shall be the actual cost of services paid by the Department.

HANDBOOK CONTINUES

HANDBOOK CONTINUES

- (E) Potential overpayments, due to beneficiary possession of other health coverage that is not subject to post-service reimbursement, shall be processed by the Department to determine and recover actual overpayments in all cases. The actual overpayment in such cases shall be the actual cost of services paid by the Department which would have been covered by a private health insurance or other health coverage, had the coverage been known to the Department. The actual overpayment shall not include any costs which can be recovered directly by the Department from the health insurance carrier or other source.
- (3) Refer those cases where there appears there may be fraud to the Investigations Branch of the Department.
- (4) Take appropriate action to collect overpayments in accordance with Section 50787.

.7 DHS regulation Section 50787 reads:

Demand for repayment

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

HANDBOOK ENDS HERE

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

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

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

30-769	PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)	30-769
---------------	--	---------------

.24 General Process

.241 The counties shall:

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

.25 Special Transaction

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

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

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

This page is intentionally left blank.

30-769	PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)	30-769
---------------	--	---------------

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

30-769	PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)	30-769
---------------	--	---------------

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

HANDBOOK BEGINS HERE

- .41 DHS regulation Section 50782 reads:

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

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

HANDBOOK ENDS HERE

- .5 Return Check Procedures

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

This page is intentionally left blank.

30-769	PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)	30-769
---------------	--	---------------

.6 Refunds/Recoupment

.61 Counties which receive refunds or recoupments shall:

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

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

.7 Recipient Responsibility

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

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

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

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

.723 Sign and date the prescribed time sheet to:

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

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

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

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

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

30-769	PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)	30-769
---------------	--	---------------

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

.8 Provider Benefits

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

30-769	PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)	30-769
---------------	--	---------------

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

HANDBOOK BEGINS HERE

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

HANDBOOK ENDS HERE

- .92 All excess provider compensation is recoverable. The county shall demand repayment from the provider. The county shall be permitted to seek recovery of excess compensation by civil suit.
- .93 Provider Fraud or Forgery

If the county suspects that excess provider payment occurred because of fraudulent devices of the provider, forgery, or collusion between the provider and the recipient, the county shall investigate the suspected fraud, forgery, or collusion. If the facts warrant prosecution and the county does not have an investigative unit, the county shall refer the matter directly to the county district attorney's office for investigation and possible prosecution.

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

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

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

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

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

HANDBOOK BEGINS HERE

Welfare and Institutions Code Section 11104 states:

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

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

HANDBOOK ENDS HERE

.42 Physical Absence from the State

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

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

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

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

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

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

.44 Absence from State for More than 60 Days

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

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

.442 Even if the recipient's intent to reside in California is supported by .441 above, the following evidence shall be utilized to determine the recipient's intent to reside in California:

- (a) The recipient has purchased or leased a place of residence out of state since leaving California;
- (b) The recipient has been employed out-of-state since leaving California;
- (c) The recipient has obtained an out-of-state motor vehicle driver's license after leaving California;
- (d) The recipient has taken any other action which indicates his/her intent to establish residence outside of California.

HANDBOOK BEGINS HERE

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

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

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

HANDBOOK ENDS HERE

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

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

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

.45 Absence from the State Exceeding Six Months

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

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

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

This page is intentionally left blank.

30-771	LINKAGE	30-771
--------	---------	--------

- .1 Aged - An aged individual shall be considered to be one who is 65 years of age or older.
- .2 Blindness - An individual shall be considered to be blind for purposes of IHSS if:
 - .21 He/she has central visual acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered as having a central visual acuity of 20/200 or less.
 - .22 He/she is blind as defined under the state plan approved under Title X as in effect for October 1972 and received aid under such plan on the basis of blindness for December 1973, provided that he/she is continuously so defined.
- .3 Disability - An individual shall be considered to be disabled for the purposes of IHSS if one of the following applies:
 - .31 He/she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which has lasted or can be expected to last for a continuous period of not less than 12 months.
 - .32 In the case of a child under the age of 18, if he/she suffers from any medically determinable physical or mental impairment of comparable severity.
 - .33 He/she is permanently and totally disabled as defined under a state plan approved under Title XIV as in effect for October 1972 and received aid under such plan on the basis of disability for at least one month prior to July 1973 and for December 1973, provided that he/she is continuously disabled as so defined.
- .4 Additional criteria regarding aged, blindness and disabled eligibility shall be applied as outlined in 20 CFR 416, Subpart 1.

30-773	RESOURCES	30-773
---------------	------------------	---------------

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

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

- (c) Automobiles, as defined in 20 CFR 416, Subpart L.
 - (1) One automobile shall be totally excluded regardless of its value if, for the individual or a member of the individual's household, one of the following applies:
 - (A) It is necessary for employment.
 - (B) It is necessary for transportation to a site for medical treatment of a specific ongoing medical problem.
 - (C) It is modified for operation by or transportation of a handicapped person.
 - (2) If no automobile is excluded under (1) above, one automobile shall be excluded from counting as a resource to the extent its current market value does not exceed \$4,500.
 - (A) If the market value exceeds \$4,500, the excess shall be counted against the resources limitation.
 - (3) When the recipient or spouse has more than one automobile, such additional automobile(s) shall be treated as non-liquid resources and shall be counted to the extent of their equity value unless they are the property of a trade or business, or are nonbusiness properties which are essential to the means of self-support, as provided in (d) and (e) below.
- (d) Property of a trade or business which is essential to the means of self-support, as provided in federal guidelines.
- (e) Nonbusiness property which is essential to the means of self-support, as provided in federal guidelines.
- (f) Resources of a blind or disabled individual which are necessary to fulfill a plan for achieving self-support as described in Section 30-775.436.
- (g) Life insurance if the face value does not exceed \$1,500. If the face value exceeds \$1,500, the entire cash surrender value of the insurance shall be counted toward the resources limitation. Term insurance and burial insurance shall be totally excluded.

This page is intentionally left blank.

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

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

HANDBOOK BEGINS HERE

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

HANDBOOK ENDS HERE

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

HANDBOOK BEGINS HERE

- (6) This is a sample of a SERVICE SUMMARY as referred to in Section 30-773.6(m)(2). The service summary is a form required by the California Department of Health Services. (See Title 22, Sections 58032 and 58080.)

(Company letterhead with company seal)

Name of Insured _____ Date of Birth _____

Social Security Number _____

Address of Insured _____

Policy Number _____ Issue Date _____

Insurance Company _____

SERVICE SUMMARY: The Total Amount of Benefits Paid for \$91,000
 Long-Term Care Services Countable toward
 the Medi-Cal Property Exemption

To the Insured: This summary provides you with the total amount of insurance payments that count towards the Medi-Cal Property Exemption to be applied in determining eligibility for the State of California's Medicaid (Medi-Cal) Program. Please examine this summary and carefully compare your current asset total with the amount. If the amount of your Medi-Cal Property exemption is close to the amount of the assets you currently have, you may be eligible for the Medi-Cal Program. It is your responsibility to make application to the county (usually the Department of Social Services) for such eligibility. At the time of your application, a determination will be made whether and when you are eligible. (Please note: You may have assets, in addition to the Property Exemption listed above, that are exempted from the determination of Medi-Cal eligibility.)

HANDBOOK CONTINUES

This page is intentionally left blank.

HANDBOOK CONTINUES

To the County:

This summary verifies that the amount indicated with the label "SERVICE SUMMARY" was paid by (company name) for long-term care services as defined in California Code of Regulations, Title 22, Section 58023 on behalf of the person whose name appears as the "Name of Insured" above. This amount is exempt from the determination of Medi-Cal eligibility pursuant to California Code of Regulations, Title 22, Section 50453.7. If such person is found eligible for Medi-Cal by applying the Medi-Cal Property Exemption amount reported in this summary and after receiving Medi-Cal services is found to be ineligible solely by reason of errors in this summary, the Department of Health Services may recover from (company name) the amount of service payments as provided in California Code of Regulations, Title 22, Section 58082(e).

(Name and Title)

(date)

(Company Name)

HANDBOOK ENDS HERE

.7 Disposition of Resources.

- .71** Although an individual's resources, including those of his/her spouse, exceed the limits imposed in .2 through .4 above, he/she shall be eligible for IHSS during the period of disposition of such excess resources provided that he/she meets other eligibility criteria, including those specified in this section.
- .711** In no event shall total countable resources exceed \$3,000 in value for an individual, or \$4,500 in value for an individual and spouse. Total countable liquid resources shall not exceed \$714 for an individual or \$1,071 for an individual and spouse.
- .72** The applicant or recipient shall agree in writing to dispose of the excess resources within the time limit specified in .74 below and to repay any overpayments with the proceeds of the disposition.

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

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

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

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

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

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

- .13 An individual's income shall also include those amounts of income of his/her eligible spouse, or, if the individual is a child as defined in Section 30-770.3, of his/her parent and parent's spouse residing in the same household.
- .14 If income after applying the allowable disregards or exclusions exceeds the appropriate SSI/SSP benefit level, the excess shall be applied to the cost of IHSS.

.2 Earned Income

.21 Earned income means:

.211 Gross wages.

.212 Net earnings from self-employment.

- (a) Net earnings shall be determined by deducting from gross earnings from self-employment all ordinary and necessary business expenses. Principal payments on encumbrances and personal income taxes shall not be considered expenses. Schedules attached to Form 1040 of the IRS for various types of self-employment may be used to verify allowable expenses.

.213 Those amounts of countable earned income deemed to be available to the individual from the income of his/her ineligible spouse, or parent(s) in the case of a recipient child.

- (a) When a parent and recipient child live in a household with the parent's spouse, who is not the parent of the child, the income of the parent's spouse shall also be deemed to the child.
- (b) Deeming procedures shall conform to those specified in 20 CFR 416.1185, as set forth on the form(s) developed and approved by the department.

.3 Unearned Income.

.31 Unearned income means all other available income.

.32 In evaluating the amount of unearned income which is available to the individual, consideration shall be given to any necessary costs involved in obtaining or securing the income.

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

- .33 Unearned income includes, but is not limited to, the following:
- .331 Support and maintenance furnished in cash or in-kind.
 - (a) A person who meets the criteria in Section 46-325.51 shall have the household of another SSI/SSP benefit level used to compute share of cost in lieu of counting the support and maintenance as unearned income.
 - (1) A person subject to the above procedure may still be eligible for IHSS if living in his/her own home as defined in Section 30-753.
 - .332 Any payments received as an annuity, pension, retirement, disability, OASDI, unemployment, veteran's or workmen's compensation benefit.
 - .333 Prizes and awards.
 - .334 Gifts, support and alimony payments, and inheritances.
 - .335 Rents, dividends, interests, and royalties.
 - .336 The proceeds of any life insurance policy to the extent that they exceed the amount expended by the beneficiary for purposes of the insured individual's last illness and burial expenses or \$1,500, whichever is less.
 - .337 Those amounts of countable unearned income deemed to be available to the individual from the income of his/her ineligible spouse or parent(s) in the case of a recipient child.
 - (a) When a parent and recipient child live in a household with the parent's spouse, who is not the parent of the child, the income of the parent's spouse shall also be deemed to the child.
 - (b) Deeming procedures shall conform to those specified in 20 CFR 416.1185, as set forth on the form(s) developed and approved by the department.

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

.4 Payments Excluded or Disregarded in Considering Income.

.41 In determining the eligibility for and amount of IHSS, certain payments received or portions thereof shall not be counted as income to the individual and eligible spouse. These exclusions shall also apply in deeming from an ineligible spouse or, in the case of a recipient child, the ineligible parent(s).

.42 The following items shall be excluded from consideration as income:

(a) Refunds, credits and rebates of taxes.

(1) Refunds of taxes paid on real property or purchased food received from any public agency, or renter's credit payments, or special tax credit payments for renters 62 years and older.

(2) Tax rebates, credits or similar temporary tax relief measures which state or federal law specifically exclude from consideration as income.

(b) Assistance based on need.

(1) Payments which are composed entirely of state or local government funds, when made under a program using income level as a criteria for determining the amount of such payment.

(A) When federal or nonpublic monies are included in the assistance payment, such payments shall be countable, including AFDC payments to federally eligible persons, which are countable on a dollar-for-dollar basis related to the recipient's pro rata share.

(c) Grants, scholarships, and fellowships.

(1) Any portion of any grant, scholarship, or fellowship received, used or to be used in paying tuition and fees at any educational institution, including technical or vocational.

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

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

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

- (i) CETA incentive payments.
 - (1) Up to \$30 per week of the incentive allowances made to trainees under Title I of the Comprehensive Employment and Training Act (CETA).
 - (A) This exemption shall apply to any CETA trainee whose needs or income are taken into account in determining the amount of public assistance payments to himself/herself or others.
 - (B) This exemption shall not apply to wages or other training allowances under the Act.
- (j) Payments to Indians.
 - (1) Per capita payments distributed pursuant to any judgment of the Indian Claims Commission or the Court of Claims in favor of any Indian tribe as specified in Public Law 93-134.
 - (A) This exemption shall apply to anyone whose income is taken into account to determine the eligibility or grant of a recipient.
- (k) Payments made to Alaskan Natives.
 - (1) Shares of stock and money payments made to Alaskan Natives under the Alaskan Native Claims Settlement Act.
 - (A) Income resulting directly from stock investments under the Act shall not be exempt.
- (l) Supportive services payments.
 - (1) Payments for supportive services or reimbursement of out-of-pocket expenses made to persons serving in the Service Corps of Retired Executives (SCORE) and the Active Corps of Executives (ACE) pursuant to Section 418 of Public Law 93-113.
 - (A) This exemption shall apply to all persons whose income is taken into account in determining the amount of the IHSS payment.

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

- (m) Domestic Volunteer payments.
 - (1) Payments made under the Domestic Volunteer Services Act of 1973 to welfare recipients who are VISTA volunteers.
- (n) Supplemental food assistance.
 - (1) The value of supplemental food assistance received under the Child Nutrition Act (WIC) and the National School Lunch Act, as specified in Public Laws 92-433 and 93-150.
- (o) Energy assistance allowances.
 - (1) Payments or allowances made under any federal, state or local laws for the purpose of energy assistance, e.g., Low Income Energy Assistance Program (EAP), Energy Crisis Assistance Program (ECAP), and Crisis Intervention Programs (CIP) payments.
 - (A) Such payments or allowances shall be clearly identified as energy assistance by the legislative body authorizing the program or providing the funds.

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

.431 Infrequent or irregular income.

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

.432 Student exemption.

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

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

.433 The first \$20 per month.

- (a) The first \$20 of earned or unearned income per month not disregarded above. If the eligible individual or individual and eligible spouse has:
 - (1) Only earned income, the disregard shall be applied to that income.
 - (2) Only unearned income, the disregard shall be applied to that income.
 - (3) Both types of income, the disregard shall first be applied toward the unearned income, and any amount of the disregard remaining shall be applied to the earned income.

.434 Earned income.

- (a) The first \$65 per month of earned income not disregarded above plus one-half of the remainder.

.435 Work expenses of the blind.

- (a) Earned income not disregarded above of a blind individual in the amount of ordinary and necessary expenses related to work activity, and only to the extent that they are paid or to be paid. Broad categories of expenses shall include but not be limited to the following:
 - (1) Transportation to and from work.
 - (2) Job performance.
 - (3) Qualification for promotion.

.436 Income necessary to achieve self-support.

- (a) Earned or unearned income not disregarded above and received by an individual who is blind or disabled as defined in Sections 30-771.2 and .3 to the extent that such income is needed to implement a plan of self-support.

This page is intentionally left blank.

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

- (1) Such plan shall be in writing and shall be approved by the United States Social Security Administration (SSA) unless a state-approved plan is still in effect when the blind or disabled individual becomes eligible for IHSS.
- (2) The plan shall contain the following elements:
 - (A) Specific savings and/or disbursement goals for a designated occupational objective.
 - (B) Identification and segregation of such money and other resources as are being accumulated and conserved toward this goal.

.437 Income exclusions for certain blind individuals.

- (a) For an individual who is blind as determined under the state plan approved until Title X as in effect in October 1972, and who received assistance under such plan in December 1973, an amount equal to the greater of the following:
 - (1) The maximum amount of any earned or unearned income which could have been disregarded under the state plan as in effect in October 1972; or
 - (2) The amount which would be required to be disregarded under .4 above without application of this subsection.

30-776	PROVIDER IDENTIFICATION	30-776
---------------	--------------------------------	---------------

- .1 Proof of provider identification shall be required pursuant to Welfare and Institutions Code Section 12306.5.

HANDBOOK BEGINS HERE

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

HANDBOOK ENDS HERE

- .11 Proof of identification shall not be required for prospective providers to remain on a list or registry that existed before April 1, 1988. However, proof of identification shall be required prior to providing those prospective providers' names to an applicant or recipient of In-Home Supportive Services, or prior to providing the names of any prospective providers where proof of identification has not been established.
- .12 Proof of identification shall include, but is not limited to, one of the following:
 - .121 A positive photograph identification from a government source, such as:
 - (a) a valid California driver's license;
 - (b) a valid identification card issued by a government agency; or
 - (c) a valid military identification card.
 - .122 A valid student identification card issued by an accredited college or university.

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

HANDBOOK BEGINS HERE

.1 Scope of Services

DHS regulation Section 51183 reads:

Personal Care Services.

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

(a) Personal care services include:

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

HANDBOOK CONTINUES

30-780 (Cont.)	SOCIAL SERVICES STANDARDS SERVICE PROGRAM NO. 7: IHSS	Regulations
30-780 (Continued)	PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY	30-780

HANDBOOK CONTINUES

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

HANDBOOK CONTINUES

SOCIAL SERVICES STANDARDS		
Regulations	SERVICE PROGRAM NO. 7: IHSS	30-780 (Cont.)
30-780	PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY (Continued)	30-780

HANDBOOK CONTINUES

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

HANDBOOK CONTINUES

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

HANDBOOK CONTINUES

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

HANDBOOK CONTINUES

SOCIAL SERVICES STANDARDS		
Regulations	SERVICE PROGRAM NO. 7: IHSS	30-780 (Cont.)
30-780	PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY (Continued)	30-780

HANDBOOK CONTINUES

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

.2 Personal Care Services Program Tasks

DHS regulation Section 51350 reads:

Personal Care Services.

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

HANDBOOK CONTINUES

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

HANDBOOK CONTINUES

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

HANDBOOK CONTINUES

SOCIAL SERVICES STANDARDS		
Regulations	SERVICE PROGRAM NO. 7: IHSS	30-780 (Cont.)
30-780	PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY (Continued)	30-780

HANDBOOK CONTINUES

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

.3 Personal Care Services Program Required Documentation

DHS regulation Section 51476.2 reads:

Personal Care Services Records.

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

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

HANDBOOK ENDS HERE

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

(Continued)

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

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

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

(a) Program and Special Definitions

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

(b) Eligibility

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

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

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

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

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

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

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

(d) Need

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

(e) Program Content

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

(f) Time Per Task and Frequency Guidelines

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

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

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

(h) Responsibilities

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

(i) Needs Assessment Standards

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

(j) Service Authorization

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

(k) Individual Provider's Compensation

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

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

- (l) Cost Limitations
 - (1) The cost limitations that apply to all payments made for IHSS Plus Waiver Services shall follow the guidelines specified in MPP Section 30-765.
- (m) County Plans
 - (1) Each county welfare department shall develop and submit a county plan to CDSS no later than 30 days following receipt of its allocation, which specifies the means by which the IHSS Plus Waiver program will be provided in order to meet the objectives and conditions within its allocation as specified in MPP Section 30-766.
- (n) Service Delivery Methods
 - (1) The county shall arrange for the provision of IHSS Plus Waiver through one or more of the Service Delivery Methods as specified in MPP Sections 30-767.11, .12 and .13.
- (o) Overpayment/Underpayments
 - (1) For purposes of determining overpayments, action on overpayments and demand for repayment for an IHSS Plus Waiver recipient. DHS regulation Sections 50781, 50786 and 50787 (MPP Handbook Sections 30-768.5, .6 and .7) shall apply.
- (p) Payrolling for Individual Providers
 - (1) Counties shall follow the payrolling-for-individual-providers procedures, specified in MPP Section 30-769, for individual providers who provide services to IHSS Plus Waiver recipients.
- (q) Provider Identification
 - (1) Proof of provider identification shall follow the guidelines specified in IHSS, Provider Identification, MPP Section 30-776.

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

ATTACHMENT B

ANNOTATED ASSESSMENT CRITERIA

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

General

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

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

Information to be given and reinforced periodically:

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

Observations

A number of observations are applicable to all functions. These involve observing the recipient getting up from a chair, ambulating, standing, reaching, grasping, bending, and carrying; and observing the recipient's endurance and mental activity. In the following text, the first eight observable behaviors above are referred to as "movement." All of these functions can usually be

ATTACHMENT B

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

General

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

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

Rank 2: Able to perform a function but needs verbal assistance such as reminding, guidance, or encouragement.

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

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

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

Rank 6: Paramedical Services needed.

Variable Functioning

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

ATTACHMENT B

DEFINITION OF SERVICES LISTED ON THE SOC 293 “H” LINE

Domestic Services

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

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

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

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

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

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

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

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

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

- * **Observations:** Observe if the recipient has some movement problems as described above; has limited endurance; is easily fatigued; or has severely limited eyesight. Observe if the home is generally tidy, but needs a good cleaning; if it is apparent that the recipient has made attempts to clean it, but was unable to.
- * **Example:** Small frail woman answers apartment door. Apartment has some debris scattered on carpet and quite-full trashcan is sitting in kitchen area. The remainder of apartment is neat.

ATTACHMENT B

- * **Questions:** Have you been doing the housework yourself? What have you been doing about getting your housework done up until now?

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

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

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

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

Laundry

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

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

Rank 1: Independent: Able to perform all chores.

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

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

ATTACHMENT B

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

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

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

Shopping and Errands

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

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

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

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

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

- * **Observations:** Observe if the recipient's movement is somewhat impaired; if the recipient has poor endurance or is unable to lift heavy items; if s/he seems easily confused or has severely limited eyesight; if there is limited food on hand in refrigerator and cupboard.
- * **Example:** Recipient goes to corner market daily to get a few small items. Someone else makes a shopping list.

ATTACHMENT B

- * **Questions:** Do you have difficulty shopping? What are the heaviest items you are able to lift? Do you usually buy the items you planned to purchase? Do you have any difficulty remembering what you wanted to purchase or making decisions on what to buy? (Ask recipient's significant other whether the recipient has difficulty making decision on what to buy or if recipient's mental functioning seems impaired.)

Rank 5: Unable to perform any tasks for self.

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

Meal Preparation/Meal Cleanup

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

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

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

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

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

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

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

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

ATTACHMENT B

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

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

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

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

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

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

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

*If all of the recipient's ingestion of nutrients occurs with tube feeding, the recipient shall be ranked "1" in both Meal Preparation and Eating because tube feeding is a Paramedical service. (MPP 30-756.41)

ATTACHMENT B

Ambulation

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

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

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

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

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

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

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

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

ATTACHMENT B

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

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

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

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

Bathing, Oral Hygiene, and Grooming/Routine Bed Bath

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

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

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

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

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

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

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

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

ATTACHMENT B

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

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

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

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

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

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

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

- * **Observations:** Observe if there is any voluntary movement and where; if the recipient exhibits good skin color, healthy, clean skin and hair; if bathing schedules/activities are appropriate for the recipient's specific disability/limitations.
- * **Questions:** Are you satisfied with your bathing, oral hygiene, and grooming routines? Does anything frighten or scare you when you are bathed?

ATTACHMENT B

Dressing/Prosthetic Devices:

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

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

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

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

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

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

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

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

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

- * **Observations:** Observe if the recipient's range of motion and other movements are

ATTACHMENT B

impaired. Observe if the recipient is dressed in bed clothes, robe, and slippers rather than street clothes; if the recipient appears too cold or too warm for the room temperature; if the recipient seems willing to try to adapt to alternate methods of dressing.

- * **Questions:** Do you feel unable to get out or have people visit because you are unable to get adequately dressed? Do you ever feel too hot or too cold because you cannot put on or take off the necessary clothing to make you feel more comfortable? Has your health ever been affected because you have not been able to dress appropriately for the weather or temperature?

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

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

Bowel, Bladder, and Menstrual Care

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

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

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

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

- * **Observations:** Observe if recipient's movement is unimpaired and odor of urine present; if the recipient has had colon cancer, observe if the recipient wears a colostomy or ostomy bag or if there are ostomy or colostomy bags present.
- * **Questions:** Do you need any help when you have to use the toilet? Do you also use a bedside commode, urinal, or bedpan? Do you have any problems getting to the bathroom on time?

ATTACHMENT B

Rank 2: Requires reminding or direction only.

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

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

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

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

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

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

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

Transfer

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

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

ATTACHMENT B

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

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

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

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

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

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

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

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

- * **Observations:** Observe if the recipient uses an assistive device for mobility; if the recipient's joints are deformed from arthritis or some other disease; if the recipient is wearing a cast or brace; if someone in house assists the recipient to get up if s/he uses a walker or is in a wheelchair; if there are bruises, scabs, or bumps or burns on the recipient.
- * **Questions:** Who helps you? How? How often? Both in getting into and out of bed, in and out of chair/wheelchair? Do you need more help at certain times of the day/night?

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

- * **Observations:** Observe if the recipient appears to be immobile; if s/he appears to be uncomfortable or in pain; if s/he has any fears related to being moved; if the recipient makes needs known.

ATTACHMENT B

- * **Questions:** Who is available to help you when you need to be moved? Do you feel they are able to do so without causing you undue pain or discomfort? Is there anything that needs to be changed to make you more comfortable?

Eating

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

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

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

Rank 1: Independent: Able to feed self.

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

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

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

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

- * **Observations:** Observe if manual dexterity is impaired, particularly of dominant hand; if there are straws or cups with spill-proof lids; if the recipient has difficulty shaking hands; if s/he has severely limited eyesight.

ATTACHMENT B

- * **Questions:** Do you need help in feeding yourself? Do you need to use special utensils to feed yourself? Do you feel that you get enough to eat? Do you have difficulty reaching food on your plate or reaching your glass?

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

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

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

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

*If all of the recipient's ingestion of nutrients occurs with tube feeding, the recipient shall be ranked "1" in both Meal Preparation and Eating because tube feeding is a Paramedical service. (MPP 30-756.41)

Respiration

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

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

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

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

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

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

ATTACHMENT B

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

*If all the recipient's needs for human assistance in Respiration are met with Paramedical services of tracheostomy care and suctioning, the recipient should be ranked a "1" because this care is Paramedical service rather than Respiration. (MPP 30-756.42).

ATTACHMENT B

MENTAL FUNCTIONING

Memory

Recalling learned behaviors and information from distant and recent past.

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

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

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

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

- * **Observations:** Observe if the recipient appears forgetful and has some difficulty remembering names, dates, addresses, and telephone numbers; if the recipient's attention span and concentration are faulty; if the recipient fidgets, frowns, etc., possibly indicating a struggle to recall; if the recipient repeats statements and asks repetitive questions; if recipient occasionally forgets to take medication or cannot recall when s/he last took medication and if the problem is corrected with the use of a Medi-Set (pill distribution box) set up by someone else. Observe if the recipient may become bewildered or appears overwhelmed when asked about details; if the recipient's recall process aggravates mental confusion or causes intermittent memory loss; if the recipient becomes moderately confused when daily routine is altered.
- * **Example:** Elderly man has to be prompted occasionally by his wife when he tries to respond to your questions. He apologizes for or tries to conceal memory lapses.

ATTACHMENT B

- * **Questions:** What year were you born? How old are you now? How old were you when your first child was born? What medicines do you take? Tell me what you usually do during the day. Who telephones or comes to see you often? What do you have to eat for dinner tonight?

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

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

Orientation

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

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

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

- * **Observations:** Observe if the recipient appears comfortable and familiar with his/her surroundings. Recipient makes and keeps good eye contact with you. His/her facial expression is alert and is appropriate to the situation. The recipient is spontaneous and direct. The recipient shows interest in maintaining a good personal appearance. The

ATTACHMENT B

recipient is obviously in touch with reality; is aware of time and place; readily responds to questions about his/her living arrangement, family, etc.; is fully aware of the reason for your visit. Determine if the recipient is physically able to leave home unassisted and if the recipient can find his/her way back without getting lost and can get around using public transportation.

- * **Example:** Recipient is ready and waiting for your visit. S/he initiates social amenities such as offering coffee, a chair to sit on, etc. The recipient introduces family members and/or is able to identify family pictures when asked and has the documents ready that you asked him/her to locate.
- * **Questions:** Do you have relatives living close by? Why are you asking for help at this time? How have you managed to care for yourself until now? Do you have someone who helps around the home?

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

- * **Observations:** Observe if the recipient appears disheveled and the surroundings are chaotic. Observe if objects are misplaced or located in inappropriate places; if there is moldy food in and out of kitchen; if the recipient does not notice that the home is over heated or under heated until you mention it; if the recipient appears to be less confused in familiar surroundings and with a few close friends; if the recipient is able to maintain only marginal or intermittent levels of social interaction; if the recipient is able to provide some information but is occasionally confused and vague; if the recipient is not always aware of time, surroundings and people; if the recipient is able to respond when redirected or reminded.
- * **Example:** Twice in the past year the recipient has called her daughter at 2:00 a.m. and was not aware that it was the middle of the night. When told what time it was, the recipient apologized and went back to bed. When you enter the recipient's apartment, the elderly woman asks, "Why are you here today? You said you'd be here Tuesday." You respond, "This is Tuesday." The recipient seems unprepared for your visit and has difficulty settling down for the interview. She participates with some difficulty. She is not comfortable outside of her immediate environment and rarely ventures out. Her mail is left unopened occasionally, and her clothing and some perishable food items are not properly stored.
- * **Questions:** What day is today? How many rooms do you have in your home? Where is the closest grocery store? Do you know who I am and why I am here? Do you go out alone? Do you ever get lost when you go out of the house alone? Do you know the name of the bus you take when you go to the store and where the bus stop is to go home? What month, year, season, holiday, etc.?

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

- * **Observations:** Observe if the recipient shuffles aimlessly throughout house; if s/he

ATTACHMENT B

exhibits inappropriate behaviors such as giggling or making comments that are irrelevant to the conversation; if s/he handles objects carelessly; appears unkempt, displays poor personal hygiene; has a manner of dress that is inappropriate or bizarre; if when the social worker attempted to shake the recipient's hand, s/he tried to bite social worker's hand. Observe if the recipient is very confused, unaware of time, place, and/or individuals; goes to the mailbox and cannot find her/his way back to the apartment; does not recognize the apartment manager when the manager tries to help the recipient find her/his way back to the apartment and the recipient becomes highly agitated. Observe if the recipient appears to be disoriented and experiences hallucinations and displays a dazed and confused state of mind; is unable to answer simple questions appropriately; if the recipient's sleep-wake cycle may be abnormal; if the recipient confuses immediate living relatives (son/daughter) with dead relatives (husband, etc); if emotional instability is present.

- * **Example:** Family member or friend must answer door, as recipient is unable to maneuver in home without wandering. The recipient must be directed to chair. The recipient exhibits no awareness of the purpose of the social worker's visit. The recipient is unable to concentrate; s/he either does not respond to questions or speaks unintelligibly.
- * **Questions:** What is your name? Where do you live? What is the date today? What year is it? Where are you? Where are you going? If the recipient is unable to respond or responds inappropriately, ask housemate: What is the nature of ____'s mental problem? What can the recipient do for self? What does the recipient do if left alone?

Judgment

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

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

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

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

ATTACHMENT B

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

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

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

- * **Observations:** Observe if safety hazards are evident: clothing has burn holes; faulty wiring, leaking gas, burned cookware, etc. Observe if utilities may be shut off; food supply is inadequate or inedible. If the recipient is a pet owner, observe if there are animal feces in home. Observe if the recipient is obviously unaware of dangerous situations, not self-directing, mentally unable to engage in activities of daily living; goes outside with no clothing on; if neighbors saw smoke from apartment several times; if they entered and extinguished fires on stove; if someone from the community calls to report that the recipient is defecating or urinating on the front yard. Observe if the recipient cannot decide to eat, dress, or take medications; if the recipient seems preoccupied, confused, or frightened; if the recipient is unaware or too frail or feeble to make decisions to maintain self safely at home; if s/he takes a shower with clothes on; drinks spoiled milk, etc.
- * **Example:** Recipient has open access to home to anyone who approaches. The recipient seems unaffected by stench or odors due to garbage, feces, urine, etc; exhibits no concern over obvious safety hazards (e.g., debris piled on stove, papers scattered near heater, etc.); lets injuries such as burns go unattended. In the past year, the recipient has recurrently started dinner and fell asleep and awoke to a smoke-filled kitchen.
- * **Questions:** What would you do if you saw something on fire in your house? If you needed to get to the doctor what would you do? Ask Housemate: What happens when ___ is left alone? Can s/he recognize situations that would lead to danger? Is s/he capable of making rational decisions?

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

AAA	See Area Agency on Aging
AAP	See Adoption Assistance Program
Activities of Daily Living (ADL)	Basic personal activities that include bathing, dressing, transferring, toileting, mobility and eating.
ACIN	See All County Information Notice
ACL	See All County Letter
ADCRC	See Alzheimer's Day Care Resource Centers
ADHC	See Adult Day Health Care
ADL	See Activities of Daily Living
Administrative Law Judge (ALJ)	The judge employed by CDSS to adjudicate Fair Hearings
Adoption Assistance Program	Program administered through DSS and counties that provides financial assistance for up to two years for adoptive parents to meet the special needs of children who were formerly placed in California's foster care system.
Adult Day Health Care (ADHC)	Day care program administered through the Department of Aging that provides health, therapeutic and social services which serve the specialized needs of frail elderly persons and adults with functional impairments at risk of institutionalization. ADHCs often transport participants to the site. Services provided at the ADHC are Alternative Resources for IHSS.
Aged	As provided in federal Social Security Act, persons age 65 and older.
All County Information Notice (ACIN)	A letter distributed to all counties and available on the CDSS website that informs counties of information of interest to them. They are issued by all CDSS Programs and are designated a number for reference.
All County Letter (ACL)	A letter distributed to all counties and available on the CDSS website that interprets policy. They are issued by all CDSS Programs and are designated a number for reference.
ALJ	See Administrative Law Judge
Alzheimer's Day Care Resource Centers (ADCRC)	Day care program administered through the Department of Aging that provides services to persons with Alzheimer's disease and other related dementias who are often unable to be served by other program. The centers provide respite as well as training and support for families and professional caregivers.
Adult Protective Services (APS)	Program charged with investigation of complaints of elder and dependent adult abuse and providing ameliorating services. Administered through county social services agencies with oversight from California Department of Social Services.
APS	See Adult Protective Services
Area Agency on Aging (AAA)	Agencies established in each state under the provisions of the federal Older Americans Act to meet the needs of persons age 60 and older in local communities. There are discretionary funds for the local Area Agency on Aging to use to meet the unique needs of the community it serves, but all Area Agencies have a Meals on Wheels Program, at least one MSSP, and a Linkages Program.

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

Assisted Living	A facility that provides, at extra expense to residents, needed personal care and other assistance as needed with ADLs and IADLs, but does not provide round the clock skilled nursing facilities. Facilities generally provide less intensive care than nursing facilities and emphasize resident privacy and choice. Because care is an “add on” at extra cost, Assisted Living residents are potentially eligible for IHSS.
Backup	Provision for alternative arrangements for the delivery of services that are critical to consumer well being in the event that the provider responsible for furnishing the services fails to or is unable to deliver them.
Benefits Identification Card (BIC)	A card issued to a Medi-Cal recipient which contains eligibility information.
BIC	See Benefits Identification Card (Also known as Medi-Cal card)
Brown Bag Program	A program administered by the Department of Aging under which volunteers collect and distribute surplus food to low-income seniors.
CC	See County Contract
CAD	California Association for the Deaf
California Department of Aging (CDA)	The State department responsible for oversight of Programs within the local AAA.
California Department of Developmental Services	Agency that provides services and supports to individuals with developmental disabilities which include mental retardation, cerebral palsy, epilepsy, autism and related conditions. Services provided through state-operated developmental centers and community facilities and contracts with 21 regional centers.
California Department of Health Services (CDHS)	See California Department of Health Care Services. Name changed 7-1-07.
California Department of Health Care Services (CDSS)	The single state agency responsible for all Medi-Cal expenditures including PCSP and IPW. .
California Department of Mental Health (CDMH)	State agency that provides community and hospital-based services to adults who have a serious mental illness and children with a severe emotional disorder. The following types of services are administered by the state and directly provided or arranged by local (county) mental health departments: rehabilitation and support; evaluation and assessment vocational rehabilitation; individual service planning; residential treatment; medication education and management, case management and wrap around services.
California Department of Social Services (CDSS)	The State department responsible for oversight of Programs within the county departments of social services.
Caregiver	A person who cares for or helps care for someone who is ill, has a disability, and/or has functional limitations and requires assistance. Informal caregivers are relatives, friends or others who volunteer their help. Paid caregivers provide services in exchange for payment for services rendered.
Case Management Information and Payrolling System (CMIPS)	The computer system that handles the payroll for IPs and helps workers manage their caseloads. It also gathers demographic information about consumers and providers for management purposes.
CBO	See Community Based Organization
CCL	See Community Care Licensing
CCR	California Code of Regulations

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

CDDS	See California Department of Developmental Services
CDMH	See California Department of Mental Health
CDSS	See California Department of Social Services
CDA	See California Department of Aging
CDHS	See California Department of Health Services
Center for Medicaid and State Operations (CMSO)	The component within CMS responsible for federal administration of Medicaid (Medi-Cal) and the State Children's Health Insurance (SCHIP) programs.
Centers for Medicare and Medicaid Services (CMS)	Agency in federal Dept. of Health and Human Services responsible for federal administration of Medicaid, Medicare, and State Children's Health Insurance Program (SCHIP). Formerly known as the Health Care Financing Administration (HCFA).
CFNP	Certified Family Nurse Practitioner
CFR	Code of Federal Regulations. The CFR contains regulations officially adopted by federal agencies. Federal regulations that govern Medicaid (Medi-Cal) are contained in 42 CFR §430 <i>et seq.</i>
CIN	See Client Index Number (pronounced "sin.")
CI or Clt	See Client (Also referred to as recipient or consumer)
Client	The person receiving IHSS. Also referred to as recipient or consumer.
Client Identification Number (CIN)	A number assigned to each individual who receives any type of public assistance benefit or public social service in the State. The same number is used by every program an individual uses.
CMIPS	See Case Management Information and Payrolling System (pronounced as "see-mips")
CMS	See Centers for Medicare and Medicaid Services.
CMSO	See Center for Medicaid and State Operations
COLA	See Cost of Living Adjustment
Community Based Organization (CBO)	A social service agency, usually non-profit, that provides social services to the community. They tend to specialize in target population and function.
Community Care Licensing (CCL)	The organization within CDSS that is responsible for licensing and monitoring Child Day Care facilities and Residential Facilities for Adults.
Community Transition	Activities that are undertaken to assist an institutionalized person to return to the community or facilitate a person served in a congregate living arrangement in the community to their own home.
Consumer	The person receiving IHSS (Also referred to as client or recipient)
Co-Payment	A fixed dollar amount that a Medicaid (Medi-Cal) beneficiary is expected to pay at the time of receiving a specified covered service from a provider. May only be imposed on certain groups of beneficiaries, only with respect to certain services, and only in nominal amounts as specified in federal regulation There is no PCSP or IPW co-payment. (<i>Not to be confused with Share of Cost.</i>)
Contract County (CC)	A county that has a contract with an agency to provide IHSS services through the agency's employees.
Contract County Mode	One of the three modes of delivering service to IHSS consumers. Other modes include Homemaker Mode and Independent (Individual) Provider modes.

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

Cost of Living Adjustment (COLA)	An annual increase in a governmental benefit based on the Consumer Price Index
County Welfare Director's Association (CWDA)	A group of county administrative staff that meets with CDSS to discuss policies and funding, to advocate on behalf of the counties' interests and to lobby for legislation on the State and Federal levels.
CWDA	See County Welfare Directors' Association
CDHCS	See California Department of Health Care Services
CDSS	See California Department of Social Services
DMH	Department of Mental Health
D Status	See Denied Status
Denied Status	A term indicating that a person has been denied eligibility for IHSS. Indicated by a "D" in the F1 field of the SOC 293.
Dependent Adult	Any person residing in California, between the ages of 18 and 64, who has physical or mental limitations that restrict his/her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Also includes any person between ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility.
Dtr	Daughter
Disability	For SSI/SSP and Medi-Cal (and therefore for IHSS), as defined in §1614(a)(3) of the Social Security Act, disability means the inability of a person age 18 or older to engage in substantial gainful activity (work) by reason of any medically determinable physical or mental condition that can be expected to result in death or to last for a continuous period of not less than 12 months. For children (age 17 and younger), the child must have a physical or mental condition that results in marked and severe functional limitations. The condition also must be expected to result in death or to last for a continuous period of not less than 12 months. (In California, the Department of Social Services Disability Evaluation Division determines disability).
Disabled	As provided in § 1905(a)(vii) of the Social Security Act, the term "disabled" means persons under the age of 65 who have been determined to have a disability for social security purposes. See also Disability.
DME	See Durable Medical Equipment
Dual Eligible (Full Benefit)	An individual eligible for both Medicare and Medicaid (Medi-Cal) coverage, including the payment of the person's Medicare premium, deductibles, and coinsurance. <i>(Also known as Medi-Medi)</i>
Durable Medical Equipment (DME)	Assistive devices to assist people with impairments and braces and artificial limbs.
E Status	See Eligible Status
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Medicaid's comprehensive child health program for individuals under the age of 21. Authorized under §1905(r) of the Social Security Act. Includes periodic screening of children including vision, dental and hearing services. Also requires that any medically necessary health care services listed in §1905(a) of the Act be provided to a EPSDT beneficiary even if the service has not been specifically included in State Plan. Federal EPSDT regulations are located in 42 CFR §441.50 <i>et seq.</i>

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

EBB	See Electronic Bulletin Board
EDS	See Electronic Data Systems
Elder	Any person residing in California who is 65 years of age or older (WIC 15610.27)
Electronic Bulletin Board (EBB)	A message sent from CDSS to the CMIPS terminal announcing information about changes in CMIPS or time-sensitive information.
Electronic Data Systems (EDS)	Fiscal agency for processing IHSS provider timesheets and acting as payrolling agent which includes withholding appropriate federal and state taxes and issuing W-2s.
Eligible Status	A term indicating that a person has been determined eligible for IHSS services. Indicated by an "E" in Field F1 on the SOC 293.
Eligibility Determination	Processes employed to determine whether an individual meets the requirements specified in the State plan to receive Medicaid benefits. Requirements include determining whether a person is a member of an eligibility group specified in the State plan and meets income and resource standards and citizenship/immigration status. Eligibility determinations must be performed by the Medicaid agency or another agency specified in 42 CFR §431.10(c) with which the Medicaid agency has an agreement as provided in 42 CFR §431.10.(d).
Eligibility Worker (EW)	A term used by some counties to designate the county staff who determine Medical eligibility and Share-of-Cost (SOC) for Income Eligible (IE) consumers.
Emergency Backup	See backup.
EPDST	See Early and Periodic Screening, Diagnosis and Treatment
EW	See Eligibility Worker
Fair Hearing	The administrative procedure that affords individuals the statutory right and opportunity to appeal adverse decisions regarding eligibility and benefits to an independent arbiter. A fair hearing may be requested when denied eligibility, when eligibility is terminated, or when denied a covered benefit or service. It may be requested when there is a decrease in hours in any task and if the county declines to increase hours requested by the consumer.
Federal Income Tax (FIT)	Taxes withheld from IP pay checks based on information completed by the IP on the W-4 form
Federal Financial Participation (FFP)	Technical term for federal matching funds paid to states for allowable expenditures for services or administrative costs.
Federal Insurance Contribution Act (FICA)	Federal law that authorizes taxes on the wages of employed persons to provide for contributions to the federal Old Age, Survivors and Disability Insurance (OASDI – Social Security) and Medicare Health Insurance (Part A) programs. Covered workers and their employers pay FICA taxes in equal amounts. FICA is withheld from all providers' pay except if the provider is the parent of the consumer, regardless of the age of the consumer or the spouse of the consumer or the child of the consumer if that child is under the age of 21. The 2007 FICA withholding rate is 7.65%.
Federal Poverty Level (FPL)	The federal government's working definition of poverty that is used as the reference point for the income standard for Medicaid eligibility for certain groups of beneficiaries. The FPL is adjusted annually for inflation and is published by the Department of Health and Human Services in the form of Poverty Level Guidelines by household size.

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

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

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

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

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

Information and Assistance Program	A California Department of Aging program under which trained staff provide information as well as assistance and follow-up to link seniors and adults with functional impairments and their families with programs and services in their community.
Information and Referral (I&R)	A function performed by county staff of providing information and making referrals to appropriate agencies that can provide the needed assistance.
In Home Operations	The organization within Department of Health Care Services that oversees the development and implementation of home and community based programs under Medi-Cal.
In-Home Supportive Services (IHSS)	The umbrella term applying to PCSP, IPW and Residual IHSS
Institutions for Mental Disease (IMD)	A public or private facility that has more than 16 beds and is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases (disorders). Includes not just public or private hospitals for individuals with mental illness but also nursing homes or other long-term care facilities that primarily serve such individuals. People who live in an IMD are not eligible for IHSS>
Instrumental Activities of Daily Living (IADL)	Activities related to independent living, including preparing meals, managing money (not covered by IHSS), shopping for groceries or personal items, laundry, performing light or heavy housework, and communication (also not covered by IHSS).
Interagency Agreement (IA)	A formal document that sets forth the responsibilities that are assumed by two or more governmental agencies in their pursuit of common goals and objectives. (Example: CDSS administers the IHSS program through an Interagency Agreement with California Department of Health Services.)
Inter-County Transfer (ITC)	The process of transferring IHSS from one county to another when the consumer moves. It assures that the consumer will not lose services or have his/her services reduced solely because s/he moved.
Interim Status	Provisional IHSS approval in Aid Code 28 or 68 pending disability or blindness determination. Indicated by an "I" in the F1 field of the SOC 293.
Intermediate Care Facility (ICF)	A public or private facility that provides long term care for people who are aged or disabled or recovering from an illness, accident or surgery. People who reside in an ICF need minimal or no nursing services. People who live in an ICF are not eligible for IHSS.
Intermediate Care Facility for the Developmentally Disabled (ICF/DD)	A public or private facility that provides health and habilitation services to individuals with mental retardation or related conditions. ICF/DD facilities have four or more beds and must provide active treatment to their residents. People who live in an ICF/DD are not eligible for IHSS.
IP	See Independent Provider/Individual Provider
IPW	See IHSS Plus Waiver
L Status	See Leave Status
LCD	The organization within the California Department of Health Care Services that is responsible for the following activities: licensing 30 different types of health care facilities and providers; investigating over 11,000 complaints each year regarding concerns expressed about care provided by these health facilities and providers;

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

	Certifying that over 160,000 nurse assistants, home health aides and hemodialysis technicians can provide specific services; approving training programs for these health care worker categories; licensing over 3,000 Nursing Home Administrators and approving over 100 Continuing Education Providers; and providing consumer Education and provider education to improve the quality of health care.
Leave Status	IHSS has been temporarily suspended because of an event such as hospitalization or traveling out of the country. Indicated by an "L" in the F1 field of the SOC 293.
Legal Representative	A person who has legal standing to make decisions on behalf of another person (e.g. a guardian or conservator who has been appointed by the court or an individual who has power of attorney granted by the person.)
Legally Responsible Individual	A person who has a legal obligation under the provisions of state law to care for another person. Legally responsible individuals include the parents (natural or adoptive) of minor children, legally-assigned caretaker relatives of minor children, and spouses.
Level of Care	The specification of the minimum amount of assistance that an individual must require in order to receive services in an institutional setting under the Medicaid State plan.
Linkages	Case management services provided to elderly as well as adults 18 years and older with functional impairments at risk of institutionalization under a program administered by the California Department of Aging. Participants do not need to be eligible for Medi-Cal.
Live in Provider	A person not related to the consumer who moves in with the consumer to provide IHSS.
Long Term Care Ombudsman Program	Program administered through California Department of Aging authorized by federal Older Americans Act and State Older Californians Act that investigates and tries to resolve complaints made by, or on behalf of, individual residents of long term care facilities.
MBU	Medi-Cal Budget Unit
MC	Managed Care
Meals on Wheels (MOW)	AAA-funded home delivered meals to seniors and, in some cases, other homebound individuals. If an IHSS consumer gets MOW, that is an alternative resource for Meal Prep
Medical out-of-home care facility	Includes acute care hospitals, skilled nursing facilities and intermediate care facilities. Residents are not eligible for IHSS.
Medi-Cal Card	See Beneficiary Identification Card (BIC)
Medi-Cal Eligibility Data System	The statewide system maintained by the California Department of Health Services which contains Medi-Cal eligibility recipient information.
Medi-Medi	See Dual Eligible
MEDS	See Medi-Cal Eligibility Data System
Mixed Mode	Term indicated consumer is served by more than one type of provider.
MN	Medically Needy
Mode	The type of provider that serves the consumer. There are 3 types: Individual/Independent Provider, Contract Agency or Homemaker. It is possible for a consumer to be served by more than one mode at the same time. This is called "Mixed Mode."

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

MOW	See Meals on Wheels
MPP	See Manual of Policies and Procedures
MSSP	See Multipurpose Senior Services Program
Multipurpose Senior Services Program (MSSP)	Case management and some funds to purchase items and services of support for seniors who would be institutionalized at the SNF level. The total cost of care (including IHSS) must be less than the cost of SNF care
NMOHC	See Nonmedical out-of-home care facilities.
NOA	See Notice of Action (sounds like "Noah")
Nonmedical out-of-home care facilities	Community care facilities and homes of relatives which are exempt from licensure where recipients are certified to receive board and care payment level from SSP. Residents are not eligible for IHSS.
Non-Severely Impaired (NSI)	A consumer who does not need 20 hours a week or more in designated services
Notice of Action (NOA)	A CMIPS-generated letter to the consumer explaining all decisions made on a case, citing the authority for the decision and informing the consumer of his/her appeal rights
NSI	See Non-Severely Impaired
OHC	Other Health Coverage (such as private health insurance)
Ombudsman Program	See Long-Term Care Ombudsman Program
Out of-Home Care Facility	A housing unit other than the recipients own home. Includes medical out-of-home care facilities and Nonmedical out-of-home care facilities. Residents of out-of-home care facilities are not eligible for IHSS. (<i>See Own Home; Medical out-of-home care facilities and Nonmedical out-of-home care facilities.</i>)
Own Home	Place where individual chooses to reside. Does not include an acute care hospital, skilled nursing facility, intermediate care facility, community care facility, or a board and care facility. Persons receiving SSI/SSP payment for nonmedical out-of-home living arrangement are not considered to be living in their own home.
PA	See Public Authority
PACE	See Program of All-inclusive Care
PC	Phone call
PD	See Presumptive Disability
Personal Care Services Program (PCSP)	A Medicaid-funded IHSS Program for almost all IHSS recipients
Personal Needs Allowance (PNA)	The amount of money that a Medicaid consumer that resides in a nursing facility or ICF/DD is allowed to keep for personal expenses like haircuts and laundry.
Persons Living With Aids	Individuals who have Acquired Immunodeficiency Syndrome (AIDS) or Human

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

(PLWAs)	Immunodeficiency Virus (HIV) infection.
PCSP	See Personal Care Services Program
PI	See Policy Interpretation
PLWAs	See Persons Living With Aids
PNA	See Personal Needs Allowance
Policy Interpretation (PI)	A written response from CDSS to a county answering how to apply a policy to a particular case.
Presumptive Disability	Allows consumers with certain specified conditions to be presumed disabled while a disability determination is made.
Prior Authorization	As used in Medi-Cal refers to a mechanism employed to control the use of covered items (such as durable medical equipment or prescription drugs) or services (such as inpatient hospital care). Prior authorization is obtained by Medi-Cal providers through the submission of a Treatment Authorization Request (TAR) to a designated Department of Health Services location.
Program for All-Inclusive Care for Elderly (PACE)	A Federally funded waiver program that is based on the On Lok model of long term care for seniors on Medi-Cal. PACE provides all social and medical care for eligible individuals. People enrolled in PACE are not eligible for IHSS.
Provider	The person who provides the IHSS-authorized care
Public Authority (PA)	An organization responsible to administer a provider registry for IHSS, provide access to training for IPs and consumers and to be the IPs' employer of record for meet and confer purposes
QA	See Quality Assurance
QI	See Quality Improvement
Quality Assurance (QA)	Process of looking at how well services are provided. The process may include formally reviewing the services furnished to a person or group of persons, identifying and correcting problems, and then checking to see if the problem was corrected.
Quality Improvement (QI)	A term used to identify how counties utilize information obtained through QA and other activities to improve quality in the administration of the IHSS program.
RCFA	See Residential Care Facility for the Aged
Record Status	A term indicated that an application for IHSS has been taken. Indicated by a "R" in the F1 field of the SOC 293.
Related Services	An IHSS term that refers to the following services: Meal Preparation and Cleanup, Laundry, Food Shopping and Other Shopping/Errands.
Rehabilitation	Services that have the purpose of improving/restoring a person's physical or mental functioning.

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

Residential Care Facility for the Aged (RCFA)	Board and Care for people age of 65 and over. People who live in a RCFA are not eligible for IHSS
Residual	IHSS for eligible consumers who are not eligible for PCSP or IPW.
Resources	Items of economic interest (sometimes referred to as assets) that are not income. Includes financial instruments, certain personal property and real estate (other than individual's home).
Room and Board	"Room" means shelter type expenses such as rent and utilities; board refers to three meals a day or any other full nutritional regimen.
SCIF	See State Compensation Insurance Fund
SDI	See State Disability Insurance
Self Administration	The administration of medications or other procedures by a person without assistance.
Senior Companion Program	Program administered through California Department of Aging under which low-income senior volunteers provide peer support to frail older persons in their local communities.
Severely Impaired (SI)	Consumers who need 20 hours a week or more in specified services
Share-of-Cost (SOC)	The portion of cost the consumer is responsible to pay for services, based on his/her income <i>See Also Spenddown</i>
Single Room Occupancy (SRO)	A room in a residential hotel.
Single State Agency	The state agency designated by the federal government to administer the State Medicaid Plan. In California, the Single State Agency is the California Department of Health Services. The Single State Agency is not required to directly administer the program, but must maintain ultimate authority and responsibility for the administration of the State Medicaid Plan.
Skilled Nursing Facility (SNF)	An institution that provides skilled nursing and ancillary care to its residents. It is a medical facility. Its residents do not qualify for IHSS.
SNF	See Skilled Nursing Facility (pronounced "sniff")
SOC	See Share of Cost if used as an acronym in a sentence. If SOC precedes a number, it indicates a the number of a form used by the Social Services System. IHSS-specific forms begin with the SOC designation.
Social Security Administration (SSA)	The federal agency that administers Social Security Title II benefits (green check for eligible people based on earnings), and Title XVI (gold check SSI/SSP for low income aged, blind and aged individuals)
Social Security Number (SSN)	An identification number assigned by the Social Security Administration (SSA)
SPA	See State Plan Amendment
Spenddown	The process whereby an individual who would otherwise be ineligible for Medicaid benefits due to excess income "spends down" the excess income by incurring medical expenses that are deducted from income in order to qualify for Medicaid (see also Share of Cost)

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

SSA	See Social Security Administration
SSI	See Supplemental Security Income
SSN	See Social Security Number
SSP	See State Supplemental Program
SRO	See Single Room Occupancy
State Compensation Insurance Fund (SCIF)	The State organization that manages Worker's Compensation coverage for all IHSS Providers
State Disability Insurance	A 0.6% tax withheld from providers' wages to pay a stipend if the provider is unable to work because of a disability
State Income Tax (SIT)	Taxes withheld from an IP's pay check based on information IP provides on a W-4 form
State Medicaid Plan	Document developed by State that specifies eligibility groups the state will serve, the benefits the state covers, and how the state addresses additional federal Medicaid statutory requirements concerning the operation of its Medicaid program. The State plan must be submitted to and approved by CMS. See also State Plan Amendment (SPA).
State Plan Amendment (SPA)	Document prepared by states and submitted to CMS for review and approval requesting authority to amend their State Medicaid Plan. Amendments may address changes in eligibility criteria, covered benefits or provider reimbursement methodology. States must also amend their State Plan to conform to changes in federal Medicaid law.
State Supplemental Program (SSP)	The amount by which a state elects to supplement the basic SSI cash assistance to individuals and couples.
State Unemployment Insurance (SUI)	Tax paid to a state workforce agency (Employment Development Department) that is used solely for the payment of benefits to eligible unemployed workers. Tax is paid by the State on behalf of IPs who earn at least \$1,000 per quarter.
Statewideness	Requirement that a state must operate its Medicaid programs throughout the state and may not exclude individuals residing in, or providers operating in, particular counties or municipalities. This requirement may be waived with CMS approval through the Waiver process.
Status Eligible	People financially eligible for IHSS because they receive SSI/SSP
SUI	See State Unemployment Insurance
T Status	See Terminated Status
TAD	See Turn Around Document
TAR	See Treatment Authorization Request
Target Group	Group of Medicaid beneficiaries who have similar needs, conditions or characteristics to whom a state elects to furnish waiver services. Common target groups include older persons, individuals with physical disabilities, persons who have experienced a brain injury, and persons with developmental disabilities. States specify target group(s) that it services in the waiver.
Targeted Case Management	Optional State Plan Medicaid services that are furnished to assist Medicaid beneficiaries to gain access to needed medical, social, educational, and other services. May be furnished to target groups specified by the state on a statewide or less than statewide basis.

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

TC	Telephone call
TCM	See Targeted Case Management
Terminated Status	Eligibility for IHSS has been terminated.
Third Party Liability (TPL)	Term used to refer to another source of payment for Medicaid covered services provided to a beneficiary. Examples include Medicare, private health insurance coverage, automobile and other liability insurance and medical child support.
Title II	Title II of the Social Security Act the federal statute that authorizes Social Security benefits based on FICA payments made
Title XVI	Title XVI of the Social Security Act (20CFR416 <i>et seq.</i>), SSI/SSP.
Title XIX	Title XIX of the Social Security Act (42 U.S.C. 1396 <i>et seq.</i>) the federal statute that authorizes the Medicaid program.
Treatment Authorization Request (TAR)	An electronic or written request submitted by a Medi-Cal provider on behalf of a Medi-Cal beneficiary to a designated Medi-Cal Field Office which requests authorization to provide items (such as durable medical equipment or prescription drugs) or services (such as inpatient hospital or home health agency).
TPL	See Third Party Liability
Turn Around Document (TAD)	When data from a CMIPS data input form has been keyed into CMIPS, the System generates a form populated with all current CMIPS data called a Turn Around Document (TAD). The TAD indicates the new/changed data fields with an asterisk (*). The TAD is used as the form to enter new/changed data for data entry.
WC	See Workers' Compensation
Welfare and Institutions Code (WIC)	Where IHSS State statutes are recorded
WIC	See Welfare and Institutions Code
Workers' Compensation (WC)	State-mandated system under which employers assume the cost of medical treatment and wage losses for employees who suffer job-related illnesses or injuries, regardless of who is at fault. For IHSS providers, The State Compensation Insurance Fund (SCIF) manages coverage.

HTG DOCUMENTATION WORKSHEET

Category	Documentation of Hours																														
Domestic (Housework) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 20%; padding: 5px;">FI Rank (Enter)</td> <td style="width: 80%;"></td> </tr> <tr> <td style="padding: 5px;">Guideline</td> <td style="padding: 5px;">6.00 hours per month per household</td> </tr> </table>	FI Rank (Enter)		Guideline	6.00 hours per month per household	Important: This Worksheet Should Be Used in Conjunction with Time Per Task Tools For All Tasks Include Time for Clean Techniques/Universal Precautions When Required <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Task</th> <th style="width: 15%;">Total Need</th> <th style="width: 20%;">Adjustments</th> <th style="width: 35%;">Authorized</th> </tr> </thead> <tbody> <tr> <td>Routine housework</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Additional time</td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <td colspan="4" style="padding: 10px;">Reason for assistance:</td> </tr> <tr> <td colspan="4" style="padding: 10px;">Additional information to document Need and Adjustments (include shared living factors and other factors such as size of dwelling, Alt. Resources, etc.):</td> </tr> <tr> <td colspan="4" style="padding: 10px;">Reason for more or less time than guideline (extra bedding changes, etc.):</td> </tr> </tbody> </table>	Task	Total Need	Adjustments	Authorized	Routine housework				Additional time				Reason for assistance:				Additional information to document Need and Adjustments (include shared living factors and other factors such as size of dwelling, Alt. Resources, etc.):				Reason for more or less time than guideline (extra bedding changes, etc.):					
FI Rank (Enter)																															
Guideline	6.00 hours per month per household																														
Task	Total Need	Adjustments	Authorized																												
Routine housework																															
Additional time																															
Reason for assistance:																															
Additional information to document Need and Adjustments (include shared living factors and other factors such as size of dwelling, Alt. Resources, etc.):																															
Reason for more or less time than guideline (extra bedding changes, etc.):																															
Laundry In-home ☐ Out-of-home ☐ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 20%; padding: 5px;">FI Rank (Enter)</td> <td style="width: 80%;"></td> </tr> <tr> <td style="padding: 5px;">Guideline In-Home</td> <td style="padding: 5px;">1.00 hour per week</td> </tr> <tr> <td style="padding: 5px;">Guideline Out-of-Home</td> <td style="padding: 5px;">1.50 hours per week</td> </tr> </table> <i>Note: Laundry facilities <u>on premises</u> of apartment complex, mobile home park, etc. are considered in-home (DSS Policy).</i>	FI Rank (Enter)		Guideline In-Home	1.00 hour per week	Guideline Out-of-Home	1.50 hours per week	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Task</th> <th style="width: 15%;">Total Need</th> <th style="width: 20%;">Adjustments</th> <th style="width: 35%;">Authorized</th> </tr> </thead> <tbody> <tr> <td>Routine laundry</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Additional time</td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <td colspan="4" style="padding: 10px;">Reason for assistance:</td> </tr> <tr> <td colspan="4" style="padding: 10px;">Additional information to document Need and Adjustments (include laundry done separately, etc.):</td> </tr> <tr> <td colspan="4" style="padding: 10px;">Reason for more or less time than guideline (extra laundry due to incontinence, etc.):</td> </tr> </tbody> </table>	Task	Total Need	Adjustments	Authorized	Routine laundry				Additional time				Reason for assistance:				Additional information to document Need and Adjustments (include laundry done separately, etc.):				Reason for more or less time than guideline (extra laundry due to incontinence, etc.):			
FI Rank (Enter)																															
Guideline In-Home	1.00 hour per week																														
Guideline Out-of-Home	1.50 hours per week																														
Task	Total Need	Adjustments	Authorized																												
Routine laundry																															
Additional time																															
Reason for assistance:																															
Additional information to document Need and Adjustments (include laundry done separately, etc.):																															
Reason for more or less time than guideline (extra laundry due to incontinence, etc.):																															
Shopping and Errands <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 20%; padding: 5px;">FI Rank (Enter)</td> <td style="width: 80%;"></td> </tr> <tr> <td style="padding: 5px;">Guideline Food Shopping</td> <td style="padding: 5px;">1.00 hour per week</td> </tr> <tr> <td style="padding: 5px;">Guideline Other Shopping/Errands</td> <td style="padding: 5px;">0.50 hours per week</td> </tr> </table>	FI Rank (Enter)		Guideline Food Shopping	1.00 hour per week	Guideline Other Shopping/Errands	0.50 hours per week	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Task</th> <th style="width: 15%;">Total Need</th> <th style="width: 20%;">Adjustments</th> <th style="width: 35%;">Authorized</th> </tr> </thead> <tbody> <tr> <td>Food shopping</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other shopping/errands</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="padding: 10px;">Reason for assistance:</td> </tr> <tr> <td colspan="4" style="padding: 10px;">Additional information to document Need and Adjustments (include distance to nearest store consistent with needs and economy, need for shopping to be done separately, etc.):</td> </tr> <tr> <td colspan="4" style="padding: 10px;">Reason for more or less time than guideline:</td> </tr> </tbody> </table>	Task	Total Need	Adjustments	Authorized	Food shopping				Other shopping/errands				Reason for assistance:				Additional information to document Need and Adjustments (include distance to nearest store consistent with needs and economy, need for shopping to be done separately, etc.):				Reason for more or less time than guideline:			
FI Rank (Enter)																															
Guideline Food Shopping	1.00 hour per week																														
Guideline Other Shopping/Errands	0.50 hours per week																														
Task	Total Need	Adjustments	Authorized																												
Food shopping																															
Other shopping/errands																															
Reason for assistance:																															
Additional information to document Need and Adjustments (include distance to nearest store consistent with needs and economy, need for shopping to be done separately, etc.):																															
Reason for more or less time than guideline:																															

Meal Preparation

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

Note: Compare Total Need with above range.

Needs help with ☐ Breakfast ☐ Lunch ☐ Dinner

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

Reason for assistance:

Shared living exceptions (required when services not prorated):

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

Meal Cleanup

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

Note: Compare Total Need with above range.

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

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

Reason for assistance:

Shared living exceptions:

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

Ambulation

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

Note: Compare Total Need with above range.

Walking Inside Home

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

Retrieving Assistive Device(s)

Device	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need Per Week

Assistance From House To Car And Car To House For Medical Appt. & Alt. Resource

	Time Assessed	# of Times Per Month	Total Need Per Month	Total Need Per Week (Monthly Need ÷ 4.33)
From House to Car				
From Car to House				

Reason for assistance:

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

Bathing, Oral Hygiene, and Grooming

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

Note: Compare Total Need with above range.

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

Reason for assistance:

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

Routine Bed Baths

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

Note: Compare Total Need with above range.

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

Dressing

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

Note: Compare Total Need with above range.

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

Bowel and Bladder Care

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

Note: Compare Total Need with above range.

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

Menstrual Care

Functional Index Rank does not apply.

	Low	High
	0.28	0.80

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need*
External application of sanitary napkins				
Using/disposing barrier pads				
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				
*Remember that hours on SOC 293 are weekly. For menstrual care, in most cases, divide weekly need by 4.33 to authorize correct need.				

Transfer

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

Note: Compare Total Need with above range.

Assistance From Standing, Sitting, Or Prone Position To Another				
Task	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need
Transfer From One Piece Of Equipment Or Furniture To Another				
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				

Feeding

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

Note: Compare Total Need with above range.

Feeding Or Related Assistance With Consumption Of Food And Fluid Intake				
Task	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need
Breakfast				
Lunch				
Dinner				
Snacks				
Other Fluids				
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				

Repositioning / Rubbing Skin

Functional Index Rank does not apply.

	Low	High
	0.75	2.80

Note: Compare Total Need with above range.

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

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

Functional Index Rank does not apply.

	Low	High
	0.47	1.12

Note: Compare Total Need with above range.

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

Accompaniment to Medical Appts.	<table border="1"> <thead> <tr> <th>Appt. Type (Specify doctor, dentist, etc.)</th><th>Frequency of Visits</th><th>Travel Time Each Way</th><th>Total Monthly Need</th><th>Average Weekly Need*</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> Reason for assistance: Additional information to document exceptions to guidelines and identification of Alt. Resources: <i>*Remember that SOC 293 hours reflect weekly need, so monthly need must be divided by 4.33 to arrive at weekly need. (Example: 1.00 hour each way 1 time per month would be a monthly need of 2.00 hours ÷ 4.33 = .46 weekly)</i>	Appt. Type (Specify doctor, dentist, etc.)	Frequency of Visits	Travel Time Each Way	Total Monthly Need	Average Weekly Need*															
Appt. Type (Specify doctor, dentist, etc.)	Frequency of Visits	Travel Time Each Way	Total Monthly Need	Average Weekly Need*																	
Accompaniment to Alt. Resources <i>Note: Assessed only when transport is to/from site where Alt. Resources provide IHSS-type services in lieu of IHSS. Example: Transport to Senior Center where consumer receives meal.</i>	<table border="1"> <thead> <tr> <th>Name of Alt. Resource</th><th>Frequency of Visits</th><th>Travel Time Each Way</th><th>Total Monthly Need</th><th>Average Weekly Need*</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> Reason for assistance: Additional information to document exceptions to guidelines and identification of Alt. Resources: <i>*Remember that SOC 293 hours reflect weekly need, so monthly need must be divided by 4.33 to arrive at weekly need. (Example: 1.00 hour each way 1 time per month would be a monthly need of 2.00 hours ÷ 4.33 = .46 weekly)</i>	Name of Alt. Resource	Frequency of Visits	Travel Time Each Way	Total Monthly Need	Average Weekly Need*															
Name of Alt. Resource	Frequency of Visits	Travel Time Each Way	Total Monthly Need	Average Weekly Need*																	
Heavy Cleaning	<table border="1"> <thead> <tr> <th>Task</th><th>Hours Assessed</th></tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> Reason for assistance:	Task	Hours Assessed																		
Task	Hours Assessed																				

Remove Ice, Snow

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

Task	Hours Assessed*

Reason for assistance:

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

Yard Hazard Abatement

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

Task	Hours Assessed*

Reason for assistance:

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

IHSS TRAINING ACADEMY

CORE: IHSS 101

TIME CONVERSION

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

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

Utilization of HTGs – Process

