



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

December 6, 2011

ALL-COUNTY INFORMATION NOTICE NO. I-74-11

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY IN-HOME SUPPORTIVE SERVICES PROGRAM
MANAGERS

SUBJECT: REVISED IN-HOME SUPPORTIVE SERVICES PROGRAM HEALTH
CARE CERTIFICATION FORM AND RELATED NOTICES;
CLARIFICATION ON INTER-COUNTY TRANSFERS IN RELATION
TO HEALTH CARE CERTIFICATION REQUIREMENTS

REFERENCE: ALL-COUNTY LETTER NO. 11-55, DATED JULY 27, 2011
ALL-COUNTY LETTER NO. 11-76, DATED NOVEMBER 10, 2011

This All- County Information Notice (ACIN) transmits the revised In-Home Supportive Services (IHSS) Program Health Care Certification Form (SOC 873), Notice to Applicant of Health Care Certification Requirement (SOC 874), and Notice to Recipient of Health Care Certification Requirement (SOC 875). It also provides a clarification on policy regarding inter-county transfers of IHSS cases in relation to the health care certification requirements.

Effective immediately, counties shall begin using the revised SOC 873, SOC 874 and SOC 875. Below is a summary of the most significant revisions to the form and the notices and an explanation of the reasons for them.

REVISIONS TO THE SOC 873

- Throughout the form (e.g., the title, etc.), all references to the term “medical certification” have been changed to “health care certification.”

This change was made because the term “health care” better conforms with the language used in Welfare and Institutions Code (WIC) Section 12309.1, as well as

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

the intent of the statute. "Health care" is also a broader term and more consistent with the IHSS program being based on a social service model rather than a medical model.

- At the bottom of Page 1, an endnote providing the statutory definition of Licensed Health Care Professional (WIC 12309.1(a)(1)), as well as the examples specified in statute, has been added:

Licensed Health Care Professional means an individual licensed in California by the appropriate California regulatory agency, acting within the scope of his or her license or certificate as defined in the Business and Professions Code. These include, but are not limited to: physicians, physician assistants, regional center clinicians or clinician supervisors, occupational therapists, physical therapists, psychiatrists, psychologists, optometrists, ophthalmologists and public health nurses.

The endnote was added to ensure that LHCPs understand the definition as it applies to the certification requirements and can determine whether they are authorized to complete the certification when asked by an applicant or recipient.

Several counties that border other states have inquired whether they may accept an SOC 873 (or alternative documentation) completed by an LHCP who is licensed in the bordering state. The counties have indicated that refusing to accept documentation from an out-of-state LHCP presents a significant obstacle for recipients who either reside in areas where the nearest LHCP is located in the bordering state, or who are receiving treatment from an LHCP affiliated with the military services (e.g., the Veterans Health Administration). In response to these inquiries, the California Department of Social Services (CDSS) is granting counties the flexibility to make exceptions on a case-by-case basis and accept an SOC 873 (or alternative documentation) completed by a LHCP who has been licensed in another state but who is an approved Medi-Cal provider, if the applicant/recipient has been receiving treatment from the out-of-state LHCP.

Counties have requested additional clarification on the specific types of LHCPs, in addition to the examples listed in WIC Section 12309.1, from whom they may accept a completed SOC 873 or alternative documentation. For the purposes of completing the health care certification, a LHCP is a licensed individual whose primary responsibilities are to diagnose and/or provide treatment and care for physical or mental diseases or conditions which cause or contribute to an individual's functional limitation. Based on this definition, counties may accept an SOC 873 or alternative documentation completed by a Marriage and Family Therapist (MFT) or a Licensed Clinical Social Worker (LCSW). However, they may not accept forms completed by

a pharmacist or an x-ray technician, as these individuals' primary responsibilities are not diagnosis and/or provision of treatment/care.

- The items in Section C have been reordered and renumbered. The items that, on the prior version of the form, were the last four items in the section (Items # 5 – 8) are now listed first (Items # 1 – 4).
- At the beginning of Section C, the following note has been added: *NOTE: ITEMS # 1 & 2 (AND 3 & 4, IF APPLICABLE) MUST BE COMPLETED AS A CONDITION OF IHSS ELIGIBILITY.* Also, before Item #5, the following note has been added: *Please complete Items # 5 – 8, to the extent you are able, to further assist the IHSS worker in determining this individual's eligibility.*

Both the reordering/renumbering and the addition of these notes were done to emphasize the relative importance of the information that the LHCP provides in Items # 1 through 4 in assisting the IHSS worker to determine an individual's eligibility for IHSS compared with the information he/she provides in Items # 5 through 8.

Please note that the reordering and renumbering of items in this section alters the instructions provided in ACL No. 11-55 for determining whether an individual is eligible for IHSS based on the SOC 873 requirements. In that ACL, Items # 5 and 6 were identified as being of primary importance in making the eligibility determination. Due to the reordering/renumbering of this section, Items # 1 and 2 are now the most critical indicators. Therefore, all references to Items # 5 through 8 in ACL No. 11-55 will now refer, correspondingly, to Items # 1 through 4.

If the LHCP has answered "Yes" to Items #1 and 2 on the SOC 873, but he/she has failed to complete Items #3 and 4, the county may, at its discretion, contact the LHCP to obtain the information about the individual's physical and/or mental condition or functional limitation that has resulted in or contributed to his/her need for IHSS, or it may send the SOC 873 back to the LHCP to be completed. If the county opts to contact the LHCP, it should notate the outcome of the contact on the SOC 873, initial any such notation and document the case file accordingly. If the county cannot obtain the necessary information in the course of the contact, or if Items #1 or 2 are unanswered, the county must send the SOC 873 back to the LHCP to be completed. The time allowed for the LHCP to complete and/or clarify his/her original responses shall not be counted against the 45-day time limit. Counties should follow their standard operational procedures in deciding how much time to allow for return of the clarifying SOC 873.

REVISIONS TO THE SOC 874

- Throughout the notice (e.g., the title, etc.), all references to the term “medical certification” have been changed to “health care certification” in order to conform with the language used in the statute.
- Information about alternative documentation requirements has been updated to reflect that, in order to be valid, the document must be signed by a LHCP *within the last 60 days*.
- Language has been added near the bottom of the notice explaining that, under certain limited circumstances, an exception may be granted which would allow an individual to temporarily receive services prior to providing the completed SOC 873 or alternative documentation to the county. The individual is still required to provide one of the documents in order to continue receiving services.

REVISIONS TO THE SOC 875

- Throughout the notice (e.g., the title, etc.), all references to the term “medical certification” have been changed to “health care certification” in order to conform with the language used in the statute.
- The following language has been deleted from the notice: “If the county does not receive the SOC 873 by the 35th day, a notice will be sent informing you that your IHSS will stop, unless you had previously contacted the county and were given more time to submit the form.”

This language was deleted to reflect a change in policy regarding the time frame for mailing Notices of Action (NOAs) to recipients who fail to provide the SOC 873 (or alternative documentation) within 45 days, and for which good cause does not exist. CDSS is modifying this policy to address county concerns regarding workload and operational challenges of having to send the NOA 10 days in advance of the 45th day to ensure that services do not continue beyond the 45 days. Effective immediately, unless there is good cause, counties shall send the termination NOA on the 45th day following the in-home assessment, and shall follow normal procedures for timely notice.

- Information about alternative documentation requirements has been updated to reflect that, in order to be valid, the document must be signed by a LHCP *within the last 60 days*.

- Language has been added to indicate that if a recipient is not able to obtain a completed SOC 873 or alternative documentation from his/her LHCP within 45 days, the individual should contact the county prior to the due date to explain the reason for his/her inability to meet the due date and inquire whether an extension can be granted.

This language has been added to clarify that, as stated in ACL 11-76, dated November 10, 2011, recipients may request a good cause extension up to the 45th calendar day from the date of the in-home assessment.

Stakeholders requested the inclusion of language on the SOC 873, SOC 874, and SOC 875 relating to WIC section 14131.07, which pertains to limits on the number of provider visits a Medi-Cal recipient is allowed each year, and whether a visit to a provider for the purpose of completing the SOC 873 should be counted against the limit. However, because the California Department of Health Care Services is the state agency responsible for disseminating information about this statutory provision, until further notice, this information cannot be included on any of CDSS' forms or notices.

AVAILABILITY OF THE REVISED SOC 873, SOC 874 AND SOC 875

The form and notices referenced in this ACIN are designated as "Required – No Substitutes Permitted." Camera-ready copies of the English versions of them are now available on the California Department of Social Services (CDSS) Forms/Brochures web page at:

<http://www.dss.cahwnet.gov/cdssweb/PG183.htm>.

The SOC 873, SOC 874 and SOC 875 are being translated into the current threshold languages (Spanish, Armenian, and Chinese) and, upon completion, camera-ready copies of the translations will be posted on the CDSS Translated Forms and Publications web page at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

Please note that the entire SOC 873 is being translated into the threshold languages so that individuals with limited English proficiency are informed of the specific information being requested from the LHCP. The county should provide the translated version to the recipient/applicant; however, the English version should be provided to the LHCP, either by the county or by the individual.

Your County Forms Coordinator will distribute translated forms to each program and location. Each county must provide bilingual/interpretive services and written translations to non-English or limited-English proficient populations, as required by the Dymally-Alatorre Bilingual Services Act (Government Code section 7290 et seq.) and/or by state regulation (MPP Division 21, Civil Rights Nondiscrimination, section 115). Questions about accessing the forms may be directed to the Forms Management Unit at fmudss@dss.ca.gov; questions about translations may be directed to the Language Services Unit at LTS@dss.ca.gov.

CLARIFICATION REGARDING INTER-COUNTY TRANSFERS (ICTs)

Counties have requested clarification regarding ICTs in relation to the health care certification requirements. When a county receives an ICT, if the SOC 873 or alternative documentation has already been provided by the recipient in the sending county, there is no need for the receiving county to obtain a new one. However, if the SOC 873 or alternative documentation has not already been provided by the recipient in the sending county, the receiving county shall request one at or before the face-to-face assessment with the recipient, which the receiving county is required to complete during the transfer period, pursuant to MPP 30-759.94. The SOC 873 (or alternative documentation) shall be due 45 days following the face-to-face assessment. However, since an ICT case is entered as a new application in the receiving county, a systems limitation prevents services from being authorized when the 'P' code is entered in the MC field in CMIPS. In ICT cases where the receiving county has completed the in-home assessment but is awaiting the SOC 873, the county should temporarily enter 'E' in the MC field to prevent unnecessary interruption of services while the SOC 873 is pending.

Should you have questions regarding the Health Care Certification requirements, please contact the Adult Programs Policy and Operations Bureau at (916) 651-5350.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

Attachments