

FACE SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE OFFICE OF ADMINISTRATIVE LAW  
AND WITH THE SECRETARY OF STATE

12-19-81 Submittal

(Pursuant to Government Code Section 11343.1)

RECEIVED FOR FILING  
APR 13 4 50 PM '82  
OFFICE OF  
ADMINISTRATIVE LAW

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of appeal by:

ENDORSED  
APPROVED FOR FILING

APR 14 1982

Office of Administrative Law

Department of Social Services

(Agency)

68000

(Billing Code)

Date of adoption, amendment, or repeal:

March 6, 1981

By:

*Malcolm J. Walsh*

Director

(Title)

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The attached regulations which are being adopted, amended or repealed are contained in Title \_\_\_\_\_ of the California Administrative Code. Manual of Policies and Procedures (MPP)  
Division, Part, Chapter, etc., affected by this order: Division 30, Chapters 450 and 460, In-Home

Supportive Services (IHSS)

TYPE OF ORDER (Check as applicable)

- Emergency (Attach Finding of Emergency)
- Certificate of Compliance
- Certificate of Non-Compliance

- Regular
- Procedural and Organizational

CHECKLIST OF MANDATORY REQUIREMENTS

- One Certified Copy With Original Signature and Six Copies of Order or Certificate of Compliance Attached
- Regulation Summary (Form 690) Attached (1 copy)
- Publication Date (in Notice Register) of Notice for Attached Order or Certificate of Compliance is \_\_\_\_\_
- Authority and Reference Citation Placed Beneath Each Section in Attached Order
- Cost Statement Attached (Refer to SAM Section 6050)

Effective Date:

- On \_\_\_\_\_ as Specified by Statute \_\_\_\_\_, or
- On \_\_\_\_\_, if Later Than 30 Days After Filing With the Secretary of State (Emergency regulations will be effective upon filing with the Secretary of State; all other regulations will be effective 30 days after filing with the Secretary of State.)

- Rule-Making File

BUILDING STANDARDS (Check one)

- These regulations contain no building standards under Health and Safety Code Sections 18900-18915.
- These regulations do contain building standards under Health and Safety Code Sections 18900-18915. The attached copy contains Building Standards approval.

CONFLICT OF INTEREST (Check one if attached are Conflict of Interest Regulations)

The attached Conflict of Interest Regulations contain the FPPC approval stamp and:

- Are to be published in full in the Administrative Code.
- Are to be codified by appropriate reference in the Administrative Code, and include a statement as to where the full text may be obtained.

CAMPAIGN DISCLOSURES (Check if emergency Campaign Disclosure Regulations)

- These are emergency regulations pertaining to campaign disclosure law and were adopted by unanimous vote of all board or commission members present at the regulation adoption proceeding.

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FINAL STATEMENT OF REASONS

The specific purpose of these revisions to Chapter 30-450 and 30-460, Service Program No. 9, In-Home Supportive Services (IHSS) is to implement, interpret, and make specific the requirements of Assembly Bill 3028, Chapter 463, of the Statutes of 1978. The State Department of Social Services is required by statute to perform or assure the performance of all rights, duties and obligations for the direct pay IHSS recipient regarding unemployment compensation, unemployment compensation disability benefits, workers compensation, federal and state income tax and federal old-age survivors and disability insurance benefits. The regulations establish a payrolling system for direct pay IHSS recipients. The State Department of Social Services has, pursuant to Section 12302.2 of the Welfare and Institutions Code, elected to assure the performance of the rights of the direct pay IHSS recipient through contract with a private agency. Regulations are necessary to clarify and delineate the responsibilities of the county welfare department, the IHSS recipient, and the IHSS provider under the new payrolling system. Also, some revisions to existing IHSS regulations are necessary to prevent conflict with new statutory requirements.

The State Department of Social Services in proposing amendments to existing IHSS regulations and adoption of new IHSS payrolling regulations is relying upon the mandates and authority contained in Chapter 463 of the Statutes of 1978.

The IHSS payrolling regulations were considered at a public hearing on May 23, 1980.

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Comments on the proposed regulations were provided by nine (9) county welfare departments (CWD), the County Welfare Directors Association (CWDA), and one private health care service organization. Each of the nine (9) counties and CWDA opposed several sections of the regulations and recommended revisions to others. The health care organization requested clarification of the Department's contract procedures and recommended some regulation wording changes.

Several changes were made in the final regulations based on comments submitted by the Southern (SRC), Central (CRC), and Northern (NRC) Regional Committees for IHSS. The regional committees' comments resulted from their review of the department's proposed revisions to regulations considered at public hearing.

SB 90 Statement: Five counties and the CWDA opposed the SB 90 disclaimer and recommended that the Department reconsider its "no increased costs to counties" position.

The Department of Social Services maintains that there is no net increase in county administrative costs as a result of the implementation of the IHSS payrolling system.

In order to implement the system counties were instructed to suspend case assessment activities for the November-December 1979 implementation period. The net result of this action was a cost/savings offset in county administrative costs during the initial implementation of the payrolling system. After implementation, the automated payrolling system has eliminated on an ongoing basis several activities previously required to be performed by the county at significant reimbursed administrative costs. Counties are no longer required to: (1) print and mail checks; (2) submit related management reports; and (3) compute and deduct withholding taxes. The Department's contract with EDS Federal, the payrolling

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contractor for the performance of previously mandated county functions will result in ongoing savings in county administrative costs. The Department recognizes that the automated payrolling system represents a new approach in administering the IHSS program. The Department is also aware that needed adjustments must be made where indicated as a result of evaluating the effectiveness and efficiency of the system. SDSS is prepared to provide the necessary consultation to counties which will assist them in the most efficient utilization of the system and thereby realizing the intended savings in county administrative costs.

Section 30-453, Special Definitions: Five counties (CWDs) and the CWDA expressed concern that some of the special definitions were not clear and that some should not be included because they defined terms that related to Section 30-464 which was opposed by the counties and CWDA. Also, both groups recommended that the reference to 29 CFR 552.6 be deleted in the final regulations because counties do not have copies of this information. The CRC recommended that "advance pay" be defined. This group also felt that the definition of hours worked should include time used to travel to and from work. The CRC further stated that the definition of social worker which requires the MSW should be deleted because counties do not have funds to employ the MSW. The SRC and CWDA recommended that the turnaround timesheet defined in Section 30-453 should have a state number like all the other state forms used by the payrolling contractor.

The Department developed the proposed definitions to define terminology associated with and/or used by the IHSS payrolling system/contractor. For instance, live-in employee, live-in provider, and personal attendant were defined in the emergency IHSS payrolling regulations with the intent of providing clarification for implementing the requirements of Section 30-464. That section set standards for individual provider compensation including

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scheduling of hours worked, overtime compensation, and base rates. The Department agrees with the comment that the definition of live-in employee tended to obscure whatever clarification/delineation was intended. Therefore the term and definition have been deleted in the final regulations. A majority of the requirements proposed in Section 30-464 have been deleted in the final regulations as a result of comments received and subsequent changes in the IHSS payrolling system. However, those requirements which were revised and maintained still address issues related to personal attendant and live-in provider. Therefore, these two terms remain in the final regulations. The reference to 29 CFR 552.6 has been deleted in the final regulations for the reasons stated by the counties in objecting to such reference. Also, paramedical services was reestablished in Section 30-457.9 and reincluded as an allowable service in the definition of Severely Impaired Individual. The omission of paramedical services from the emergency filing (April 1, 1980) and from the public hearing draft regulations was an oversight by the Department. An errata reestablishing paramedical services was submitted to the Office of Administrative Hearings (OAH) June 10, 1980 for filing with the Secretary of State.

The two terms (hours worked and social worker) objected to by the SRC have been retained as proposed in the final regulations. The definition of hours worked does not include time used to travel to and from work because budgeted IHSS costs do not include travel to and from work except in the instance where a provider may, after commencing work travel from one recipient's home to another's for the purpose of providing IHSS.

The CRC asked why reference applicant in the definition of recipient.

The general definition of recipient is a person who is receiving IHSS. However, when clearly implied by the context of the regulation

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the term recipient may include not only those persons receiving IHSS but also those persons receiving SSI/SSP who have made application for IHSS. Therefore, and because the users of the IHSS regulations understand clearly the distinction between applicant/recipient, the Department has retained the definition of recipient as proposed. The CRC also requested that the reference to 20 CFR in the definition of substantial gainful activity be removed or that the referenced material be provided to the counties.

The Department has retained the reference to 20 CFR in the final regulations. Rather than reprint in state regulations what the department felt to be clear federal regulations, a reference to those regulations was made instead. The Department has provided the referenced federal regulations for use by the counties.

SRC and CWDA recommended that the turnaround time sheet form should be numbered as all other state forms are.

The turnaround time sheet as defined in Section 30-453 and used throughout the regulations is not a state form, and for that reason has not been given a state form number.

Section 30-464: Eight county welfare departments, the CWDA, and the three regional committees for IHSS commented on the requirements in this section. All the comments generally were opposed to Section 30-464. In particular, the Wage Order 15-80 requirements were strongly opposed. Also the CWDs' expressed concern that recipient responsibilities as employer of providers had not been clearly delineated in the proposed regulations, particularly pertaining to scheduling work hours and provider compensation.

In recognition of the various responses to the proposed requirements in Section 30-464, some of which were conflicting, the Department has revised the section completely in the final regulations. Positive aspects of the various recommendations were

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integrated to provide the basis for the revisions. 1) Requirements that the county provide information relating to Wage Order 15-80 were deleted. Instead, the final regulations require that the payrolling contractor provide the recipient with information necessary for compliance with applicable wage order standards. Also, the Department will provide the county with a recipient information brochure to be passed on to the recipient. 2) Requirements for scheduling work and provider compensation (30-464.1 - .15), and 3) scheduling provider work and compensation when the provider is the parent, spouse, or natural or adopted child of the recipient (30-464.2) were deleted. 30-464.2 in the final regulations relates to rate of compensation.

Recipient/county responsibilities in Section 30-464.3 were clarified in the final regulations to specify that recipients of IHSS are the employers of IHSS providers under the payrolling system.

Section 30-464.22: The CRC commented that regulations should provide a definition for "advance pay". A related comment from the SRC suggested that the requirements regarding base rate for advance pay cases should also relate to retroactive pay cases.

The Department felt that the "advance pay" specified in the advance pay procedures was self-explanatory and therefore no special definition was provided in the final regulations. Further, because advance pay is the payment made to a severely impaired recipient and only severely impaired recipients may receive pay in advance, the Department felt that the advance pay method could not be confused with any other payment method under the payrolling system.

The recommendation that base rate requirements shall apply to retroactive pay cases was not accepted for revision to the final regulations. The Department recognizes that in retroactive pay cases a recipient may pay a provider less than the base rate even though the retroactive payment was computed on the base rate.

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The difficult problem with controlling the amount of compensation received by the IHSS provider in retroactive pay cases arises from the fact that in these cases the retroactive pay is disbursed in a lump-sum grant computed on the base rate for services already provided. However, whether or not services were actually provided is not the determining factor in retroactive pay cases. The determining factor in all retroactive pay cases is the decision that the recipient was entitled. Therefore, the retroactive payment amounts to an award to the recipient to use as he or she pleases.

Section 30-464.23: Two regional committees and one CWD commented on the base rate and overtime provisions. The CWD felt that overtime as well as payment in excess of the base rate should be determined by the county. On the other hand, one regional committee wanted the regulation revised to limit the rate of pay by counties to those maximums established by the state. The other regional committee felt that the regulations should specify criteria to be used by the county to determine the necessity for payment in excess of the base rate.

The Department concurred with the county's belief that the necessity for overtime as well as payment in excess of the base rate should be determined by the county. However, the Department also felt that the regulation as written would not prohibit the county's authority to make such determinations. Therefore, the regulation was not changed in the final draft.

Even though the final regulations have not limited the county's authority and responsibility for determining the necessity for overtime or payment in excess of the base rate, Section 30-465 has established maximum rates that counties may pay for IHSS. The Department felt it was unnecessary to repeat those requirements in the proposed regulations.

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Section 30-464.24 (.44 in proposed draft): One regional committee and one county commented on this section. The regional committee pointed out that the reference in the last sentence of the revised regulation was incorrect. The CWD felt that the regulation was unclear regarding what relationship exists between meals and lodging and recipient's income.

The appropriate references cited in Section 30-464.24 have been added in the final regulations. The Department felt that the regulation as proposed clearly states that any income received by the recipient from the provider for meals and lodging shall be counted as income for eligibility purposes. Therefore, the regulation was not changed.

Section 30-467.131, .132, and .133: Two CWDs and the CWDA commented on these related sections. CWDA felt that .131 which states that payment may be made and .132 which states that payment shall be made were inconsistent and conflicting. Both counties and CWDA requested that the Department provide a definition of reasonable effort.

The Department concurred with CWDA in the belief that .131 and .132 were inconsistent. The permissive requirement in .131 was deleted in the final regulation. The "reasonable effort" requirement in .133 was not changed in the final regulation because the Department felt that on a case by case basis counties should have the flexibility to determine the most effective method to assist the recipient in obtaining an appropriate service provider. Other than being effective, the amount of effort put forth by the county is not of primary concern.

Section 30-467.134: One regional committee and one CWD commented on this section in the Department's proposed revisions to the regulations considered at public hearing. Both groups recommended that the final regulation retain the wording presented at public

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hearing. Based on other general comments regarding lack of clarity in the regulations, the Department revised Section 30-467.134 with the intent of making it more clear. However, the reviewing parties felt that the regulation should be retained in its original form. This was done. So, the final regulation is the same as that considered at public hearing.

Section 30-469.23: Two regional committees, three CWDs and the CWDA objected to the assessment requirements in this section. The CWDA felt that the information required by .23 would not be admissible by the payrolling contractor's computer system. The CWDs and regional committees felt that the initial authorization period should start on the actual beginning date of services. Also, the county felt that the reassessment requirements conflict with current reassessment requirements in Section 30-455.21.

Firstly, the IHSS payrolling system, including computer is programmed to accept only the authorization and assessment information required by the regulation. The recommendation that initial authorization begin on the actual beginning date of services would not allow for a clear month to month assessment period. Continuing authorizations must end on the last day of a month and no earlier ending day can be allowed. However, authorization periods are not required to be six months long. They may not be longer than six months. The final regulations have been revised to reflect that intent.

Section 30-469.243 and .244c: A majority of the nine county welfare departments and the regional committees for IHSS opposed the requirements that counties provide initial or ongoing timesheets to recipients. Most felt that timesheets should be the responsibility of the recipient or at best should be provided to the recipient by the payrolling contractor.

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A timely change in the IHSS payrolling system since the public hearing comments has allowed deletion of the requirements for counties to provide timesheets. The final regulations reflect this change.

Section 30-469.252: Two CWDs felt that timeframes for issuance of emergency supplemental checks should be stated in the regulations.

The Department also believes that the payrolling contractor must be obligated by timeframes for the issuance of emergency supplemental checks. However, the Department felt that the regulations process was not the appropriate procedure to use to instruct the payrolling contractor. Therefore, the timeframes for emergency supplemental check issuance was stated in the contractual agreement between the payrolling contractor and the Department.

Subsection 30-469.252(c): Two CWDs, one regional committee, and the CWDA commented on the requirements in this section. The counties and CWDA objected to the thirty-six (36) hour timeframe for issuance by the payrolling contractor of emergency supplemental checks. The regional committee objected to the responsibility for payments in excess of the base rate.

As stated earlier, the Department felt that the regulations process was not the appropriate procedure for instructing the payrolling contractor. Therefore, the time requirement was deleted from the final regulations altogether. Nevertheless, the Department has instructed the contractor to issue emergency supplemental checks on the business day following notification by the county.

The requirements in subsection 30-469.252(c) specifies what action the county shall take as a result of the determinations required by Section 30-464.23. The county interpreted the regulation correctly when stating that the county would be required to perform

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certain computations and certification. Since the county is responsible for determining amount of payment there is no one else capable of initiating such checks.

Subsection 30-469.252(e): One regional committee for IHSS requested that this section be revised to include payments for timesheets submitted three or more months beyond the current payroll cycle.

The Department accepted the recommendation by adding subsection (h) in the final regulations.

Section 30-469.253: One regional committee and one CWD provided comments on this section. The regional committee felt that the seven (7) day limit for counties to issue replacement checks was unrealistic and should be deleted. The county felt that the regulation was unclear and should be clarified. The county recommended that the regulation could be clarified by printing detailed instructions in the payrolling users manual or by re-writing the regulation.

The Department agreed with the regional committee that the seven (7) day limitation for issuing replacement checks should be deleted in the final regulations and a five (5) day minimum timeframe was stated instead. Also, the county's recommendation for printing detailed instructions in the payrolling users manual was accepted. Subsection .253 was revised in the final regulation for greater clarity.

Section 30-469.29: One regional committee objected to the requirements in this section. The committee felt that the county's responsibility was stated too broadly and took away the responsibility of the recipient to inform the provider.

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The Department developed the compromise language in Section 30-469.29 as a result of the adverse testimony received regarding the requirements in 30-464. Generally, it was felt that the requirements in .464 were too burdensome to implement. The Department agreed with most of the comments regarding the county's responsibilities in .464 and took action to delete those requirements in the final regulations. The final language represents the Department's interpretation of the majority of the comments and the workable alternative to the proposed requirements in .464.

Section 30-469.3: Two CWDs, CWDA and one regional committee commented on this section. The counties and CWDA objected to the requirement that counties identify potential fraud cases. Both groups also requested that "potential fraud cases" be defined. The regional committee felt that counties should be reimbursed for investigating fraud and forgery and that the Department should provide a clear funding/claiming process.

The final regulation was revised to require counties to identify "suspected" fraud cases. The Department felt that "suspected fraud" was a more general use term than "potential fraud" and because counties already are familiar with suspected fraud no definition of that term was required. The Department has not shifted any responsibility to counties to identify suspected fraud in IHSS caseloads. Counties were already required to identify and report suspected fraud cases and for this activity counties are reimbursed through the Department's normal administrative and fiscal claiming procedures.

Section 30-469.411: One IHSS regional committee and one county commented on this section. The regional committee recommended a wording change to clarify the regulation. The regional committee and the county felt that the regulations were not clear regarding the Department's adjusted overpayment procedures.

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The requested wording change was made in the final regulations. The Department felt that the IHSS program regulations were not appropriate for defining the Department's overpayment adjustment process which cut across program lines. The overpayment adjustment process for the IHSS payrolling system has been defined in the payrolling users manual.

Section 30-469.43: One county commented that this regulation did not allow for natural catastrophe, such as unexpected death of the client before he/she could complete the required timesheet.

The Department is aware that catastrophe or death may cause timesheets to not be reconciled within the 90-day period. However, the reason for the delay does not negate the fact that the county must make the rebuttable presumption that an overpayment may have occurred. In the case of death or catastrophe the presumption is obviously rebuttable.

Section 30-469.73: One regional committee felt that this regulation would allow the sending of checks in providers' name to recipient's home. The Department felt that the committee misunderstood the regulation as written. The intent of the regulation is clearly stated which requires that payments be sent to the recipient's appropriate provider.

Section 30-469.8: Two counties, one regional committee and CWDA commented on the proposed requirements for provider responsibilities. In general the comments recommended some wording changes.

The Department has deleted all of .8 in the final version of the regulations. In reconsidering the provider responsibilities in .8, the Department determined that it was not necessary to regulate providers. Instead, the CWD and the recipient have been required to assist and provide information to the provider to meet the requirements of the payrolling system.

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COST ESTIMATE: The Estimates Branch has determined that implementation of these revisions to IHSS regulations will result in no fiscal impact to any unit of local government. Therefore, these regulations will result in no costs which require reimbursement under Section 2231 of the Revenue and Taxation Code.

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Repeal subsections 30-453 (g)(p)(y)(ii)(jj) and (kk); reletter (g) through (ee); and amend subsections 30-453 (g)(h) and (ee) to read:

**30-453 SPECIAL DEFINITIONS**

**30-453**

- (a) Able and Available Spouse means a member of a married couple, as determined by SSI/SSP eligibility criteria, who lives with the recipient and who is not in need of IHSS.
- (b) Base Rate means the amount of payment per unit of work before any premium is applied for overtime or related extraordinary payments.
- (c) County Plan means the annual plan submitted to the State Department of Social Services specifying the method of IHSS delivery to meet program objectives, conditions, and fiscal limitations. This plan shall be amended if the county or state determines expenditure levels or trends require program modification.
- (d) CRT or Cathode Ray Tube means a device commonly referred to as a terminal which is used to enter data into the IHSS payrolling system.
- (e) CRT County means a county in which one or more CRT's have been located allowing the county to enter its data directly into the payrolling system.
- (f) Deeming means procedures by which the income and resources of certain relatives, living in the same household as the recipient, are determined to be available to the recipient for the purposes of establishing eligibility and share of cost.

~~(g) Direct Payment means payment made directly to a severely impaired recipient at the beginning of each authorized service month.~~

~~(g)(h) Employee means the individual provider of IHSS or a business, other than a contract agency providing IHSS on an individual basis, such as a cleaning firm, under the individual delivery method as defined in Section 30-467.13.~~

~~(h)(i) Employer means the recipient of IHSS when such services are purchased from an individual or a business, other than a contract agency, under the individual delivery method as defined in Section 30-467.13.~~

~~(i)(iv) Equity Value means a resource's current market value after subtracting the value of any liens or encumbrances against the resources which are held by someone other than the recipient or his/her spouse.~~

~~(i)(v) Essential Services means:~~

- ~~(1) Nonmedical personal services.~~
- ~~(2) Paramedical services.~~
- ~~(3) Protective supervision.~~
- ~~(4) Snow removal, when appropriate.~~

~~(k)(ii) Hours Worked means the time during which the provider is subject to the control of the recipient, and includes all the time the provider is required or permitted to work, exclusive of time spent by the provider traveling to and from work.~~

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## 30-453 SPECIAL DEFINITIONS (Continued)

30-453

- (l) ~~(m)~~ Housemate means a person who shares a living unit with a recipient. An able and available spouse or a live-in provider are not considered housemates.
- (m) ~~(h)~~ Landlord/Tenant Living Arrangement means a shared living arrangement considered to exist when one housemate, the landlord, allows another, the tenant, to share housing facilities in return for a monetary or in-kind payment for the purpose of augmenting the landlord's income. A landlord/tenant arrangement is not considered to exist between a recipient and his/her live-in provider. Where housemates share living quarters for the purpose of sharing mortgage, rental, and other expenses, a landlord/tenant relationship does not exist, though one housemate may customarily collect the payment(s) of the other housemate(s) in order to pay mortgage/rental payments in a lump sum.
- (n) ~~(g)~~ Licensed Health Care Professional means a person who is a physician, chiropractor, podiatrist or dentist as defined and authorized to practice in this state in accordance with the California Business and Professions Code.
- ~~(p) Live-in Employee means a live-in provider, i.e., a compensated housemate who is providing services, but who is not a personal attendant.~~
- (o) ~~(g)~~ Live-In Provider means a provider who is not related to the recipient and who lives in the recipient's home expressly for the purpose of providing IHSS-funded services.
- (p) ~~(r)~~ Minor means any person under the age of eighteen.
- (q) ~~(s)~~ Net Nonexempt Income means income remaining after allowing all applicable income disregards and exemptions.
- (r) ~~(t)~~ Nonessential Service means:
- (1) All domestic services.
  - (2) Heavy cleaning.
  - (3) Related services except meal preparation.
  - (4) Transportation services.
  - (5) Teaching and demonstration services.
  - (6) Yard hazard abatement, with the exception of snow removal.
- (s) ~~(y)~~ Out-of-Home Care Facility means a housing unit other than the recipient's own home, as defined in (v) below. Medical out-of-home care facilities include acute care hospitals, skilled nursing facilities, and intermediate care facilities. Nonmedical out-of-home care facilities include community care facilities and homes of relatives which are exempt from licensure, as specified in Section 46-325.5, where recipients are certified to receive board and care payment level from SSP.
- (t) ~~(y)~~ Own Home means the place in which an individual chooses to reside. An individual's "own home" does not include an acute care hospital, skilled nursing facility, intermediate care facility, community care facility, or a board and care facility. A person receiving an SSI/SSP payment for a nonmedical out-of-home living arrangement is not considered to be living in his/her own home.
- (u) ~~(y)~~ Paper County means a county which sends its data in paper document form for entry into the payroll system to the IHSS payroll contractor.
- (v) ~~(y)~~ Payment Period means the time period for which wages are paid. There are two payment periods per month corresponding to the first of the month through the fifteenth of the month and the sixteenth of the month through the end of the month.
- ~~(w) Payroll Cycle means the cycle of processing time sheets not previously processed the wages of month to issue checks~~
- (w) ~~(z)~~ Payrolling System means a service contracted for by the state with a vendor to issue paychecks to individual providers of IHSS; to withhold the appropriate employee taxes from the provider's wages; to calculate the employer's taxes; and to prepare and file the appropriate tax return.

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## 30-453 SPECIAL DEFINITIONS (Continued)

30-453

(x) ~~(aa)~~ Personal Attendant means a provider who is employed by the recipient and, as defined by 29 CFR 552.6, who spends at least eighty percent of his/her time in the recipient's employ performing the following services:

- (1) Preparation of meals, as provided in Section 30-457.31.
- (2) Meal clean-up, as provided in Section 30-457.32.
- (3) Planning of menus, as provided in Section 30-457.33.
- (4) Consumption of food, as provided in Section 30-457.4c.
- (5) Routine bed baths, as provided in Section 30-457.4d.
- (6) Bathing, oral hygiene and grooming, as provided in Section 30-457.4e.
- (7) Dressing, as provided in Section 30-457.4f.
- (8) Protective supervision, as provided in Section 30-457.7.

(y) ~~(bb)~~ Recipient means a person receiving IHSS, including applicants for IHSS when clearly implied by the context of the regulations.

(z) ~~(cc)~~ Severely Impaired Individual means an individual with a total assessed need, as specified in Section 30-463.26, for twenty hours or more per week of service in one or more of the following areas:

- (1) Routine bodily functions limited to:
  - (A) Bowel and bladder care, limited to the nonmedical specified services in Section 30-457.4a.
  - (B) Respiration, limited to the nonmedical services specified in Section 30-457.4b.
  - (C) Routine menstrual care, limited to those services specified in Section 30-457j.
- (2) Dressing, as specified in Section 30-457.4f.
- (3) Meal preparation, as specified in Section 30-457.31.
- (4) Consumption of food, as specified in Section 30-457.4c.
- (5) Moving into and out of bed, as specified in Section 30-457h.
- (6) Routine bed baths, as specified in Section 30-457.4d.
- (7) Ambulation, as specified in Section 30-457.4k.
- (8) Paramedical services, as specified in Section 30-457.9.

(aa) ~~(dd)~~ Shared Living Arrangement means a situation in which one or more recipients reside in the same living unit with one or more persons. A shared living arrangement does not exist if a recipient is residing only with his/her able and available spouse.

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

30-453 SPECIAL DEFINITIONS (Continued)

30-453

(bb) ~~(ee)~~ SSI/SSP means the Supplemental Security Income and State Supplementary Program administered by the Social Security Administration of the United States Department of Health and Human Services in California.

(cc) ~~(ff)~~ Substantial Gainful Activity means work activity that is considered to be substantial gainful activity under the applicable regulations of the Social Security Administration, 20 CFR 416.932 through 416.934. Substantial work activity involves the performance of significant physical or mental duties, or a combination of both, productive in nature. Gainful work activity is activity for remuneration or profit, or intended for profit, whether or not profit is realized, to the individual performing it or to the persons, if any, for whom it is performed, or of a nature generally performed for remuneration or profit.

(dd) ~~(gg)~~ Substitute Payee means an individual who acts as an agent for the recipient.

(ee) ~~(hh)~~ Turnaround Timesheet means a three-part document issued by the state payrolling contractor ~~and used by the payroll provider/processor/which is~~ consists of the paycheck, the statement of earnings, and the timesheet to be submitted for the next pay period.

~~(ff) Workday means any consecutive 24-hour period beginning at the same time each calendar day.~~

~~(gg) Work period means any unit of time during which work is continuously performed, unbroken by periods of rest, except for compensated rest periods and on-duty meals.~~

~~(hh) Workweek means any seven consecutive days starting with the same calendar day each week. A workweek is a fixed and regularly recurring period of 168 hours, seven consecutive 24-hour periods.~~

DO NOT WRITE IN THIS SPACE

Authority: Section 10553 of the Welfare and Institutions Code.

Reference: Sections 12302, and 12302.2 of the Welfare and Institutions Code. Section 11550, Title 8 of the California Administrative Code.

CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
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(Pursuant to Government Code Section 11380.1)

Amend Section 30-464, introductory paragraph and .1 to read:

30-464 INDIVIDUAL PROVIDER COMPENSATION

30-464

This section incorporates federal and state statutes and regulations applicable for standards of compensation, work scheduling, and working conditions as they apply to IHSS individual providers (30-467.13). These regulations are not meant to be exhaustive. In adopting this section, it is not intended for the county to assume responsibility for enforcement authority delegated to other state and federal agencies.

.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 described in 30-463.33 .41).

~~.12 If the services needed do not require a specific work schedule, the IHSS payment shall be determined by multiplying the monthly adjusted need for IHSS hours by the base payment rate established used by the county, except as provided in .14. The work schedule shall be determined by the recipient and provider, subject to the restrictions below.~~

~~.13 If the services needed require a specific schedule of delivery (e.g. paramedical services and protective supervision) the IHSS payment shall be determined in accordance with .2, except as provided in .14 and .15.~~

(.13 Has been deleted.)

.14 The hours and ~~rate~~ amount of compensation available for personal attendant providers, shall be determined by county social services staff. ~~The base rate~~ payment shall be the minimum necessary to obtain adequate service to meet the authorized service needs of the recipient. ~~Base providers are not covered by .2.~~

~~.15 The hours and rates of compensation for providers who are the parents, spouses, or natural or adopted children of the recipient shall be determined in accordance with .3.~~

(.15 Has been deleted.)

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Authority: 10553 of the Welfare and Institutions Code.

Reference: Sections 12302 and 12302.2 of the Welfare and Institutions Code, Section 11550, Title 8 of the California Administrative Code.

Repeal old and adopt new Section 30-464.2 to read:

30-464 INDIVIDUAL PROVIDER COMPENSATION (Continued)

30-464

.2 Scheduling Work and Provider Compensation

Recipients shall schedule and compensate work based on the following standards except when the provider is a personal attendant or the parent, spouse, natural or adopted child of the employer.

.21 Live-In Employees

.211 The live-in employee on any workday shall spend no more than 12 hours on duty and shall have at least 12 consecutive hours off duty.

.212 The provider shall have three nonconsecutive off duty hours during the twelve hour span of work. The schedule for these periods shall be set by agreement between the recipient and the provider, but consistent with the schedule on which the recipient's needed services must be performed.

.213 If the provider is permitted or required to work during scheduled off duty periods, he/she shall be compensated at one and one-half times the base rate.

.214 Live-in providers shall not be required to work more than five days in a workweek without a day off except in an emergency. In such an emergency, the provider shall be compensated at one and one-half times the base rate for the first nine hours worked on the sixth and seventh days in the workweek and at two times the base rate for every additional hour on these days.

.22 Non Live-In Employees

.221 Services provided during any eight hour period per day, not to exceed forty hours per workweek, not to be provided more than six days in the workweek shall be compensated at the base rate, except that:

a. When the provider is required to work a split-shift, one hour's pay shall be paid at the minimum wage in addition to the time actually worked.

.222 In the event that the provider is required to provide more than eight hours service in any day, more than forty hours service in any workweek, or to provide services more than six days in the workweek, the provider shall be compensated at a rate of one and one-half times the base rate for each hour, or fraction thereof, in excess of any of these three standards, except that:

a. For every hour or fraction thereof, worked in excess of eight hours on the seventh day worked during a workweek, the provider shall be compensated at two times the base rate.

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CONTINUATION SHEET  
**FOR FILING ADMINISTRATIVE REGULATIONS**  
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30-464 INDIVIDUAL PROVIDER COMPENSATION (Continued)

30-464

**.2 (Continued)**

- .23 A provider, whether live-in or not, who is required to work seven consecutive days but whose hours worked do not exceed thirty hours per workweek and who does not work more than six hours per day, shall be paid the base rate.
- .24 No minor shall be employed more than eight hours in any workday, nor more than six days a workweek. A minor shall be paid one and one-half times the base rate for any time worked in excess of forty hours per workweek. Employment of minors must comply with other provisions of law, including Wage Order 15-80, particularly Section 3D.
- .25 On any day in which the provider was required to report to work and does report, and is not put to work or works less than half of the provider's usual or scheduled work period, the provider shall be paid for one half the usual or scheduled workday, but in no event less than for two hours work, at the rate of the provider's base pay.
- .26 Except when the work period lasts six hours or less, a provider shall not be employed for more than five hours without a thirty minute meal period; unless, the meal period is considered on duty and shall be counted as time worked. On duty meal periods are allowable only when the nature of the work (e.g., protective supervision) prevents the employee from being relieved of all duty and only when there is a written agreement between the provider and the recipient to this effect.
- .27 If the provider works for the recipient six to eight hours per work day, the provider shall receive two ten-minute rest periods. If the provider works for the recipient four to six hours per work day, the provider shall receive one ten-minute rest period. If the provider works for the recipient less than three and a half hours, the provider is not entitled to receive a compensated rest period. The rest period shall occur as close to the middle of the work period as possible and shall be compensated, that is, shall not result in a reduction in pay.

**.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

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30-464 INDIVIDUAL PROVIDER COMPENSATION (Continued)

30-464

.2 (Continued)

.23 (Continued)

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 provided in 30-463). However, any income received by the recipient through this means is countable income for eligibility purposes (as provided in 30-475) and shall be reported as such by the recipient.

DO NOT WRITE IN THIS SPACE

Authority: Section 10553 of the Welfare and Institutions Code.

Reference: Section 12302 and 12302.2 of the Welfare and Institutions Code, Section 11550, Title 8, California Administrative Code, 29 Code of Federal Regulations (CFR) 552.

CONTINUATION SHEET  
**FOR FILING ADMINISTRATIVE REGULATIONS  
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 (Pursuant to Government Code Section 11380.1)

Repeal old and adopt new Section 30-464.3 to read:

30-464 INDIVIDUAL PROVIDER COMPENSATION (Continued) 30-464

**.3 Scheduling Provider Work And Compensation When The Provider Is The Parent, Spouse, Or Natural Or Adopted Child Of The Recipient**

.31 If the provider is a live-in employee, the provider shall be compensated at the base rate for any hours worked.

.311 Live-in employees who are the parent, spouse, or natural or adopted child of the recipient are not entitled to overtime compensation.

.312 In determining the provider's work schedule the recipient and the provider shall agree on when free periods shall occur including sleeping time, meal time, and other periods of complete freedom from work responsibilities. Free periods are those during which the provider may leave the premises or remain on the premises for purely personal pursuits. Such periods, in order to be disregarded for compensation purposes, must be sufficient in length so that the employee may make effective use of the time. If the provider is called upon to work during a free period, such as the sleeping period, the period on duty must be counted as time worked.

**.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.**

Authority: Section 10553 of the Welfare and Institutions Code.

Reference: Sections 12302 and 12302.2 of the Welfare and Institutions Code.

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FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11380.1)

Amend Section 30-467.13 to read:

30-467 SERVICE DELIVERY METHODS (Continued)

30-467

.1 Continued

.13 Purchase of Service ~~from an Individual~~ by a Recipient

~~Payment under this delivery method may be made by the county through direct payment or to the individual provider.~~

(.131 has been deleted.)

.132 The county shall make payment under this delivery method through the payroll system as described in 30-469.

.133 The county shall make a reasonable effort to assist the client to obtain a service provider when the client is unable to obtain one individually.

.134 If the county determines that a recipient is using his/her direct payment in a manner substantially different from that provided in the applicable Notice of Action, the county shall have the right to institute a different form of service delivery or service provider payment.

Authority: Section 10553 of the Welfare and Institutions Code.

Reference: Section 12302.2 of the Welfare and Institutions Code.

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CONTINUATION SHEET  
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Amend Section 30-469.1 to read:

30-469 PAYROLLING FOR INDIVIDUAL PROVIDERS

30-469

.1 This section governs the procedures that shall be followed by counties making payments under the delivery method in 30-467.13. ~~The counties shall immediately take steps at the lowest possible cost to cancel contracts or portions of contracts providing payrollng services to HSS individual providers for authorized services prior to January 1, 1980. Counties shall not enter into any agreements or contracts to make payment to individual providers.~~

~~.2 For the purposes of these regulations, the county shall follow 10-202.2, regarding receipt for service payment, whether payment is made to a severely impaired recipient in advance or to providers in arrears.~~

Authority: Section 10553 of The Welfare and Institutions Code

Reference: Sections 12302 and 12302.2 of The Welfare and Institutions Code.

Amend Section 30-469.23, .243, .245, .252, delete .244, and adopt .29 to read:

30-469 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)

30-469

.2 County Responsibility (Continued)

.23 For the purposes of the payrollng system, the initial six-month authorization period begins in the calendar month in which the first day of authorization occurs and ~~ending s on~~ no later than the last day of the sixth calendar month.

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30-469 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)

30-469

## .2 County Responsibility (Continued)

## .24 Continued

.243 Authorize the disbursement of all funds paid by the payrolling contractor by:

a. Reviewing all timesheets prior to entry of timesheet data into the system to ensure consistency between hours reported and hours authorized.

b. ~~Resolving~~ Reviewing any significant discrepancies between hours reported and hours authorized to determine the reason and take corrective action as indicated.

c. Initiating special transactions as described in .25.

~~.244 Provide timesheets for:~~~~a. New providers.~~~~b. Replacement of lost or destroyed timesheets.~~~~c. Severely impaired recipients receiving payment in advance with more than one provider.~~~~.244 Has been deleted.~~

.245 Retain completed timesheets for a period of three years from the end of each fiscal year, or as otherwise as required by 23-353 in such a manner that they are easily accessible for review.

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30-469 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)

30-469

## .2 County Responsibility (Continued)

## .25 Continued

- .252 ~~Emergency/Supplemental checks shall be mailed from the payrolling contractor within thirty-six (36) hours after notification from the county. The county shall initiate emergency/supplemental checks for:~~
- a. Payments resulting from retroactive ~~fair~~ state hearing decisions.
  - b. Payments resulting from prior underpayments.
  - c. ~~Payments in excess of the base rate for overtime (as directed provided in 30-464.4), amounting to the difference between the county base rate and overtime rate times the authorized hours.~~
  - d. Payments for severely impaired recipients in advance ~~direct~~ pay status who become eligible ~~after the advance pay for payment between a pay cycle. cycle is issued.~~
  - e. Payments where the county finds that an emergency ~~such as timesheets processed in a timely manner, but the system did not generate a check.~~ immediate need situation exists.
  - f. Payments to counties for reimbursements of emergency checks as described in .26.
  - 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.

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30-469 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)

30-469

## .2 County Responsibility (Continued)

## .25 Continued

.253 A request for a Replacement check shall be

issued for lost, stolen, destroyed, unusable or  
incorrect checks which have not been honored by the contractor's bank. If  
the original check is not returned to the county or the payrolling contractor, the  
county shall require the payee to sign a verification or notarized statement that  
the payee did not negotiate the check or otherwise receive proceeds from it. made

expeditiously by the county but no sooner than five (5)  
days from the date the original check should have been  
received.

30-469 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)

30-469

## .2 County Responsibility (Continued)

.29 The county shall ensure that all providers are informed of the  
requirements they must meet in order to be paid.

Authority: Section 10553 of the Welfare and Institutions Code.

Reference: Sections 12302 and 12302.2 of the Welfare and  
 Institutions Code.

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(Pursuant to Government Code Section 11380.1)

Amend Section 30-469.3 to read:

30-469 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued) 30-469

.3 The County Has the Sole Responsibility for Determining and Investigating Fraud and Forgery

.31 The county shall, with no effect on current county procedures:

.311 Identify ~~potential~~ 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 payrolling contractor will forward the original check to the county as soon as it becomes available.~~ The county shall then follow the applicable procedure in the User's Manual.

~~.321 The county shall:~~

~~a. Determine if the original check has been forged;~~

~~b. If forgery is determined, the county shall issue payment to the recipient/provider via the appropriate replacement check transaction and notify the payrolling contractor.~~

(.321 Has been deleted.)

Authority: Section 10553 of the Welfare and Institutions Code.

Reference: Sections 12302 and 12302.2 of the Welfare and Institutions Code.

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**FOR FILING ADMINISTRATIVE REGULATIONS  
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(Pursuant to Government Code Section 11380.1)

Amend Section 30-469.4 to read:

30-469 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)

30-469

.4 The county is responsible for determining and recovering overpayments. The county shall follow overpayment procedure described in 10-121 with the addition of the following:

.41 Cause of Overpayments

.411 ~~When Overpayments may occur where~~ a severely impaired recipient, as defined in 30-453, is receiving a cash payment or when a provider is receiving a cash payment to which the recipient was not eligible; the incorrect amount of payment in both cases shall be considered an overpayment to the recipient.

.412 ~~When a recipient has authorized an incorrect amount of services rendered, or an incorrect amount of payments, payment for services not provided or for other than IHSS services,~~ the incorrect amount of payment shall be considered an overpayment to the recipient.

.413 A payrolling contractor error shall be treated as an administrative error as defined in 10-121.

Exception: The county shall not be fiscally liable for the payrolling contractor error.

.42 ~~If, in accordance with 10-121, the county determines that an recoverable overpayment has occurred and can be recovered as described in 10-121,~~ proposes to make the recovery through the payment adjustment method, for the purposes of the payroll system the county shall adjust the amount of payment but shall leave the authorized hours unchanged and:

~~.421 Reduce the dollar amount (i.e. county rate times the authorized hours) by the amount of the adjustment; and~~

~~.422 Enter the adjusted amount into the payrolling system;~~

.421 Has been deleted.

.422 Has been deleted.

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30-469 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued) 30-469

.4 Continued

.43 When timesheets to reconcile outstanding ~~direct~~ advance payments are not received

within ninety (90) days from the date of payment a rebuttable presumption is created that the unreconciled amount is an overpayment and shall be subject to procedures set forth in .4. The presumption may be rebutted by submission of the completed timesheets or equivalent evidence.

Authority: Section 10553 of the Welfare and Institutions Code.

Reference: Sections 12302 and 12302.2 of the Welfare and Institutions Code.

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 (Pursuant to Government Code Section 11380.1)

Repeal Section 30-469.5 and adopt new Section 30-469.5 to read:

30-469 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued) 30-469

.5 Return Check Procedures

.51 CRT counties who receive a returned check from a provider or recipient shall:

.511 Stamp the check void, and

.512 Enter a special transaction to void the check as described in 254, and

.513 Return the check to the payrolling contractor.

.52 Paper counties who receive a returned check from a provider or recipient shall:

.521 Stamp the check void, and

.522 Submit a special transaction, as described in 254, and the returned check to the payrolling contractor.

.53 The payrolling contractor who receives a returned check shall:

.531 Stamp the check void, and

.532 Enter a void transaction as described in 254, and

.533 Send a photocopy of the returned check to the county.

.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.

Authority: Section 10553 of the Welfare and Institutions Code.

Reference: Sections 12302 and 12302.2 of the Welfare and Institutions Code.

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Amend Section 30-469.6 to read:

30-469 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)

30-469

.6 Refunds/Recoupment

.61 Counties ~~who~~ which receive refunds or recoupments shall:

~~.611 Credit the initial check issued by an adjustment transaction as described in 255 and~~

.611 Has been deleted.

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

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

Authority: Section 10553 of the Welfare and Institutions Code.

Reference: Sections 12302 and 12302.2 of the Welfare and Institutions Code.

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(Pursuant to Government Code Section 11380.1)

Amend Section 30-469.723 to read:

30-469 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued) 30-469

.7 Recipient Responsibility (Continued)

.72 Continued

.723 Sign and date the prescribed timesheet 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.

Authority: Section 10553 of the Welfare and Institutions Code.

Reference: Sections 12302 and 12302.2 of the Welfare and Institutions Code.

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 (Pursuant to Government Code Section 11380.1)

Amend Section 30-469.73, and adopt new 30-469.734 and renumber .734 .735, and .736 to .735, .736, and .737 respectively:

**30-469 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued) 30-469**  
**.7 Recipient Responsibility (Cont.)**

**.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, .732 and .733, and .734.

**.731** Severely impaired recipients as defined under 30-453, 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.

**.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.

**.7345** 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.

**.7356** 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.

**.7367** It shall be the responsibility of the severely impaired recipient, legal guardian or conservator ~~to~~ who receives payment in advance to submit their provider's timesheets at the end of each authorized service month to the appropriate county social services office.

~~a. Pay the provider twice a month in arrears, and~~

~~b. Inform the provider(s) of the tax deductions, and~~

~~c. Submit their provider's timesheets at the end of each authorized service month to the appropriate county social services office.~~

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(Pursuant to Government Code Section 11380.1)

30-469 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued) 30-469

.7 Recipient Responsibility (Continued)

.73 Continued

.737 Has been renumbered to 30-469.43.

Authority: Section 10553 of the Welfare and Institutions Code.

Reference: Sections 12302 and 12302.2 of the Welfare and  
Institutions Code.

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CONTINUATION SHEET  
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(Pursuant to Government Code Section 11330.1)

Repeal the following sections 60 days after filing with the Secretary of State:

Sections:

30-464.4 Rate of Compensation

30-469.8 Provider Responsibilities

Authority: Section 10553 of the Welfare and Institutions Code.

Reference: Sections 12302 and 12302.2 of the Welfare and Institutions Code.

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JUL 30 1980

Office of Administrative Law

ENDORSED  
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AUG 11 1980

Office of Administrative Law

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Social Services  
(Agency)

Date of adoption, amendment, or repeal:  
July 30, 1980

By: Mahaffey West  
Director  
(Title)

ENDORSED FILED  
IN THE OFFICE OF

AUG 12 3 15 PM 1980

MARCH FONG EU  
SECRETARY OF STATE  
OF CALIFORNIA

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The attached regulations which are being adopted, amended or repealed are contained in Title \_\_\_\_\_ of the California Administrative Code.

(Optional): Division, Part, Chapter, etc., affected by this order: \_\_\_\_\_

(Check as applicable:)  
TYPE OF ORDER:  
 Emergency  
 Certificate of Compliance  
 Certificate of Non-Compliance  
 Regular  
 Procedural and Organizational

(Check One:)  
EFFECTIVE DATE:  
 On filing with Secretary of State  
 On \_\_\_\_\_ (designated effective date)  
 On \_\_\_\_\_ as specified by Statutes  
 On 10th day after filing

(Check all:)  
CHECKLIST OF MANDATORY REQUIREMENTS

- Eight copies of order or Certificate attached.
- Original signature on at least one copy.
- Regulation Summary (Form 690 or equivalent) attached (1 copy).
- Publication date (in Notice Register) of notice for attached order or Certificate of Compliance is April 9, 1980.
- Authority and reference citation placed beneath each section in attached order.

(Check one:)  
REIMBURSABLE COSTS:

- These are "no cost" regulations under Revenue and Taxation Code Section 2231, and State Administrative Manual Section 6052.1.
- These are "disclaimable cost" regulations under Revenue and Taxation Code Section 2231. A clarifying disclaimer statement is attached, pursuant to State Administrative Manual Section 6052.2.
- These are "cost" regulations under Revenue and Taxation Code Section 2231. This agency has followed the provisions of State Administrative Manual Section 6052.3.

(Check one:)  
BUILDING STANDARDS

- These regulations contain no building standards under Health and Safety Code Sections 18900-18915.
- These regulations do contain building standards under Health and Safety Code Sections 18900-18915. The date of approval by the Building Standards Commission is \_\_\_\_\_

(Check one if attached are Conflict of Interest Regulations)  
CONFLICT OF INTEREST

- The attached Conflict of Interest Regulations contain the FPPC approval stamp and:
- Are to be published in full in the Administrative Code.
  - Are to be codified by appropriate reference in the Administrative Code, and include a statement as to where the full text may be obtained.

(Check if emergency Campaign Disclosure Regulations)  
CAMPAIGN DISCLOSURES

- These are emergency regulations pertaining to campaign disclosure law and were adopted by unanimous vote of all board or commission members present at the regulation adoption proceeding.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET  
FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE  
(Pursuant to Government Code Section 11360.1)

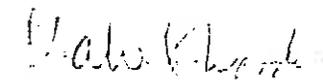
CERTIFICATE OF COMPLIANCE - Section 11422.1, Government Code

The Department of Social Services hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations filed with the Secretary of State on April 1, 1980, IHSS Payrolling System, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425 of the Government Code.

(Sections 30-453; 30-464.1, .2, .3, .4; 30-467.1; 30-469.1, .2, .3, .4, .5, .6, .7, .8, and .9.)

DO NOT WRITE IN THIS SPACE

Approved:



MARION J. WOODS, Director  
Department of Social Services