

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



January 18, 2007

Regulation Package #1105-18

CDSS MANUAL LETTER NO. SS-06-03

TO: HOLDERS OF THE SOCIAL SERVICE STANDARDS MANUAL, DIVISION 30

Regulation Package # 1105-18**Effective 10/12/06****Sections 30-700 and 30-785**

These regulations adopt the provisions that institute the In-Home Supportive Services (IHSS) Plus Waiver Program in Section 30-785 and provide a definition of the program in Section 30-700.

This manual letter has been posted on the Office of Regulations Development website at http://www.dss.cahwnet.gov/ord/SocialServ_620.htm.

FILING INSTRUCTIONS

Revisions to all manuals are shown in graphic screen. The attached pages are to be entered in your copy of the Manual of Policies and Procedures. The latest prior manual letter containing Social Service Standards Manual regulation changes was SS-06-01.

Page(s)50 through 52.1
148 through 149.3**Replace(s)**Pages 50 through 52
Pages 148 and 149

Attachments

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SOCIAL SERVICES STANDARDS
SERVICE PROGRAM NO. 7: IN-HOME SUPPORTIVE SERVICES

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SOCIAL SERVICES STANDARDS**Regulations****SERVICE PROGRAM NO. 7: IN-HOME SUPPORT SERVICES****30-700**

30-700**PROGRAM DEFINITION****30-700**

- .1 The In-Home Supportive Services (IHSS) Program provides assistance to those eligible aged, blind and disabled individuals who are unable to remain safely in their own homes without this assistance. IHSS is an alternative to out-of-home care. Eligibility and services are limited by the availability of funds.
- .2 The Personal Care Services Program (PCSP) provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institutions Code Section 14132.95 and Title 22, California Code of Regulations, Division 3 and is subject to all other provisions of Medi-Cal statutes and regulations. The program is operated pursuant to Division 30.
- .3 The IHSS Plus Waiver program provides IHSS Plus Waiver services, to eligible Medi-Cal beneficiaries, subject to Medi-Cal provisions, statutes and regulations, pursuant to Welfare and Institutions Code Section 14132.951 and Title 22, California Code of Regulations, Division 3, and is operated pursuant to Division 30.
 - .31 These services are available as described in MPP Section 30-757, when services are provided by a parent of a minor child recipient or a spouse; and/or when the recipient receives a Restaurant Meal Allowance; and/or when the recipient receives Advance Payment for in-home care services.
 - .32 Recipients in any one of the categories described in Section 30-700.31, who have been determined eligible for Medi-Cal, qualify for the IHSS Plus Waiver program.
 - .33 The IHSS Plus Waiver Program is a "Section 1115 Demonstration Project" as defined in 42 USC, Section 1315. This demonstration project has been approved for 5 years, beginning August 1, 2004. Eligibility and services are limited to the availability of funds and potential extensions to the demonstration.
- .4 Individuals who qualify for both IHSS and PCSP funding shall be funded by PCSP.
- .5 All civil rights laws, rules, and regulations of Division 21 shall be complied with in administering IHSS program regulations.

NOTE: Authority cited: Sections 10553, 10554, 12300, 14142.95 and 14132.951, Welfare and Institutions Code; Chapter 939, Statutes of 1992; and 42 USC, Section 1315(a) of the Social Security Act. Reference: Sections 12300, 14132.95, and 14132.91, Welfare and Institutions Code.

30-701 **SPECIAL DEFINITIONS** **30-701**
(Continued)

- (c) (1) Certified Long-Term Care Insurance Policy or Certificate or certified policy or certificate means any long-term care insurance policy or certificate, or any health care service plan contract covering long-term care services, which is certified by the California Department of Health Services as meeting the requirements of Welfare and Institutions Code Section 22005.
- (2) Compensable services are only those services for which a provider could legally be paid under the statutes.
- (3) Allocation means federal, state, and county monies which are identified for a county by the Department for the purchase of services in the IHSS Program.
- (b) (1) Base Allocation means all federal, state and county monies identified for counties by the Department for the purchase of services in the IHSS Program, exclusive of any provider COLA allocation, but including recipient COLA.
- (2) Base Rate means the amount of payment per unit of work before any premium is applied for overtime or related extraordinary payments.
- (3) Consumer means an individual who is a current or past user of personal care services, as defined by Section 30-757.14, paid for through public or private funds or a recipient of IHSS or PCSP.
- (4) County Plan means the annual plan submitted to the California Department of Social Services specifying how the county will provide IHSS and PCSP.
- (5) 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.

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

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 (Continued)	30-780
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.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
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(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 comparison 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.
- (g) Application Process
- (1) The IHSS Plus Waiver application process shall follow the MPP Section 30-759, except for 30-759.3.

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

- (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.
- (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.

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

(m) County Plans

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

(n) Service Delivery Methods

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

(o) Overpayment/Underpayments

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

(p) Payrolling for Individual Providers

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

(q) Provider Identification

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

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

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