

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



August 23, 2006

Regulation Package #1105-19

CDSS MANUAL LETTER NO. SS-06-01

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

**Regulations Package #1105-19****Effective 06/26/06****Sections 30-757 and 30-761**

This manual letter has been posted on the Office of Regulations Development website at [http://www.dss.cahwnet.gov/ord/SocialServ\\_620.htm](http://www.dss.cahwnet.gov/ord/SocialServ_620.htm).

Budget Trailer Bill, Senate Bill (SB) 1104 (Chapter 229, Statutes of 2004) adopted the Quality Assurance Initiative in the provision of supportive services (In-Home Supportive Services [IHSS]). Provisions from the legislation require the California Department of Social Services (CDSS) to adopt emergency regulations to implement amended Welfare and Institutions Code Section 12301.1 which authorizes varying intervals for assessing recipients' continuing needs for supportive services, and Section 12301.21 which requires the use of a standard statewide form to obtain medical certification for a person's protective supervision needs.

These regulations were considered at the public hearing held on August 16, 2006, and were effective on June 26, 2006.

**FILING INSTRUCTIONS**

**Revisions to all manuals are indicated by a vertical line in the left margin.** 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 changes was SS-04-01.

Page(s)69 through 74  
78 through 83Replace(s) page(s)69 through 74  
78 through 83

Attachments

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**30-757**                      **PROGRAM CONTENT (Continued)**                      **30-757**

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

**30-757**      **PROGRAM CONTENT (Continued)**      **30-757**

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

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

- (1) In-Home Supportive Services program;
- (2) Alternative resources such as adult or child day care centers, community resource centers, Senior Centers; respite centers;
- (3) Voluntary resources;
- (4) A reassurance phone service when feasible and appropriate.

.172 Protective Supervision shall not be authorized:

- (a) For friendly visiting or other social activities;
- (b) When the need is caused by a medical condition and the form of the supervision required is medical.
- (c) In anticipation of a medical emergency;
- (d) To prevent or control anti-social or aggressive recipient behavior.
- (e) To guard against self-destructive behavior.

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

- (a) At the time of the initial assessment or reassessment, a need exists for twenty-four-hours-a-day of supervision in order for the recipient to remain at home safely.
  - (1) For a person identified by county staff to potentially need Protective Supervision, the county social services staff shall request that the form SOC 821 (11/05), "Assessment of Need for Protective Supervision for In-Home Supportive Services Program," be completed by a physician or other appropriate medical professional to certify the need for Protective Supervision and returned to the county.

**30-757 PROGRAM CONTENT (Continued)****30-757**

- (A) For purposes of this regulation, appropriate medical professional shall be limited to those with a medical specialty or scope of practice in the areas of memory, orientation, and/or judgment.
- (2) The form SOC 821 (11/05) shall be used in conjunction with other pertinent information, such as an interview or report by the social service staff or a Public Health Nurse, to assess the person's need for Protective Supervision.
- (3) The completed form SOC 821 (11/05) shall not be determinative, but considered as one indicator of the need for Protective Supervision.
- (4) In the event that the form SOC 821 (11/05) is not returned to the county, or is returned incomplete, the county social services staff shall make its determination of need based upon other available information.

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- (5) Other available information can include, but is not limited to, the following:
  - (A) A Public Health Nurse interview;
  - (B) A licensed health care professional reports;
  - (C) Police reports;
  - (D) Collaboration with Adult Protective Services, Linkages, and/or other social service agencies;
  - (E) The social service staff's own observations.

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- (b) At the time of reassessment of a person receiving authorized Protective Supervision, the county social service staff shall determine the need to renew the form SOC 821 (11/05).
  - (1) A newly completed form SOC 821 (11/05) shall be requested if determined necessary, and the basis for the determination shall be documented in the recipient's case file by the county social service staff.

**30-757      PROGRAM CONTENT (Continued)      30-757**

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

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

.175 (Reserved.)

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

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

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

**30-757**                      **PROGRAM CONTENT (Continued)**                      **30-757**

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

**30-757**                      **PROGRAM CONTENT (Continued)**                      **30-757**

- .19 Paramedical services, under the following conditions:
  - .191 The services shall have the following characteristics:
    - (a) are activities which persons would normally perform for themselves but for their functional limitations,
    - (b) are activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health.
    - (c) are activities which include the administration of medications, puncturing the skin, or inserting a medical device into a body orifice, activities requiring sterile procedures, or other activities requiring judgment based on training given by a licensed health care professional.
  - .192 The services shall be provided when ordered by a licensed health care professional who is lawfully authorized to do so. The licensed health care professional shall be selected by the recipient. The recipient may select a licensed health care professional who is not a Medi-Cal provider, but in that event shall be responsible for any fee payments required by the professional.
  - .193 The services shall be provided under the direction of the licensed health care professional.
  - .194 The licensed health care professional shall indicate to social services staff the time necessary to perform the ordered services.
  - .195 This service shall be provided by persons who ordinarily provide IHSS. The hourly rate of provider compensation shall be the same as that paid to other IHSS providers in the county for the delivery method used.
  - .196 The county shall have received a signed and dated order for the paramedical services from a licensed health care professional. The order shall include a statement of informed consent saying that the recipient has been informed of the potential risks arising from receipt of such services. The statement of informed consent shall be signed and dated by the recipient, or his/her guardian or conservator. The order and consent shall be on a form developed or approved by the department.

**30-757**                      **PROGRAM CONTENT (Continued)**                      **30-757**

- .197 In the event that social services staff are unable to complete the above procedures necessary to authorize paramedical services during the same time period as that necessary to authorize the services described in .11 through .18, social services staff shall issue a notice of action and authorize those needed services which are described in .11 through .18 in a timely manner as provided in Section 30-759. Paramedical services shall be authorized at the earliest possible subsequent date.
  
- .198 In no event shall paramedical services be authorized prior to receipt by social services staff of the order for such services by the licensed health care professional. However, the cost of paramedical services received may be reimbursed retroactively provided that they are consistent with the subsequent authorization and were received on or after the date of application for the paramedical services.

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

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

- .1 When assessing the need for the services specified in .11 through .15 below in accordance with the provisions of Section 30-763.2, the assessed time shall not exceed the guidelines listed except as provided in .4 below.
  
- .11 Domestic services - The guideline time for "domestic services" shall not exceed 6.0 hours total per month per household.

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- .111 Tasks included in domestic services are identified in Section 30-757.11.

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- .12 Laundry -
  - .121 For laundry services where laundry facilities are available in the home, the guideline time shall not exceed 1.0 hours total per week per household.

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- (a) In-home laundry service is defined and limited in Section 30-757.135.
- (b) In assessing time for in-home laundry services, it is expected that the provider will accomplish other tasks while clothes are washing and drying.

**HANDBOOK ENDS HERE**

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.122 For laundry services where laundry facilities are not available in the home, the guideline time shall not exceed 1.5 hours total per week per household.

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- (a) Out-of-home laundry service is defined and limited in Section 30-757.135.
- (b) It is expected that the typical provider will use a local laundromat during nonpeak hour time and will utilize as many machines simultaneously as necessary for efficient time utilization.

**HANDBOOK ENDS HERE**

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.13 Food Shopping - The guideline time for "food shopping" shall not exceed 1.0 hour total per week per household.

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.131 Food shopping is defined and limited in Section 30-757.136.

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.14 Other shopping errands - The guideline time for "other shopping/errands" shall not exceed 0.5 hours total per week per household.

<b>30-760</b>	<b>RESPONSIBILITIES</b>	<b>30-760</b>
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.1 Applicant/Recipient Responsibilities

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

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

.2 County Responsibilities

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

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

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

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

**HANDBOOK BEGINS HERE**

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

**HANDBOOK ENDS HERE**

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

## 30-761

## NEEDS ASSESSMENT STANDARDS (Continued)

30-761

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

<b>30-761</b>	<b>NEEDS ASSESSMENT STANDARDS (Continued)</b>	<b>30-761</b>
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- (b) When there is other pertinent information which indicates a change in circumstances affecting the recipient's need for supportive services.
- .22 Repealed by Manual Letter No. 82-67 (10/1/82).
- .23 The designated county department shall not delegate the responsibility to do needs assessments to any other agency or organization.
- .24 The needs assessment shall identify the types and hours of services needed and the services which will be paid for by the IHSS program.
- .25 No services shall be determined to be needed which the recipient is able to perform in a safe manner without an unreasonable amount of physical or emotional stress.

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

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

<b>30-761</b>	<b>NEEDS ASSESSMENT STANDARDS (Continued)</b>	<b>30-761</b>
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- .28 Services authorized shall be justified by and consistent with the most recent needs assessment, but shall be limited by the provisions of Section 30-765.
- .3 IHSS staff shall be staff of a designated county department.
- .31 Classification of IHSS assessment workers shall be at the discretion of the county.
- .32 IHSS assessment workers shall be trained in the uniformity assessment system.

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

<b>30-763</b>	<b>SERVICE AUTHORIZATION</b>	<b>30-763</b>
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- .1 Services staff shall determine the need for only those tasks in which the recipient has functional impairments. In the functions specified in Section 30-756.2, a functional impairment shall be a rank of at least 2.
- .11 The applicant/recipient shall be required to cooperate to the best of his/her ability in the securing of medical verification which evaluates the following:
  - .111 His/her present condition.
  - .112 His/her ability to remain safely in his/her own home without IHSS services.
  - .113 His/her need for either medical or nonmedical out-of-home care placement if IHSS were not provided.
  - .114 The level of out-of-home care necessary if IHSS were not provided.

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

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