

E-Note #133 – Effective Date of IHSS Program Benefits

April 30, 2015

References: MPP §30-009.231; §30-759.4; §30-757.198; Title 22 CCR §50197(a)

This E-Note is meant to clarify the effective date of IHSS Program benefits. “IHSS Program” refers to all four programs -- IHSS-R, PCSP, IHSS-IPO, and CFCO benefits (hereafter referred to as “IHSS benefits” or “benefits”).

Often an issue in a case is the effective date of benefits. This can be an issue when an application has been filed, when there is an annual reassessment, or when there is a new assessment requested by the recipient based on a change in his/her medical condition or living arrangement.

This can also be an issue when there has been a conditional withdrawal or when there is a state hearing decision remanding the case to the county for further assessment.

Our IHSS para-regulations include §30-009.231 as the regulatory authority for the effective date of eligibility in service programs. Program has recently clarified that this regulation is ambiguous, inaccurate, and should not be cited.¹

IHSS Program is in the process of revising the Application Process section (§30-759) of the IHSS regulations to clarify this issue. It is anticipated that the regulations will be finalized sometime in late 2015 or early 2016.

Pending regulation revisions, §30-759.4 is the regulation to cite for all four IHSS Programs:

.4 In-Home Supportive Services payment shall be made for authorizable services, as specified in Section 30-761.28, received on or after the date of application or of the request for services as provided in Section 30-009.224, if either the recipient or the provider does not qualify for PCSP. If the ineligible recipient/provider becomes eligible for payment under PCSP, payment shall be made from PCSP as soon as administratively feasible in lieu of IHSS.

This regulation is to be interpreted to mean that benefits are made **effective as of the application date or reassessment date** – the day the in-home assessment was conducted² -- provided the following:

¹ Our IHSS para-regulations will be revised accordingly.

² Depending on the particular facts of the case, it is possible that the effective date of benefits could be *prior* to the in home assessment. For example, if a recipient needed additional services as the result of an injury, the effective date would be the day the injury that triggered the need for additional services. Another example might be if a recipient was in a shared living arrangement, his/her roommate moves out, and this results in a reassessment of domestic services due to no longer prorating the hours in this category. Due to the change in living arrangements, the effective date would be the roommate’s move-out date, not the reassessment date.

1. the applicant/recipient is Medi-Cal or SSI/SSP eligible as of the date of the application or reassessment; and
2. The applicant/recipient has been determined to have a need for benefits as of that date

The only exception to the above is in the case of paramedical services pursuant to §30-757.198:

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

If the case involves the IHSS-Residual Program, §30-759.4 shall be interpreted to mean that the applicant is eligible for IHSS benefits retroactive to the application date based on Medi-Cal rules that allow Medi-Cal eligibility to be retroactive up to 90 days preceding the month of application or reapplication if all of the eligibility requirements are met in that month. (Title 22 CCR §50197(a))
