

620-1

County services staff shall conduct a needs assessment of applicants and recipients of IHSS. In making this assessment, the services staff shall determine the total amount of hours per week needed for the various services set forth in the program content. (§30-763.2) No need exists for services which the applicant/recipient is able to perform safely, without an unreasonable amount of physical or emotional stress. (§30-761.25)

620-1A

Personal care services, as set forth in §51183, shall be authorized by the county department based on the Uniform Assessment tool. The needs assessment process shall be governed by the Manual of Policies and Procedures (MPP), §§30-760, 30-761 and 30-763, unless inconsistent with the Medi-Cal Program. (§51350(a); see also MPP Handbook §30-780.2(a))

620-1B

In the PCSP, the following regulations apply to the evaluations of "personal care services":

(a) Personal care services include:

- (1) Assisting with ambulation includes walking or moving around (i.e., wheelchair) inside the home, changing locations in a room, moving from room to room to gain access for the purpose of engaging in other activities. Ambulation does not include movement solely for the purpose of exercise.
- (2) Bathing and grooming includes the cleaning of the body using a tub, shower or sponge bath, including getting a basin of water, managing faucets, getting in and out of tub or shower, reaching head and body parts for soaping, rinsing, and drying. Grooming includes hair combing and brushing, shampooing, oral hygiene, shaving and fingernail and toenail care.
- (3) Dressing includes putting on and taking off clothes, fastening and unfastening garments and undergarments and special devices such as back of leg braces, corsets, elastic stockings/garments and artificial limbs or splints.
- (4) Bowel, bladder and menstrual care includes assisting the person on and off toilet or commode and emptying commode, managing clothing and wiping and cleaning body after toileting, assistance with using and emptying bedpans, ostomy and/or catheter receptacles and urinals, application of diapers and disposable barrier pads.
- (5) Repositioning, transfer skin care, and range of motion exercises:
 - (A) This includes moving from one sitting or lying position to another sitting or lying position; e.g., from bed to or from a wheelchair, chair, sofa, etc.; coming to a standing position; and/or rubbing skin and repositioning to promote circulation and

prevent skin breakdown. However, if decubiti have developed, the need for skin and wound care is a paramedical service.

- (B) 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.
- (6) Feeding, hydration assistance includes reaching for, picking up, grasping utensils and cups, getting food on utensils; bringing food, utensils, cups, to mouth; manipulating food on plate. It also includes cleaning face and hands as necessary following meal.
- (7) Assistance with self-administration of medications consists of reminding the beneficiary to take prescribed and/or over-the-counter medications when they are to be taken and setting up Medi-sets.
- (8) Respiration limited to nonmedical services such as assistance with self-administration of oxygen, assistance in the use of a nebulizer, and cleaning oxygen equipment.
- (9) Paramedical services are defined in Welfare and Institutions Code §12300.1 as follows:
 - "(A) Paramedical services 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.
 - "(B) Paramedical services are activities which persons could perform for themselves but for their functional limitations.
 - "(C) Paramedical services are activities which, due to the beneficiary's physical or mental condition, are necessary to maintain the beneficiary's health."

(§51183(a))

620-1C

In the PCSP, the following regulations apply to the evaluation of "ancillary services":

- (b) Ancillary services are subject to time per task guidelines when established in MPP §§30-758 and 30-763.235(b) and 30-763.24 and are limited to the following:
 - (1) Domestic services are limited to the following:

- (A) Sweeping, vacuuming, washing and waxing of floor surfaces.
 - (B) Washing kitchen counters and sinks.
 - (C) Storing food and supplies.
 - (D) Taking out the garbage.
 - (E) Dusting and picking up.
 - (F) Cleaning oven and stove.
 - (G) Cleaning and defrosting refrigerator.
 - (H) Bringing in fuel for heating or cooking purposes from a fuel bin in the yard.
 - (I) Changing bed linen.
 - (J) Miscellaneous domestic services (e.g., changing light bulbs and wheelchair cleaning, and changing and recharging wheelchair batteries) when the service is identified and documented by the case worker as necessary for the beneficiary to remain safely in his/her home.
- (2) Laundry services include washing and drying laundry, and are limited to sorting, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry if dryer is not routinely used, mending or ironing, folding, and storing clothing on shelves or closets or in drawers.
- (3) Reasonable food shopping and errands limited to the nearest available stores or other facilities consistent with the beneficiary's economy and needs; compiling a list; bending, reaching, and lifting; managing a cart or basket; identifying items needed; putting items away; phoning in and picking up prescriptions; and buying clothing.
- (4) Meal preparation and cleanup includes planning menus, e.g., washing, peeling and slicing vegetables; opening packages, cans and bags; mixing ingredients; lifting pots and pans; reheating food; cooking; and safely operating stove, setting the table and serving the meals; cutting the food into bite-size pieces; washing and drying dishes, and putting them away.

- (5) Assistance by the provider is available for accompaniment when the beneficiary's presence is required at the destination and such assistance is necessary to accomplish the travel limited to:
 - (A) Accompaniment to and from appointments with physicians, dentists and other health practitioners. This accompaniment shall be authorized only after county staff have determined that no other Medi-Cal service will provide transportation in the specific case.
 - (B) Accompaniment to the site where alternative resources provide IHSS to the beneficiary in lieu of IHSS. This accompaniment shall be authorized only after staff of the designated county department have determined that neither accompaniment nor transportation is available by the program.
- (6) Heavy Cleaning which involves thorough cleaning of the home to remove hazardous debris or dirt.
- (7) Yard hazard abatement which is light work in the yard which may be authorized for:
 - (A) Removal of high grass or weeds and rubbish when this constitutes a fire hazard.
 - (B) Removal of ice, snow or other hazardous substances from entrances and essential walkways when access to the home is hazardous

(§51183(b))

620-2

The program content of the IHSS Program includes, but is not limited to, housecleaning, laundry, meal preparation and cleanup, bathing, food shopping and errands, bowel and bladder care, dressing, ambulation, feeding, transportation to and from medical providers, and paramedical services. (§30-757)

620-3 ADDED 6/08

There is no minimum number of hours required to authorize a case for IHSS.
(All County Letter 08-18, April 23, 2008, answer to question 2)

620-4 REVISED 1/13

A completed medical certification form must be received prior to the authorization of IHSS services for new applicants and to allow the continuation of IHSS services for recipients. In order for IHSS to be authorized or continued, the medical certification form must include 1) a declaration from a licensed health care professional that the applicant/recipient is unable to independently perform some activity of daily living and 2) that without the assistance of IHSS

services, the applicant/recipient would be at risk of placement in out-of-home care. The form requires that both conditions be separately affirmed. The form must also include a description of any condition or functional limitation that has resulted in, or contributed to, the applicant/recipient's need for assistance.

(Welfare and Institutions Code 12309.1 as added by SB72, All-County Letters No.: 11-55, July 27, 2011 and 11-76, November 10, 2011)

620-4A ADDED 6/13

ACIN I-74-11 (December 6, 2011) provides the revised In-Home Supportive Services (IHSS) Program Health Care Certification Form (SOC 873), Notice to Applicant of Health Care Certification Requirement (SOC 874), and Notice to Recipient of Health Care Certification Requirement (SOC 875). It also provides a clarification on policy regarding inter-county transfers of IHSS cases in relation to the health care certification requirements.

Additionally, it provides clarification on the specific types of licensed health care professionals (LIHP), in addition to the examples listed in WIC Section 12309.1 and which appear at the bottom of SOC 873.

The following currently appears at the bottom of SOC 873:

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

ACIN I-74-11 states the following:

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

620-4B ADDED 8/14

For IHSS applicants, beginning August 1, 2011, counties must inform each applicant or their authorized representative of the new certification requirements using SOC 874 the "IHSS Program Notice to Applicant of Medical Certification Requirement." (ACL No. 11-55, July 27, 2011)

620-4C ADDED 8/14

There are two exceptions that permit the authorization of services prior to the receipt of the SOC 873 or alternative documentation. Those exceptions are:

IHSS services may be authorized when services have been requested on behalf of an individual being discharged from a hospital or a nursing home and those services are needed to enable the individual to return safely to their own home or into the community.

Services may be authorized temporarily pending receipt of the certification when the county determines that there is a risk of out-of-home placement.

These authorization exceptions are temporary in nature and ultimately the SOC 873 or alternative documentation must be obtained within 45 calendar days from the date the certification is requested by the county.

(ACL No. 11-76, Nov. 10, 2011)

620-4D ADDED 8/14

An IHSS recipient shall be notified of the certification requirement before or at the time of the reassessment, and shall submit the certification within 45 days following the reassessment in order to continue to be authorized for receipt of services. A county may extend the 45-day period for a recipient to submit the medical certification on a case-by-case basis, if the county determines that good cause for the delay exists. (W&IC §12309.1(e))

Applicants have 45 calendar days from the date the county requests the SOC 873 to provide the county with a completed and signed SOC 873 or alternative documentation in lieu of the SOC 873. (ACL No. 11-55, July 27, 2011)

Good cause extensions cannot be granted for applicants. (ACL No. 11-55, July 27, 2011)

620-4E ADDED 8/14

CDSS, in consultation with DHCS and stakeholders, shall identify alternative documentation that shall be accepted by counties to meet the requirements of W&IC §12309.1, including but not limited to, hospital or nursing facility discharge plans, minimum data set forms, individual program plans, or other documentation that contains the necessary information, consistent with the requirements specified in subdivision (a). (W&IC §12309.1(c))

In lieu of obtaining the SOC 873, applicants/recipients may provide alternative documentation to the county. Acceptable alternative documentation must be dated no earlier than 60 calendar days prior to submission and include all the following elements:

A statement or description indicating the applicant/recipient is unable to independently perform one or more activities of daily living,

A description of the applicant/recipient's condition or functional limitation that has contributed to the need for assistance, and

A signature from a licensed health care professional.

(ACL No. 11-55, July 27, 2011)

620-4F ADDED 8/14

Counties must give the applicant/recipient the option to take the SOC 873 to their licensed health care professional to be completed and returned to the county. However, if the applicant requests assistance in obtaining the SOC 873 from the licensed health professional, the county must assist; this includes sending the SOC 873 directly to the applicant/recipient's licensed health care professional. In either case, the applicant/recipient is ultimately responsible for ensuring the completed SOC 873 is returned to the county within the appropriate timeframes. (ACL No. 11-55, July 27, 2011)

620-5 REVISED 12/06

When assessing the need for domestic services, the guideline time shall not exceed 6 hours per household unless the recipient's needs require an exception. (§30-758.11 renumbered to 30-757.11(k)(1) effective September 1, 2006)

620-6

Paramedical services are covered under the IHSS Program when the activities involved are those which persons would normally perform for themselves but for their functional limitations and are activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health. The services must be ordered and performed under the direction of a licensed health care professional. The health care professional shall indicate to social services staff the time necessary to perform the ordered services. The services shall be provided by persons who ordinarily provide IHSS. (§30-757.19)

620-7 REVISED 12/06

State law provides that a time-per-task guideline may be used only if appropriate in meeting the individual's particular circumstances. (Welfare and Institutions Code (W&IC) §12301.2) Counties may establish such guidelines for services other than personal care services, meal preparation and cleanup, and paramedical services. (§30-758.2 repealed effective September 1, 2006)

620-7A ADDED 12/04

Welfare and Institutions Code (W&IC) §12301.2 requires the CDSS to develop and implement statewide hourly IHSS/PCSP task guidelines and instructions to provide counties with a standard tool for assessing service needs and authorizing service hours. It requires counties to use statewide guidelines when conducting an individual assessment or reassessment of an individual's need for services. The guidelines are to include criteria to assist county social workers to determine when an individual's service need falls outside an established normal range of time.

Subject to the existing 195 and 283 hour service limits, this statute requires counties to authorize services in amounts outside of a range of time provided in the guidelines when warranted based on an individual assessment. Counties must document in the case file the need for services outside the guidelines.

This statute replaces the previous W&IC §12301.2 on time per task guidelines and there must be implementing regulations by 6/30/06.

(All County Information Notice I-69-04, September 30, 2004, addressing Senate Bill 1104 including W&IC §12301.2)

620-8 REVISED 12/06

Where laundry services are available in the home, the guideline time shall not exceed 1 hour total per week per household unless the recipient's needs require an exception to exceed this limit. (§30-758.121 renumbered to 30-757.134(c))

Laundry services are available in the home if, at a minimum, there exists a washing machine and a capability to dry clothes on the premises. (§30-757.134(a)) Where laundry facilities are not available in the home, the guideline time shall not exceed 1.5 hours total per week per household, unless the recipient's needs require an exception to exceed this limit. (§§30-757.135(b) and §30-758.122 renumbered to §30-757.134(d) effective September 1, 2006)

620-9 REVISED 12/06

The guideline time for "food shopping" shall not exceed 1 hour per week per household, unless the recipient's needs require an exception to exceed this limit. (§30-758.13 renumbered to §30-757.135(b)(1) effective September 1, 2006) The time for shopping is limited to the nearest available stores or facilities which meet the client's economy and needs; no time is allowable for the recipient to accompany the provider. (§30-757.136 renumbered to §30-757.135 effective September 1, 2006)

620-10 REVISED 12/06

The guideline time for "other shopping and errands" shall not exceed .5 hours per week per household unless the recipient's needs require an exception to exceed this limit. (§30-758.14 renumbered to (§§30-757.135(c)(1) effective September 1, 2006.)

620-11 REVISED 12/06

Exceptions to the guideline times for domestic services, laundry, food shopping, and other shopping and errands can be made when necessary to enable the recipient to establish and maintain an independent living arrangement and/or remain safely in his/her home or abode of choice. (§30-758.4 repealed and renumbered in various sections of 30-757)

620-12 REVISED

1/15

Assistance by the provider is available for medical transportation when the recipient's presence is required at the destination and such assistance is necessary to accomplish the travel. Such transportation can be authorized for appointments with physicians, dentists and other health practitioners or dispensers of medical equipment. Transportation is not available if Medi-Cal will provide the transportation service or if such services are available through alternative resources. (§30-757.15)

620-12A ADDED 6/08

Q. Is time allowed to accompany recipients to medical appointments that are not local?

A: If the appointment is medically necessary and the health care professional is not local, the time to drive the recipient to the appointment and home would be allowed. Providers may only claim this time when the services are actually performed. (All County Letter 08-18, April 23, 2008, question and answer 22)

620-12B MODIFIED

5/16 Compensation for wait times at medical appointments/alternative resources sites is allowable in the IHSS program when the recipient's care provider is "engaged to wait" (Wait Time – On Duty) for the recipient at medical appointments/alternative resource sites. Factors showing the provider is engaged to wait include, the provider is unable to use the time for his/her own purposes, appointments of short duration, the wait time is an integral part of the IHSS care provider's job, it is controlled by the IHSS recipient, and the provider is not required or able to perform any other authorized service, such as food shopping, or other shopping/errands, during the duration of the appointment. (Reinstatement of Implementation of Provisions of Senate Bills 855 & 873 Chapters 29 & 685, Statutes of 2014); ACL 14-82 (November 25, 2014); ACL 16-01 (January 7, 2016); ACL 16-07 (January 21, 2016)

620-13

Social services staff shall explore alternative IHSS which may be available from other agencies and programs to meet the needs of the recipient. (§30-763.61)

Pursuant to San Mateo County Superior Court, Stipulation and Order No. 352667, 11/30/90, VA Aid and Attendance payments shall no longer be counted as income or treated as an alternative resource. (Clift v. McMahon)

620-13A

Following the Arp v. Anderson court case, counties were instructed that services provided by regional centers can no longer be considered an alternative resource under W&IC §12301(a) and MPP §30-763.61. PCSP and IHSS must be granted as though no services are being provided through a Regional Center. Determination of services to be provided must be based strictly on an assessment of the developmentally disabled applicant. (All-County Letter No. 98-53, July 9, 1998; Arp v. Anderson, San Diego County Superior Court, No. 711204, Stipulation for Final Judgment, February 18, 1998)

620-13B

State law gives the CDSS the authority, to the extent permitted by federal law, to waive regulations and general policies and make resources available which are necessary for the administration of Welfare & Institutions Code (W&IC) §9560 and following. (W&IC §9562(b))

Pursuant to this authority, the CDSS has authorized the MSSP to supplement their clients' IHSS awards as follows:

(a) For cases authorized to receive the statutory maxima, there will be no reduction in the authorization of services when the MSSP grants an additional level of services above the IHSS maxima.

(b) For cases assessed at a level less than the maxima, additional hours authorized by the MSSP will not be considered an alternative resource, and IHSS will be authorized at the previously determined need level.

(All-County Letter No. 00-34, May 19, 2000)

620-14

Social services staff shall explore with the recipient the willingness of relatives, housemates, friends, or other appropriate persons to provide voluntarily some or all of the services required by the recipient. Social services staff shall not compel any such volunteer to provide services. The social services staff shall document on the needs assessment form the total need for a specific service, which shall then be reduced by any service available from an alternative resource. (§30-763.62)

620-14A

If a provider of IHSS or PCSP voluntarily agrees to provide a service or services, the county social services staff shall obtain a statement from the provider that he/she knows of the right to compensation for the provision of the services, but voluntarily chooses to accept no payment or reduced payment. (§§30-575.176 and 30-763.64, effective November 14, 1998, based on Miller v. Woods/Community Services for the Disabled v. Woods, San Diego County Superior Court, Nos. 468192 and 472068)

620-14B

The voluntary service agreement for IHSS shall contain the following information:

- (1) Services to be performed.
- (2) Recipient's name.
- (3) Case number.
- (4) Day(s) and hour(s) per month service 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.

(§§30-757.176(a), referenced in §30-763.64, both sections effective November 14, 1998)

620-14C

When a need for services is assessed and authorized, then unless certain specified exceptions exist, an individual can legally be paid to perform those services. An individual who could be paid to provide the services can volunteer, and not be paid. But any individual willing to perform authorized services without compensation must complete and sign the Certification form, currently SOC 450. All voluntary service homes are shown as Alternative Resource hours, on form SOC 293.

No Certification form is required when services are provided by an organization, or by an individual willing to provide services that are not compensable.

(All-County Letter No. 00-28, April 25, 2000)

620-15

State law mandates that CDSS develop a uniform needs assessment tool.

The county shall use information as to the recipient's living environment, alternative resources, and the recipient's functional abilities in making its evaluation. (Welfare and Institutions Code (W&IC) §12309)

Under Subsection (d), the recipient's functioning rank shall be based on the following scale:

Rank One: The recipient's functioning is independent, and the recipient does not need human assistance. The recipient may have difficulty in performing the function but there is no substantial safety risk.

Rank Two: The recipient is able to perform the function, but needs verbal assistance.

Rank Three: The recipient can perform the function with some human assistance, such as direct physical assistance from a provider.

Rank Four: The recipient can perform a function but only with substantial human assistance.

Rank Five: The recipient cannot perform the function.

(All-County Letter (ACL) No. 88-118, September 6, 1988, gives further explanations of uniformity assessments. This ACL adds a Rank Six to those listed above, which is used when the recipient needs paramedical services. Regulations implementing and clarifying the statute are contained in §30-756)

620-15A REVISED 9/09

Q: How and where do we assess stand-by time?

A: Stand-by is not allowed. For those recipients with a Functional Index rank of 2, which requires encouragement and reminding only, time to encourage and remind the recipient is allowed under the specific task where the recipient has this need (MPP Section 30-756.12). For example, if the recipient is ranked 2 in Feeding due to needing verbal assistance, such as reminding; the time would be assessed under Feeding. Remember when assessing time for encouragement and reminding, the provider can often be performing another task. Therefore, the assessed time may be minimal.

(All County Letter 08-18, April 23, 2008, question and answer 25)

We do not assess stand-by time. A recipient should be assessed and authorized that amount of time which is needed to provide the level of assistance required for authorized services. (ACL 09-30, June 30, 2009 clarifying the answer in ACL 08-18)

620-16

Social services staff shall determine need for services based on the recipient's physical/mental condition, or living/social situation; the recipient's statement of need; the available medical information; and other information social service staff considers necessary and appropriate. (§30-761.26)

Services staff shall determine the need for only those tasks in which the recipient has functional impairments. Recipients must cooperate, within their ability, to secure medical verification of their present condition, their ability to remain in their own homes, and their need for and level of out-of-home care. (§30-763.1)

620-17 MODIFIED

12/15Time assessed for someone with a seizure disorder would be based on the frequency of seizures; severity of seizures, as well as the need for IHSS covered services during the seizures and seizure recovery periods. Thorough and accurate case documentation is crucial. A recipient may experience seizures and have varying degrees of need for IHSS covered services, and it is expected that, though hours are authorized based on a realistic worst case scenario, the provider's timesheet will accurately reflect hours for services actually provided.

(All County Letter 09-30, June 30, 2009)

620-17A ADDED

12/15When a recipient is incapacitated after a seizure, the time assessed in that scenario would be based on the frequency of seizures; severity of seizures, as well as the need for IHSS covered services during the seizures and seizure recovery periods. Thorough and accurate case documentation is crucial. A recipient may experience seizures and have varying degrees of need for IHSS covered services, and it is expected that, though hours are authorized based

on a realistic worst case scenario, the provider's timesheet will accurately reflect hours for services actually provided.

(All County Letter 09-30 (June 30, 2009))

620-18

When the IHSS recipient lives with the live-in provider, the need assessment is conducted as follows:

Domestic and heavy cleaning services shall not be provided in areas used solely by the provider. The need for related services may be prorated if the provider and recipient agree. All other services shall be assessed based on the recipient's individual need, as long as there is only one recipient in the home. (§30-763.47)

620-19

The county shall use a needs assessment and authorization form developed by the CDSS. (§30-761.27) Using the needs assessment form, services staff shall calculate the number of hours per week needed for each of the services that the claimant requires. The form developed by CDSS indicates that the monthly amount of IHSS hours needed is found by multiplying the weekly amount by 4.33 (§30-763.2)

620-20 ADDED 8/05

The department shall adopt regulations establishing a uniform range of services available to all eligible recipients base upon individual needs. The availability of services under these regulations is subject to the provisions of Section 12301 and county plans developed pursuant to Section 12302.

The department shall adopt emergency regulations implementing this section no later than September 30, 2005, unless notification of delay is made to the Chair of the Joint legislative Budget Committee prior to that date. Under no circumstances shall the adoption of emergency regulations or similar instructions be extended, beyond June 30, 2006

(W&IC §12301.1(a) and (e))

620-21 ADDED 8/05

Notwithstanding subdivision (b), at the county's option, assessments may be extended, on a case-by-case basis, for up to six months beyond the regular 12-month period, provided that the county documents that all of the following conditions exist:

(A) The recipient has had at least one reassessment since the initial program intake assessment.

(B) The recipient's living arrangement has not changed since the last annual reassessment and the recipient lives with others, or has regular meaningful contact with persons other than his or her service provider.

(C) The recipient or, if the recipient is a minor, his or her parent or legal guardian, or if incompetent, his or her conservator, is able to satisfactorily direct the recipient's care.

(D) There has been no known change in the recipient's supportive service needs within the previous 24 months.

(E) No reports have been made to, and there has been no involvement of, an adult protective services agency or agencies since the county last assessed the recipient.

(F) The recipient has not had a change in provider or providers for at least six months.

(G) The recipient has not reported a change in his or her need for supportive services that requires a reassessment.

(H) The recipient has not been hospitalized within the last three months.

(2) If some, but not all, of the conditions specified in paragraph (1) of subdivision (c) are met, the county may consider other factors in determining whether an extended assessment interval is appropriate, including, but not limited to, involvement in the recipient's care of a social worker, case manager, or other similar representative from another human services agency, such as a regional center or county mental health program, or communications, or other instructions from a physician or other licensed health care professional that the recipient's medical condition is unlikely to change.

(W&IC §12301.1(b) and (c))

620-22 ADDED 8/05

State law provides as follows:

(3) A county may reassess a recipient's need for services at a time interval of less than 12 months from a recipient's initial intake or last assessment if the county social worker has information indicating that the recipient's need for services is expected to decrease in less than 12 months.

(d) A county shall assess a recipient's need for supportive services any time that the recipient notifies the county of a need to adjust the supportive services hours authorized, or when there are other indications or expectations of a change in circumstances affecting the recipient's need for supportive services.

(W&IC §12301.1(c)(3) and (d))

620-23 ADDED 8/05

State law provides as follows:

(a) (1) The department, in consultation and coordination with county welfare departments and in accordance with Section 12305.72, shall establish and implement statewide hourly task guidelines and instructions to provide counties with a standard tool for consistently and accurately assessing service needs and authorizing service hours to meet those needs.

(2) The guidelines shall specify a range of time normally required for each supportive service task necessary to ensure the health, safety, and independence of the recipient. The guidelines shall also provide criteria to assist county workers to determine when an individual's service need falls outside the range of time provided in the guidelines.

(3) In establishing the guidelines the department shall consider, among other factors, adherence to universal precautions, existing utilization patterns and outcomes associated with different levels of utilization, and the need to avoid cost shifting to other government program services. During the development of the guidelines the department may seek advice from health professionals such as public health nurses or physical or occupational therapists.

(b) A county shall use the statewide hourly task guidelines when conducting an individual assessment or reassessment of an individual's need for supportive services.

(d) The department shall adopt regulations to implement this section by June 30, 2006.

(W&IC §12301.2)

620-24 ADDED 8/05

Subject to the (195 and 283 hour) limits imposed by Section 12303.4, counties shall approve an amount of time different from the guideline amount whenever the individual assessment indicates that the recipient's needs require an amount of time that is outside the range provided for in the guidelines. Whenever task times outside the range provided in the guidelines are authorized the county shall document the need for the authorized service level.

The department shall adopt regulations to implement this section by June 30, 2006.

W&IC §12301.2(c) and (d))

620-25 REVISED 9/09

Q: Can the provider provide services to the recipient while the recipient is temporarily absent from the home?

A: Yes, provided the service has been authorized, the provider is in the accompaniment of the recipient, and/or the absence is not precluded by the out-of-state absence requirements at MPP Sections 30-770.444 and .461. (All County Letter 08-18, April 23, 2008, question and answer 30)

There are services which are necessarily provided outside the home, such as Accompany to Medical Appointments and Alternative Resources, Laundry when no laundry facilities are available in the home, Food Shopping, and Other Shopping and Errands. If, in the course of accompaniment to a medical appointment, the recipient needs assistance with Dressing, or Bowel and Bladder, it is conceivable that personal care services could be performed outside the home. Common sense and clear case documentation will be important in answering this question on a case by case basis. (ACL 09-30, June 30, 2009 clarifying the answer in ACL 08-18)

621-1

Grooming excludes cutting with scissors or clipping toenails. (§51350(f); see also Manual of Policies and Procedures (MPP) Handbook §30-780.2(f))

621-2

Menstrual care is limited to external application of sanitary napkin and cleaning. (§51350(g); see also Manual of Policies and Procedures (MPP) Handbook §30-780.2(g))

621-3

Paramedical services include catheter insertion, ostomy irrigation, and bowel program. (§51350(g); see also Manual of Policies and Procedures (MPP) Handbook §30-780.2(g). They also include the need for skin and wound care if decubiti have developed. (§51350(h); see also MPP Handbook §30-780.2(h))

621-4

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 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. (§51350(h)(2); see also Manual of Policies and Procedures (MPP) Handbook §30-780.2(h)(2))

621-5 ADDED 7/06

Up to eight hours of respite care per week is offered under the IHSS Plus Waiver for periods when the parent(s) must be absent to perform errands related to care of recipient's siblings.

(ACIN I-28-06, April 11, 2006, answer to question 14)

621-6 ADDED 12/06

When assessing time for services (both within and outside the time guidelines), the time authorized shall be based on the recipient's individual level of need necessary to ensure his/her health, safety, and independence based on the scope of tasks identified for service.

In determining the amount of time per task, the recipient's ability to perform the tasks based on his/her functional index ranking shall be a contributing factor, but not the sole factor. Other factors could include the recipient's living environment, and/or the recipient's fluctuation in needs due to daily variances in the recipient's functional capacity (e.g., "good days" and "bad days").

In determining the amount of time per task, universal precautions should be considered. Universal precautions are protective practices necessary to ensure safety and prevent the spread of infectious diseases. Universal precautions should be followed by anyone providing a service, which may include contact with blood or body fluids such as saliva, mucus, vaginal secretions, semen, or other internal body fluids such as urine or feces. Universal precautions include the use of protective barriers such as gloves or facemask depending on the type and amount of exposure expected, and always washing hands before and after performing tasks. More information regarding universal precautions can be obtained by contacting the National Center for Disease Control.

(MPP 30-757.1(a))

621-7 ADDED 12/06

For services in this section where time guidelines are specified, the services shall be subject to the specified time guideline unless the recipient's needs require an exception to the guideline. When assessing time for services (both within and outside the time guidelines), the time authorized shall be based on the recipient's individual level of need necessary to ensure his/her health, safety, and independence based on the scope of tasks identified for service. In accordance with Welfare and Institutions Code Section 12301.2, the dual purpose of the guidelines is to provide counties with a tool for both consistently and accurately assessing service needs and authorizing time.

An exception to the time guideline may result in receiving more or less time based on the recipient's need for each supportive service and the amount of time needed to complete the task.

Exceptions to the hourly task guidelines identified in this section shall be made when necessary to enable the recipient to establish and maintain an independent living arrangement and/or remain safely in his/her home or abode of his/her own choosing and shall be considered a normal part of the authorization process.

No exception shall result in the recipient's hours exceeding the maximum limits of 195 hours per month as specified at Section 30-765.121 for nonseverely impaired cases or 283 hours per month for severely impaired cases as specified in Section 30-765.111.

SHD Paraphrased Regulations - Social Services 620 IHSS Need Evaluation

No exception shall result in the recipient's hours exceeding the maximum limit for PCSP cases as specified at Section 30-780.2(b).

No exceptions to hourly task guidelines shall be made due to inefficiency or incompetence of the provider.

When an exception to an hourly task guideline is made in a recipient's case, the reason for the exception shall be documented in the case file.

(30-757.1(a))

621-8 ADDED 3/07

General The following are general regulatory standards that apply to all functions. The standards for each function are defined in more detail in individual scales that follow.

Rank 1: Independent: Able to perform function without human assistance although the recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his/her safety. A recipient who ranks a "1" in any function shall not be authorized the correlated service activity.

Rank 2: Able to perform a function but needs verbal assistance such as reminding, guidance, or encouragement.

Rank 3: Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.

Rank 4: Can perform a function but only with substantial human assistance.

Rank 5: Cannot perform the function with or without human assistance.

Rank 6: Paramedical Services needed.

Variable Functioning If the recipient's functioning varies throughout the month, the functional rank should reflect the functioning on reoccurring bad days. It is not solely based on a "worst" day scenario (e.g., a recipient who suffers from arthritis will have days when pain is significant and days when pain is mild; therefore, in this case you would rank a recipient based on the reoccurring days where the frequency of pain is significant).

(All County Letter 06-34E1, attachment B, December 21, 2006)

621-9A ADDED 6/07

Task Definition

Meal Preparation (MPP 30-757.131)

SHD Paraphrased Regulations - Social Services 620 IHSS Need Evaluation

Preparation of meals which includes planning menus; removing food from refrigerator or pantry; washing/drying hands before and after meal preparation; washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-size pieces.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-9B ADDED 6/07

Functional Index for Meal Preparation

Rank 1: Independent: Can plan, prepare, serve, and cleanup meals.

Rank 2: Needs only reminding or guidance in menu planning, meal preparation, and/or cleanup.

Rank 3: Requires another person to prepare and cleanup main meal(s) on less than a daily basis (e.g., recipient can reheat food prepared by someone else, can prepare simple meals, and/or needs some help with cleanup but requires another person to prepare and cleanup with more complex meals which involve, peeling, cutting, etc., on less than a daily basis).

Rank 4: Requires another person to prepare main meal(s) and cleanup on a daily basis.

Rank 5: Totally dependent on another person to prepare and cleanup all meals.

Rank 6: Is tube-fed. All aspects of tube feeding are evaluated as a "paramedical service

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment B)

621-9C ADDED 6/07

Grid for Meal Preparation

	Low	High
Rank 2	3.02	7.00
Rank 3	3.50	7.00
Rank 4	5.25	7.00
Rank 5	7.00	7.00

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-9D ADDED 6/07

Meal Preparation

Factors/Exception Examples

Factors For Consideration Include, But Not Limited To:

- The extent to which the recipient can assist or perform tasks safely.
- Types of food the recipient usually eats for breakfast, lunch, dinner, and snacks and the amount of time needed to prepare the food (e.g., more cooked meals versus meals that do not require cooking).
- Whether the recipient is able to reheat meals prepared in advance and the types of food the recipient eats on days the provider does not work.
- The frequency the recipient eats.
- Time for universal precautions, as appropriate

Exceptions Include, But Not Limited To:

- If the recipient must have meals pureed or cut into bite-sized pieces.
- If the recipient has special dietary requirements that require longer preparation times or preparation of more frequent meals.
- If the recipient eats meals that require less preparation time (e.g., toast and coffee for breakfast).

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-9E ADDED 6/08

Q: If an IHSS recipient chooses to eat meals separately from other family members residing in the home, must the IHSS recipient's needs be prorated unless the recipient has a health and safety need requiring his/her meals to be prepared separately?

A: No, these services do not have to be prorated. The regulation does not require that there be a health and safety reason for the recipient to eat meals separately. Consequently, the recipient may have meals provided.

(All County Letter 08-18, April 23, 2008, question and answer 11)

621-9F REVISED 9/09

Q: Can Meal Preparation and Meal Cleanup be performed outside of the recipient's home?

A: Meal preparation and cleanup must be done in the recipient's home. It is inferred from the language of the statute and regulations that the intent is to provide these services in the home of the recipient.

(All County Letter 08-18, April 23, 2008, question and answer 10)

There are unusual circumstances which could occasionally arise, necessitating that Meal Preparation and Meal Clean-Up services temporarily take place outside of the recipient's home.

Should such circumstances arise, measures should be adopted as necessary to ensure that authorized services are provided without interruption. It is assumed that Meal Preparation and Meal Clean-Up services provided outside the recipient's home, if required at all, would be a temporary solution to a situation such as a broken stove or clogged sink in the recipient's home, and not the regular means of providing those services. No time can be added for delivering meals prepared elsewhere. (ACL 09-30, June 30, 2009 correcting answer to ACL 08-18)

621-10A ADDED 6/07

Task Definition

Meal Cleanup (MPP 30-757.132)

Loading and unloading dishwasher; washing, rinsing, and drying dishes, pots, pans, utensils, and culinary appliances and putting them away; storing/putting away leftover foods/liquids; wiping up tables, counters, stoves/ovens, and sinks; and washing/drying hands.

Note: This does not include general cleaning of the refrigerator, stove/oven, or counters and sinks, as these IHSS services are assessed as "domestic services" (MPP 30-757.11).

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-10B ADDED 6/07

Functional Index for Meal Cleanup

Rank 1: Independent: Can plan, prepare, serve, and cleanup meals.

Rank 2: Needs only reminding or guidance in menu planning, meal preparation, and/or cleanup.

Rank 3: Requires another person to prepare and cleanup main meal(s) on less than a daily basis (e.g., recipient can reheat food prepared by someone else, can prepare simple meals, and/or needs some help with cleanup but requires another person to prepare and cleanup with more complex meals which involve, peeling, cutting, etc., on less than a daily basis).

Rank 4: Requires another person to prepare meal(s) and cleanup on a daily basis.

Rank 5: Totally dependent on another person to prepare and cleanup all meals.

Rank 6: Is tube-fed. All aspects of tube feeding are evaluated as a "paramedical service

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment B)

621-10C ADDED 6/07

Grid for Meal Cleanup

<p align="center">SHD Paraphrased Regulations - Social Services</p> <p>620 IHSS Need Evaluation</p>

	Low	High
Rank 2	1.17	3.50
Rank 3	1.75	3.50
Rank 4	1.75	3.50
Rank 5	2.33	3.50

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-10D ADDED 6/07

Meal Cleanup

Factors/Exception Examples

Factors For Consideration Include, But Not Limited To:

- The extent to which the recipient can assist or perform tasks safely.
 - EX: A recipient with a Rank 3 in “meal cleanup” who has been determined able to wash breakfast/lunch dishes and utensils and only needs the provider to clean up after dinner would require time based on the provider performing cleanup for the dinner meal only.
 - EX: A recipient who has less control of utensils and/or spills food frequently may require more time for cleanup.
- The types of meals requiring the cleanup.
 - EX: A recipient who chooses to eat eggs and bacon for breakfast would require more time for cleanup than a recipient who chooses to eat toast and coffee.
- If the recipient can rinse the dishes and leave them in the sink until provider can wash them.
- The frequency that meal cleanup is necessary.
- If there is a dishwasher appliance available.
- Time for universal precautions, as appropriate.

Exceptions Include, But Not Limited To:

- If the recipient must eat frequent meals which require additional time for cleanup.
- If the recipient eats light meals that require less time for cleanup.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-11A ADDED 6/07

Task Definition

Bowel and Bladder Care (MPP 30-757.14(a))

Assistance with using, emptying, and cleaning bed pans/bedside commodes, urinals, ostomy, enema and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable barrier pads; putting on/taking off disposable gloves; wiping and cleaning recipient; assistance with getting on/off commode or toilet; and washing/drying recipient's and provider's hands.

Note: This does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program or colostomy irrigation, as these are assessed as “paramedical services” (MPP 30-757.19).

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-11B ADDED 6/07

Functional Index for Bowel and Bladder Care

Rank 1: Independent: Able to manage Bowel, Bladder, and Menstrual Care with no assistance from another person.

Rank 2: Requires reminding or direction only.

Rank 3: Requires minimal assistance with some activities but the constant presence of the provider is not necessary.

Rank 4: Unable to carry out most activities without assistance.

Rank 5: Requires physical assistance in all areas of care.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment B)

621-11C ADDED 6/07

Grid for Bowel and Bladder Care

	Low	High
Rank 2	0.58	2.00
Rank 3	1.17	3.33
Rank 4	2.91	5.83
Rank 5	4.08	8.00

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-11D ADDED 6/07

Bowel and Bladder Care

Factors/Exception Examples

Factors For Consideration Include, But Not Limited To:

- The extent to which the recipient can assist or perform tasks safely.
- The frequency of the recipient’s urination and/or bowel movements.

SHD Paraphrased Regulations - Social Services 620 IHSS Need Evaluation

- If there are assistive devices available which result in decreased or increased need for assistance.
 - EX: Situations where elevated toilet seats and/or Hoyer lifts are available may result in less time needed for “bowel and bladder” care if the use of these devices results in decreased need for assistance by the recipient.
 - EX: Situations where a bathroom door is not wide enough to allow for easy wheelchair access may result in more time needed if its use results in an increased need.
- Time for universal precautions, as appropriate.

Exceptions Include, But Not Limited To:

- If the recipient has frequent urination or bowel movements.
- If the recipient has frequent bowel or bladder accidents.
- If the recipient has occasional bowel or bladder accidents that require assistance from another person.
- If the recipient’s morbid obesity requires more time.
- If the recipient has spasticity or locked limbs.
- If the recipient is combative.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-12A ADDED 6/07

Task Definition

Feeding (MPP 30-757.14(c))

Includes assistance with consumption of food and assurance of adequate fluid intake consisting of feeding or related assistance to recipients who cannot feed themselves or who require other assistance with special devices in order to feed themselves or to drink adequate liquids.

Includes assistance with reaching for, picking up, and grasping utensils and cup; cleaning recipient’s face and hands; washing/drying hands before and after feeding.

Note: This does not include cutting food into bite-sized pieces or puréeing food, as these are assessed as part of “meal preparation” (MPP 30-757.131).

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-12B ADDED 6/07

Functional Index for Feeding

Rank 1: Independent: Able to feed self.

Rank 2: Able to feed self, but needs verbal assistance such as reminding or encouragement to eat.

Rank 3: Assistance needed during the meal (e.g., to apply assistive device, fetch beverage or push more food within reach, etc.) but constant presence of another person is not required.

Rank 4: Able to feed self some foods, but cannot hold utensils, cups, glasses, etc., and requires constant presence of another person.

Rank 5: Unable to feed self at all and is totally dependent upon assistance from another person.

Rank 6: Is tube fed. All aspects of tube feeding are evaluated as a "paramedical service.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment B)

621-12C ADDED 6/07

Grid for Feeding

	Low	High
Rank 2	0.70	2.30
Rank 3	1.17	3.50
Rank 4	3.50	7.00
Rank 5	5.25	9.33

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-12D ADDED 6/07

Feeding

Factors/Exception Examples

Factors For Consideration Include, But Not Limited To:

- The extent to which the recipient can assist or perform tasks safely.
- The amount of time it takes the recipient to eat meals.
- The type of food that will be consumed.
- The frequency of meals/liquids.
- Time for universal precautions, as appropriate.

Exceptions Include, But Not Limited To:

- If the constant presence of the provider is required due to the danger of choking or other medical issues.
- If the recipient is mentally impaired and only requires prompting for feeding him/herself.
- If the recipient requires frequent meals.
- If the recipient prefers to eat foods that he/she can manage without assistance.

<p align="center">SHD Paraphrased Regulations - Social Services</p> <p>620 IHSS Need Evaluation</p>

- If food must be placed in the recipient's mouth in a special way due to difficulty swallowing or other reasons.
- If the recipient is combative.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-13A ADDED 6/07

Task Definition

Routine Bed Baths (MPP 30-757.14(d))

Cleaning basin or other materials used for bed/sponge baths and putting them away; obtaining water/supplies; washing, rinsing, and drying body; applying lotion, powder, and deodorant; and washing/drying hands before and after bathing.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-13B ADDED 6/07

Functional Index for Routine Bed Baths

Rank 1: Independent: Able to bathe, brush teeth, and groom self safely without help from another person.

Rank 2: Able to bathe, brush teeth, and groom self with direction or intermittent monitoring. May need reminding to maintain personal hygiene.

Rank 3: Generally able to bathe and groom self, but needs assistance with some areas of body care (e.g., getting in and out of shower or tub, shampooing hair, or brushing teeth).

Rank 4: Requires direct assistance with most aspects of bathing, oral hygiene, and grooming. Would be at risk if left alone.

Rank 5: Totally dependent on others for bathing, oral hygiene, and grooming

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment B)

621-13C ADDED 6/07

Grid for Routine Bed Baths

	Low	High
Rank 2	0.50	1.75
Rank 3	1.00	2.33
Rank 4	1.17	3.50
Rank 5	1.75	3.50

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-13D ADDED 6/07

Bed Baths

Factors/Exception Examples

Factors For Consideration Include, But Not Limited To:

- The extent to which the recipient can assist or perform tasks safely.
- If the recipient is prevented from bathing in the tub/shower.
- If bed baths are needed in addition to baths in the tub/shower.
- Time for universal precautions, as appropriate.

Exceptions Include, But Not Limited To:

- If the recipient is confined to bed and sweats profusely requiring frequent bed baths.
- If the weight of the recipient requires more or less time.
- If the recipient is combative.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-14A ADDED 6/07

Task Definition

Dressing (MPP 30-757.14(f))

Washing/drying of hands; putting on/taking off, fastening/unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments, undergarments, corsets, elastic stockings, and braces; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-14B ADDED 6/07

Functional Index for Dressing

Rank 1: Independent: Able to put on, fasten and remove all clothing, special devices, prosthetic devices, and self-administer medication without assistance. Clothes self appropriately for health and safety.

Rank 2: Able to dress self; put on, fasten, and remove all special/prosthetic devices and/or hearing aid; and self-administer medication but requires reminding or direction.

Rank 3: Unable to dress self completely without the help of another person (e.g., tying shoes, buttoning, zipping, putting on hose, brace, hearing aid, etc.).

SHD Paraphrased Regulations - Social Services 620 IHSS Need Evaluation

Rank 4: Unable to put on most clothing items, special/prosthetic devices, and/or hearing aid by self. Without assistance recipient would be inappropriately or inadequately clothed.

Rank 5: Unable to dress self at all, requires complete assistance from another.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment B)

621-14C ADDED 6/07

Grid for Dressing

	Low	High
Rank 2	0.56	1.20
Rank 3	1.00	1.86
Rank 4	1.50	2.33
Rank 5	1.90	3.50

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-14D ADDED 6/07

Dressing

Factors/Exception Examples

Factors For Consideration Include, But Not Limited To:

- The extent to which the recipient can assist or perform tasks safely.
- The type of clothing/garments the recipient wears.
- If the recipient prefers other types of clothing/garments.
- The weather conditions.
- Time for universal precautions, as appropriate.

Exceptions Include, But Not Limited To:

- If the recipient frequently leaves his/her home, requiring additional dressing/undressing.
- If the recipient frequently bathes and requires additional dressing or soils clothing, requiring frequent changes of clothing.
- If the recipient has spasticity or locked limbs.
- If the recipient is immobile.
- If the recipient is combative.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-15 ADDED 12/06

Task Definition

Menstrual Care (MPP 30-757-14(j))

SHD Paraphrased Regulations - Social Services 620 IHSS Need Evaluation

Menstrual care is limited to external application of sanitary napkins and external cleaning and positioning for sanitary napkin changes, using, and/or disposing of barrier pads, managing clothing, wiping and cleaning, and washing/drying ands before and after performing these tasks.

EX: In assessing menstrual care, it may be necessary to assess additional time in other service categories such as “laundry,” “dressing,” “domestic,” “bathing, oral hygiene, and grooming” (MPP 30-757).

EX: In assessing menstrual care if the recipient wears diapers, time for menstrual care would not be necessary. This time would be assessed as part of “bowel and bladder” care.

Grid

	Low	High
Functional rank does not apply	0.28	0.80

Factors/Exception Examples

Factors For Consideration Include, But Not Limited To:

- The extent to which the recipient can assist or perform tasks safely.
- ☐ If the recipient has a menstrual cycle.
- The duration of the recipient’s menstrual cycle.
- ☐ If there are medical issues that necessitate additional time.
- Time for universal precautions, as appropriate.

Exceptions Include, But Not Limited To:

- ☐ If the recipient has spasticity or locked limbs.
- ☐ If the recipient is combative.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-16A ADDED 6/07

Task Definition

Ambulation (MPP 30-757.14(k))

Assisting a recipient with walking or moving from place to place inside the home, including to and from the bathroom; climbing or descending stairs; moving/retrieving assistive devices, such as a cane, walker, or wheelchair, etc., and washing/drying hands before and after performing these tasks. “Ambulation” also includes assistance to/from the front door to the car (including getting in and out of the car) for medical accompaniment and/or alternative resource travel.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-16B ADDED 6/07

Functional Index for Ambulation

Rank 1: Independent: Requires no physical assistance though recipient may experience some difficulty or discomfort. Completion of the task poses no risk to his/her safety.

Rank 2: Can move independently with only reminding or encouragement (e.g., needs reminding to lock a brace, unlock a wheelchair or to use a cane or walker).

Rank 3: Requires physical assistance from another person for specific maneuvers (e.g., pushing wheelchair around sharp corner, negotiating stairs or moving on certain surfaces).

Rank 4: Requires assistance from another person most of the time. Is at risk if unassisted.

Rank 5: Totally dependent upon others for movement. Must be carried, lifted, or assisted into a wheelchair or gurney at all times.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment B)

621-16C ADDED 6/07

Grid for Ambulation

	Low	High
Rank 2	0.58	1.75
Rank 3	1.00	2.10
Rank 4	1.75	3.50
Rank 5	1.75	3.50

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-16D ADDED 6/07

Ambulation

Factors/Exception Examples

Factors For Consideration Include, But Not Limited To:

- The extent to which the recipient can assist or perform tasks safely.
- The distance the recipient must move inside the home.
- The speed of the recipient's ambulation.
- Any barriers that impede the recipient's ambulation.
- Time for universal precautions, as appropriate.

<p style="text-align: center;">SHD Paraphrased Regulations - Social Services</p> <p>620 IHSS Need Evaluation</p>
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Exceptions Include, But Not Limited To:

- ☐ If the recipient's home is large or small.
- ☐ If the recipient requires frequent help getting to/from the bathroom.
- ☐ If the recipient has a mobility device, such as a wheelchair that results in a decreased need.
- ☐ If the recipient has spasticity or locked limbs.
- ☐ If the recipient is combative.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-16E ADDED 6/08

Q: Can time be authorized for a provider to "shadow/follow" the recipient for ambulation if they have an unsteady gait or experience dizziness?

A: Yes. County staff would determine the recipient's level of ability and dependence upon verbal or physical assistance by another.

If a recipient has an unsteady gait or experiences dizziness, the social worker would not assess him/her as "independent" in these tasks and time for assistance with ambulating

(All County Letter 08-18, April 23, 2008, question and answer 19)

621-16F REVISED 9/09

Q: Can the maintenance exercise of assistive walking (MPP 30-757.14(g)(2) (A)) be performed outside of the recipients home?

A: Yes, the maintenance exercise of assistive walking can be provided outside the recipient's home if necessary to meet the needs of the recipient. In accordance with MPP Section 30-757.14(g)(2)(A) and MPP Section 30-780.1(a)(5)(B) "such exercises shall include the carrying out of maintenance programs, i.e., the performance of 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."

(All County Letter 08-18, April 23, 2008, question and answer 20)

Assistive walking as part of a maintenance program can be performed outside the home; however no time can be authorized for travel or assistance into or out of a vehicle for this service. (ACL 09-30, June 30, 2009 correcting answer to ACL 08-18))

621-17A ADDED 6/07

Task Definition

Moving in and out of Bed - Renamed to Transfer (MPP 30-757.14(h))

SHD Paraphrased Regulations - Social Services 620 IHSS Need Evaluation

Assisting from standing, sitting, or prone position to another position and/or from one piece of equipment or furniture to another. This includes transfer from a bed, chair, couch, wheelchair, walker, or other assistive device generally occurring within the same room.

Note: Transfer does not include:

- ☐ Assistance on/off toilet, as this is evaluated, as 'bowel and bladder' care specified at MPP 30-757.14(a).
- ☐ Changing the recipient's position to prevent skin breakdown and to promote circulation. This task is assessed as part of "repositioning/rubbing skin" at section MPP 30-757.14(g).

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-17B ADDED 6/07

Functional Index for Transfers

Rank 1: Independent: Able to do all transfers safely without assistance from another person though recipient may experience some difficulty or discomfort. Completion of task poses no risk to his/her safety.

Rank 2: Able to transfer and reposition, but needs encouragement or direction.

Rank 3: Requires some help from another person (e.g., routinely requires a boost or assistance with positioning).

Rank 4: Unable to complete most transfers or reposition without physical assistance. Would be at risk if unassisted.

Rank 5: Totally dependent upon another person for all transfers. Must be lifted or mechanically transferred. Must be repositioned often and have skin rubbed daily

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment B)

621-17C ADDED 6/07

Grid for Transfers

	Low	High
Rank 2	0.50	1.17
Rank 3	0.58	1.40
Rank 4	1.10	2.33
Rank 5	1.17	3.50

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-17D ADDED 6/07

Transfers

Factors/Exception Examples

Factors For Consideration Include, But Not Limited To:

- The extent to which the recipient can assist or perform tasks safely.
- The amount of assistance required.
- The availability of equipment, such as a Hoyer lift.
- Time for universal precautions, as appropriate.

Exceptions Include, But Not Limited To:

- If the recipient gets in and out of bed frequently during the day or night due to naps or use of the bathroom.
- If the weight of the recipient and/or condition of his/her bones requires more careful, slow transfer.
- If the recipient has spasticity or locked limbs.
- If the recipient is combative.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-18A ADDED 6/07

Task Definition

Bathing, Oral Hygiene, and Grooming (MPP 30-757.14 (e))

Bathing (Bath/Shower) includes cleaning the body in a tub or shower; obtaining water/supplies and putting them away; turning on/off faucets and adjusting water temperature; assistance with getting in/out of a tub or shower; assistance with reaching all parts of the body for washing, rinsing, and drying and applying lotion, powder, deodorant; and washing/drying hands.

Oral Hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands.

Grooming includes hair combing/brushing; hair trimming when recipient cannot get to the barber/salon; shampooing, applying conditioner, and drying hair; shaving; fingernail/toenail care when these services are not assessed as “paramedical services” for the recipient; and washing/drying hands.

Note: This does not include getting to/from the bathroom. These tasks are assessed as mobility under “ambulation” (MPP 30-757.14(k)).

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-18B ADDED 6/07

Functional Index for Bathing, Oral Hygiene, and Grooming

Rank 1: Independent: Able to bathe, brush teeth, and groom self safely without help from another person.

Rank 2: Able to bathe, brush teeth, and groom self with direction or intermittent monitoring. May need reminding to maintain personal hygiene.

Rank 3: Generally able to bathe and groom self, but needs assistance with some areas of body care (e.g., getting in and out of shower or tub, shampooing hair, or brushing teeth).

Rank 4: Requires direct assistance with most aspects of bathing, oral hygiene, and grooming. Would be at risk if left alone.

Rank 5: Totally dependent on others for bathing, oral hygiene, and grooming

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment B)

621-18C ADDED 6/07

Grid for Bathing, Oral Hygiene, and Grooming

	Low	High
Rank 2	0.50	1.92
Rank 3	1.27	3.15
Rank 4	2.35	4.08
Rank 5	3.00	5.10

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-18D ADDED 6/07

Bathing, Oral Hygiene and Grooming

Factors/Exception Examples

Factors For Consideration Include, But Not Limited To:

- ☐ The extent to which the recipient can assist or perform tasks safely.
- ☐ The number of times the recipient may need help to bathe.
- ☐ If the recipient requires assistance in/out of tub/shower.
- ☐ If the recipient needs assistance with supplies.
- ☐ If the recipient requires assistance washing his/her body.
- ☐ If the provider must be present while the recipient bathes.
- ☐ If the recipient requires assistance drying his/her body and/or putting on lotion/powder after bathing.
- ☐ If the recipient showers in a wheelchair.
- ☐ Time for universal precautions, as appropriate.

Exceptions Include, But Not Limited To:

- ☐ If the provider's constant presence is required.
- ☐ If the weight of the recipient requires more or less time.
- ☐ If the recipient has spasticity or locked limbs.
- ☐ If a roll-in shower is available.
- ☐ If the recipient is combative.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-19A ADDED 6/07

Task Definition

Repositioning/Rubbing Skin (MPP 30-757.14(g))

Includes rubbing skin to promote circulation and/or prevent skin breakdown; turning in bed and other types of repositioning; and range of motion exercises which are limited to:

- General supervision of exercises which have been taught to the recipient by a licensed therapist or other health care professional to restore mobility restricted because of injury, disuse, or disease.
- ☐ Maintenance therapy when the specialized knowledge and judgment of a qualified therapist is not required and the exercises are consistent the patient's capacity and tolerance.
 - Such exercises include carrying out of maintenance programs (e.g., the performance of repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain a range of motion in paralyzed extremities; and assistive walking).

Note: "Repositioning and rubbing skin" does not include:

- ☐ Care of pressure sores (skin and wound care). This is assessed as part of "paramedical" specified at MPP 30-757.19.
- ☐ Ultraviolet treatment (set up and monitor equipment) for pressure sores and/or application of medicated creams to skin. These tasks are assessed as part of "assistance with prosthetic devices" at MPP 30-757.14(i).

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-19B ADDED 6/07

Grid for Repositioning/Rubbing Skin

	Low	High
Functional	0.75	2.80
rank does		
not apply		

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-19C ADDED 6/07

Repositioning/Rubbing Skin

Factors/Exception Examples

Factors For Consideration Include, But Not Limited To:

- The extent to which the recipient can assist or perform tasks safely.
- ☐ If the recipient's movement is limited while in the seating position and/or in bed, and the amount of time the recipient spends in the seating position and/or in bed.
- ☐ If the recipient has circulatory problems.
- Time for universal precautions, as appropriate.

Exceptions Include, But Not Limited To:

- ☐ If the recipient has a condition that makes him/her confined to bed.
- ☐ If the recipient has spasticity or locked limbs.
- ☐ If the recipient has or is at risk of having decubitus ulcers which require the need to turn the recipient frequently.
- ☐ If the recipient is combative.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-20A ADDED 6/07

Task Definition

Care and Assistance with Prosthetic Devices and Assistance with Self-Administration of Medications (MPP 30-757.14(i))

Assistance with taking off/putting on, maintaining, and cleaning prosthetic devices, vision/hearing aids, and washing/drying hands before and after performing these tasks.

Also includes assistance with the self-administration of medications consisting of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken, setting up Medi-sets and distributing medications.

Grid

	Low	High
Functional	0.47	1.12
rank does		
not apply		

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-20B ADDED 6/07

SHD Paraphrased Regulations - Social Services 620 IHSS Need Evaluation

Grid for Care and Assistance with Prosthetic Devices and Assistance with Self-Administration of Medications

	Low	High
Functional rank does not apply	0.47	1.12

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-20C ADDED 6/07

Care and Assistance with Prosthetic Devices and Assistance with Self-Administration of Medications

Factors/Exception Examples

Factors For Consideration Include, But Not Limited To:

- ☐ The extent to which the recipient is able to manage medications and/or prosthesis independently and safely.
- The amount of medications prescribed for the recipient.
- ☐ If the recipient requires special preparation to distribute medications (e.g., cutting tablets, putting medications into Medi-sets, etc.)
- ☐ If the recipient has cognitive difficulties that contribute to the need for assistance with medications and/or prosthetic devices.
- ☐ Time for universal precautions, as appropriate.

Exceptions Include, But Not Limited To:

- ☐ If the recipient takes medications several times a day.
- ☐ If the pharmacy sets up medications in bubble wraps or Medi-sets for the recipient.
- ☐ If the recipient has multiple prosthetic devices.
- ☐ If the recipient is combative.

(ACL 06-34 errata, HTG Quick Reference Task Tool, Attachment C)

621-21 ADDED 12/07

Respiration is limited to nonmedical services such as assistance with self-administration of oxygen and cleaning IPPB machines. (§30-757.14(b))

622-1

Net nonexempt income in excess of the applicable SSI/SSP benefit level shall be applied to the cost of IHSS. (§30-755.233)

622-2

Unearned income includes any payments received as an annuity, pension, retirement, disability, Old Age, Survivors and Disability Insurance, unemployment, veterans' or workers' compensation benefits. (§30-775.332)

622-3

There is a disregard for the first \$20 of earned or unearned income per month. (§30-775.433)

622-5

Where the correct share of cost was more than the recipient paid, the resulting overpayment is determined by subtracting the amount paid from the correct amount. (§30-768.23)

622-6

Unearned income includes those amounts of countable earned income deemed to be available to the individual from the income of his or her ineligible spouse or parents. The deeming procedures shall conform to those specified in 20 CFR §§416.1165-1166 and as set forth on a form approved by the Department. (§30-775.337)

622-6A ADDED

3/09The SOC 294-A form is the form used to determine IHSS Adult Income Eligibility and share of cost. The form is consistent with Hodson v Woods that held that Welfare and Institutions Code (W&IC) §12051 requires the use of the deeming methodology used for SSI/SSP.

The form includes additional steps for calculating the deemed income of an ineligible spouse contained in 20 CFR 416.1763c.

(All County Letter 85-110, October 29, 1985)

622-6B ADDED 6/07

How we deem income to you from your ineligible spouse. If you have an ineligible spouse who lives in the same household, we apply the deeming rules to your ineligible spouse's income in the following order.

(a) Determining your ineligible spouse's income. We first determine how much earned and unearned income your ineligible spouse has, using the appropriate exclusions in Sec. 416.1161(a).

(b) Allocations for ineligible children. We then deduct an allocation for ineligible children in the household to help meet their needs. Exception: We do not allocate for ineligible children who are receiving public income-maintenance payments (see Sec. 416.1142(a)).

(1) The allocation for each ineligible child is the difference between the Federal benefit rate for an eligible couple and the Federal benefit rate for an eligible individual. The amount of the allocation automatically increases whenever the Federal benefit rate increases. The amount of the allocation that we use to determine the amount of a benefit for a current month is based on

the Federal benefit rate that applied in the second prior month unless one of the exceptions in Sec. 416.1160(b)(2) applies.

(2) Each ineligible child's allocation is reduced by the amount of his or her own income as described in Sec. 416.1161(c).

(3) We first deduct the allocations from your ineligible spouse's unearned income. If your ineligible spouse does not have enough unearned income to cover the allocations we deduct the balance from your ineligible spouse's earned income.

(c) Allocations for aliens sponsored by your ineligible spouse. We also deduct an allocation for eligible aliens who have been sponsored by and who have income deemed from your ineligible spouse.

(1) The allocation for each alien who is sponsored by and who has income deemed from your ineligible spouse is the difference between the Federal benefit rate for an eligible couple and the Federal benefit rate for an eligible individual. The amount of the allocation automatically increases whenever the Federal benefit rate increases. The amount of the allocation that we use to compute your benefit for a current month is based on the Federal benefit rate that applied in the second prior month (unless the current month is the first or second month of eligibility or re-eligibility as explained in Sec. 416.420(a) and (b) (2) and (3)).

(2) Each alien's allocation is reduced by the amount of his or her own income as described in Sec. 416.1161(d).

(3) We first deduct the allocations from your ineligible spouse's unearned income. If your ineligible spouse does not have enough unearned income to cover the allocations, we deduct the balance from your ineligible spouse's earned income.

(d) Determining your eligibility for SSI:

(1) If the amount of your ineligible spouse's income that remains after appropriate allocations is not more than the difference between the Federal benefit rate for an eligible couple and the Federal benefit rate for an eligible individual, there is no income to deem to you from your spouse. In this situation, we subtract only your own countable income from the Federal benefit rate for an individual to determine whether you are eligible for SSI benefits.

(2) If the amount of your ineligible spouse's income that remains after appropriate allocations is more than the difference between the Federal benefit rate for an eligible couple and the Federal benefit rate for an eligible individual, we treat you and your ineligible spouse as an eligible couple. We do this by:

(i) Combining the remainder of your spouse's unearned income with your own unearned income and the remainder of your spouse's earned income with your earned income;

- (ii) Applying all appropriate income exclusions in Sec. Sec. 416.1112 and 416.1124; and
- (iii) Subtracting the couple's countable income from the Federal benefit rate for an eligible couple. (See Sec. 416.2025(b) for determination of the State supplementary payment amount.)
- (e) Determining your SSI benefit.

(1) In determining your SSI benefit amount, we follow the procedure in paragraphs (a) through (d) of this section. However, we use your ineligible spouse's income in the second month prior to the current month. We vary this rule if any of the exceptions in Sec. 416.1160(b)(2) applies (for example, if this is the first month you are eligible for payment of an SSI benefit or if you are again eligible after at least a month of being ineligible). In the first month of your eligibility for payment (or re-eligibility), we deem your ineligible spouse's income in the current month to determine both whether you are eligible for a benefit and the amount of your benefit.

In the second month, we deem your ineligible spouse's income in that month to determine whether you are eligible for a benefit but we deem your ineligible spouse's income in the first month to determine the amount of your benefit.

- (2) Your SSI benefit under the deeming rules cannot be higher than it would be if deeming did not apply.

(20 CFR 416.1163)

622-7 REVISED 9/08

The IHSS payment shall be determined by multiplying the monthly adjusted need for IHSS hours by the payment rate used by the county. (§30-764.12)

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. (The minimum wage is \$8.00 per hour as of January 1, 2008.) (§30-764.21; ACIN I-100-06)

622-9 ADDED 5/05

All Medi-Cal eligibility determinations are to be completed following Medi-Cal rules. This includes Medi-Cal eligibility determinations for IHSS and PCSP recipients. (All County Welfare Director's Letter 04-27, August 30, 2004)

622-10 ADDED 3/10

Effective August 1, 2004, under the IHSS Plus Waiver program, caregiver wages paid to a parent for providing in-home services to a minor child are exempt. So are wages paid to a spouse who provides in-home services to his/her spouse. Also exempt under the IHSS Plus

Waiver program are a restaurant meal allowance or advance pay made to a recipient to pay the in-home services caregiver. (ACWDL 05-29, August 29, 2005)

622-10A ADDED 3/10

An in-home caregiver wages paid to a household member shall be exempt as income and property when both of the following conditions are met: 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program. Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt as income and property. For purposes of this income and property exemption, the definition of a minor child is up to age 21.

The effective date of these income and property exemptions is January 1, 2005.

(All County Welfare Directors Letter No.: 07-02, January 18, 2007)

623-1 REVISED 7/12

Effective February 1, 2011, counties are required to reduce every IHSS recipient's total authorized hours by 3.6 percent. The 3.6 percent reduction will first be applied to any documented unmet need (excluding protective supervision). Pursuant to the provisions of the statute, the reduction is temporary and each recipient's service hours will be restored, effective July 1, 2012, to the recipient's full authorized level based on the recipient's most recent assessment. Although the 3.6 reduction ended on July 1, 2012, it was reinstated effective August 1, 2012 with a sunset date of June 30, 2013.

All County Letter 10-61, December 17, 2010 and All County Letter 12-33, July 6, 2012 based on the enactment of Section 12301.06 of the California Welfare and Institutions Code.

623-1A ADDED 1/13

Welfare and Institutions Code section 12301.06 has been amended to extend the 3.6 percent reduction effective August 1, 2012 through June 30, 2013. (All County Letter 12-33, July 6, 2012.)

623-1B ADDED 6/13

The 3.6% service reduction in IHSS has been increased to 8% for 12 months commencing on July 1, 2013. All-County Letter (ACL) No: 13-47. June 7, 2013

623-2 ADDED 12/11

The California Department of Social Services (CDSS) took action to implement a 20-percent reduction in IHSS recipients' total authorized monthly service hours, effective January 1, 2012. W&IC section 12301.07 as specified in Assembly Bill 121 (Chapter 41, Statutes of 2011), All County Letter No. 11-8, November 29, 2011. However, this reduction has been set aside by a Temporary Restraining Order issued on December 1, 2011. See All County Letter 11-8, December 7, 2011.

625-1

A person who is eligible for a personal care service through PCSP shall not be eligible for that service through IHSS. A service provided by IHSS shall be equal to the level of the same service provided by PCSP. (§30-757.1)

625-1A ADDED 7/06

Recipients who remain in the IHSS-R program are those who have been determined eligible for IHSS-R services, but who are not eligible for federally funded full-scope Medi-Cal, such as non-citizens under the five year ban (ACIN I-28-06, April 11, 2006, answer to question 2)

625-1B

The Personal Care Service Program includes personal care and ancillary services.

Personal care services include:

- (1) Assisting with ambulation. Ambulation does not include movement solely for the purpose of exercise.
- (2) Bathing and grooming.
- (3) Dressing.
- (4) Bowel and bladder and menstrual care.
- (5) Repositioning, transfer skin care (e.g., rubbing skin and repositioning to promote circulation and prevent skin breakdown) and range of motion exercises.
- (6) Feeding, hydration assistance, cleaning face and hands following meal.
- (7) Assistance with self-administration of medications.
- (8) Respiration, nonmedical services, such as assistance with self-administration of oxygen and cleaning oxygen equipment.
- (9) Paramedical services, as defined in Welfare and Institutions Code §12300.1. This includes administration of medications, puncturing the skin, or other activities requiring judgment based on training given by a licensed health care professional.

Ancillary services are limited to the following and are subject to time-per-task guidelines established in the Manual of Policies and Procedures (MPP). Ancillary services are:

- (1) Domestic services.

- (2) Laundry services.
- (3) Reasonable food shopping and errands limited to the nearest available stores or facilities consistent with the beneficiary's economy and needs. This includes compiling a list, putting items away, phoning in and picking up prescriptions.
- (4) Meal preparation and cleanup including planning menus.
- (5) Accompanying the beneficiary to and from appointments with health care practitioners, and to the site where alternative resources provide IHSS, when the beneficiary's presence is required at the destination, and no other Medi-Cal service will provide the transportation.
- (6) Heavy cleaning, which is thorough cleaning of the home to remove hazardous debris or dirt.
- (7) Yard hazard abatement, which is light work in the yard.

(§51183; see also MPP Handbook §30-780.1)

625-1C ADDED 8/05

Protective supervision, and cases that authorize Domestic and Related –Only services, will receive federal funding under PCSP. If there is a parent (for minor child) or spouse provider, or restaurant meal allowance or advance pay, the case is funded under the IHSS Plus Waiver (All County Letter 05-05, June 2, 2005)

625-2

By September 1, 1993, the California Department of Social Services shall notify Pickle eligible persons, and persons eligible for services under 42 United States Code §1383c(c), they may receive PCSP without an SOC rather than IHSS if they meet other PCSP requirements and agree to accept payment for services in arrears rather than on an advanced basis. (W&IC §14132.95(k))

625-5A

If a provider of IHSS or PCSP voluntarily agrees to provide a service or services, the county social services staff shall obtain a statement from the provider that he/she knows of the right to compensation for the provision of the services, but voluntarily chooses to accept no payment or reduced payment. (§§30-757.176 and 30-763.64, effective November 14, 1998, based on Miller v. Woods/Community Services for the Disabled v. Woods, San Diego County Superior Court, Nos. 468192 and 472068)

626-1A REVISED 3/07

Protective Supervision consists of observing recipient behavior and intervening as appropriate in order to safeguard the recipient against injury, hazard, or accident.

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

(§30-757.17 effective June 26, 2006 and revised effective February 5, 2007)

626-1B REVISED 3/07

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 deliberate self-destructive behavior, such as suicide, or when an individual knowingly intends to harm himself/herself.

(§30-757.172 effective June 26, 2006 and revised effective February 5, 2007)

626-1C ADDED 12/06

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.
 - (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.

HANDBOOK BEGINS HERE

(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.

HANDBOOK ENDS HERE.

(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.

(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.

(§30-757.173 effective June 26, 2006)

626-1D REVISED 9/09

Q: Can (a county) accept mental health diagnoses from other medical professionals or should it be diagnoses provided by mental health professionals only?

A mental health diagnosis can only be made by a mental health professional.

(All County Letter 08-18, April 23, 2008, question and answer 36)

(Counties) can accept a diagnosis from any medical professional who is acting within the scope of his or her license. Service hours are authorized based on assessed need, never solely based on a diagnosis. Mental function shall be assessed in accordance with MPP Section 30-756.37. While any diagnosis may be accepted and considered in the course of the process, the diagnosis would only be considered as a part of the whole, in conjunction with the social worker's observations. (ACL 09-30, June 30, 2009 correcting the answer in ACL 08-18)

626-1E ADDED

9/15Protective 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;

(§30-757.171 effective June 26, 2006 and revised effective February 5, 2007)

626-2

The California Court of Appeals ruled that protective supervision for IHSS recipients could be limited to those recipients who were nonself-directing or mentally infirm. (Marshall v. McMahon (1993) 22 Cal.Rptr. 2d 220)

626-2A ADDED

7/15For the purpose of Protective Supervision eligibility, nonself-direction is an inability, due to a mental impairment/mental illness, for individuals to assess danger and the risk of harm, and therefore, the individuals would most likely engage in potentially dangerous activities that may cause self-harm.

(ACL 15-25, March 19, 2015)

626-2B ADDED

7/15A person must be both mentally impaired or mentally ill and nonself-directing to be eligible for Protective Supervision. It is not sufficient for someone to just be mentally impaired/mentally ill, there must also be evidence that he/she is nonself-directing.

(ACL 15-25, March 19, 2015)

626-3

For service authorization purposes, no need for protective supervision exists during periods when a provider is in the home to provide other services. (§30-763.332)

626-3A ADDED 9/13

When two (or more) IHSS recipients are living together and both require protective supervision, the need shall be treated as a common need and prorated accordingly. In the event that proration results in one recipient's assessed need exceeding the payment and hourly maximums provided in Section 30-765, the apportionment of need shall be adjusted between the recipients so that all, or as much as possible of the total common need for protective supervision may be met within the payment and hourly maximums.
(§30-763.331)

626-4

In the case of *Calderon v Anderson*, Calderon, was 35 years old and suffered from severe mental retardation, physical deformities, and cerebral palsy, which rendered him completely bedridden. Calderon functioned at the cognitive level of a one-year old child. He had no use of his extremities, which remained in a fixed position, could not move his head, was nonverbal, and was unable to care for himself.

In holding that Calderon was not eligible for protective supervision services, the Court of Appeals stated the following:

"Calderon is "non-self-directing"; however, his physical condition makes it impossible for him to engage in any activities that would require observation or preventive intervention. While Calderon's medical condition is severe and his situation unfortunate, protective supervision is not available merely to provide constant oversight in anticipation of environmental or medical emergencies, or exigent circumstances."

(*Calderon v. Anderson* 45 Cal.App.4th 607, 616, 52 Cal.Rptr.2d 846, at 851)

626-5

The following procedures should be followed when assessing a minor's need for protective supervision in the IHSS program.

A county social worker should always assess an IHSS eligible minor for mental functioning. (§§30-756.1, 756.2, 761.261; Welfare & Institutions Code (W&IC) §§12300(d)(4), 12301.1, 12309, (b)(1)(2)(c)) The following shall be used to assess a minor's mental functioning:

The county social worker must review a minor's mental functioning on an individualized basis and must not presume a minor of any age has a mental functioning score of "1". (§30-756.372; W&IC §§12301(a), 12301.1)

A county social worker must assess all eligible minors for a mental impairment. In doing so, the worker must request the parent or guardian to obtain available information and documentation about the existence of a minor's mental impairment. A county social worker is not required to independently obtain such information and documentation, but must review any information provided. (§§30-756.31, 756.32, 761.26). For example, is the minor SSI eligible based on mental impairments, or is the minor eligible for regional center services based on mental

retardation, autism, or a condition like mental retardation or does the minor need services like someone with mental retardation?

A county social worker must evaluate a mentally impaired minor in the functions of memory, orientation, and judgment. (§30-756.372)

A county social worker must advise parents or guardians of a minor with a mental impairment of the conditions for receiving protective supervision, and the availability of that service. (§§30-760.21, 760.23, 760.24; W&IC §§10061, 12301.1, 12309(c)(1))

A county social worker is not to presume that services, which are otherwise compensable, will be provided voluntarily by a parent or guardian or anyone else in accordance with §30-763.622.

A county social worker must assess the minor's need for protective supervision under §30-757.17 based on the minor's individual need, if the minor has a mental impairment. (§§30-756.1, 756.2, 761.261; W&IC §§12300(d)(4), 12301.1, 12309(b)(1)(b)(2)(C))

A county social worker must determine whether a minor needs more supervision because of his/her mental impairments than a minor of the same age without such impairment. (W&IC §12300(d)(4))

A minor must not be denied protective supervision based solely on age, or solely because the minor has had no injuries at home due to the mental impairment, as long as the minor has the potential for injury by having the physical ability to move about the house (not bedridden). (§§30-761.26, 30-763.1; W&IC §§12300, 12301.1)

A minor must not be denied protective supervision solely because a parent leaves the child alone for some fixed period of time, like five minutes. (§§30-761.26, 30-760.24, 30-763.1; W&IC §12301.1)

A county social worker must consider factors such as age, lack of injuries and parental absence, together with the other facts, in determining whether or not a minor needs protective supervision. (W&IC §12301.1)

(These instructions are based on the above-cited state laws and regulations, and the court order in Lam v. Anderson and in Garrett v. Anderson, San Diego County Superior Court No. 712208, Stipulation for Entry of Final Judgment and Judgment, June 12, 1998 and implemented through All-County Letter (ACL) No. 98-87, October 30, 1998.)

626-5A

The Garrett court order mandates that a minor may not be denied protective supervision solely on the basis of their age, although age may be one factor in determining if protective supervision should be granted. The Garrett court order also mandates that when a minor is non-self-directed and mentally ill/impaired, it must be determined whether the minor needs more

supervision because of his/her mental impairments than a minor of the same age without such impairment. (Lam v. Anderson and in Garrett v. Anderson, San Diego County Superior Court No. 712208, Stipulation for Entry of Final Judgment and Judgment, June 12, 1998 and implemented through All-County Letter (ACL) No. 98-87, October 30, 1998

626-5B

If a provider of IHSS or PCSP voluntarily agrees to provide a service or services, the county social services staff shall obtain a statement from the provider that he/she knows of the right to compensation for the provision of the services, but voluntarily chooses to accept no payment or reduced payment. (§§30-575.176 and 30-763.64, effective November 14, 1998, based on Miller v. Woods/Community Services for the Disabled v. Woods, San Diego County Superior Court, Nos. 468192 and 472068)

626-5C

The voluntary service agreement for IHSS shall contain the following information:

- (1) Services to be performed.
- (2) Recipient's name.
- (3) Case number.
- (4) Day(s) and hour(s) per month service 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.

(§§30-757.176(a), referenced in §30-763.64, both sections effective November 14, 1998)

626-6 ADDED 8/05

The department shall, in consultation and coordination with the county welfare departments and in accordance with Section 12305.72, develop for statewide use a standard form on which to obtain certification by a physician or other appropriate medical professional as determined by the department of a person's need for protective supervision.

At the time of an initial assessment at which a recipient's potential need for protective supervision has been identified, the county shall request that a person requesting protective supervision submit the certification to the county. The county shall use the certification in conjunction with other pertinent information to assess the person's need for protective

supervision. The certification submitted by the person shall be considered as one indicator of the need for protective supervision, but shall not be determinative. In the event that the person fails to submit the certification, the county shall make its determination of need based upon other available evidence.

(W&IC §12301.21(a) and (b))

626-7 ADDED 6/13

:When two (or more) IHSS recipients are living together and both require protective supervision, the need shall be treated as a common need and prorated accordingly. In the event that proration results in one recipient's assessed need exceeding the payment and hourly maximums provided in Section 30-765, the apportionment of need shall be adjusted between the recipients so that all, or as much as possible of the total common need for protective supervision may be met within the payment and hourly maximums. (MPP 30-763.331)

626-8 ADDED

1/15Psychogenic seizures can be classified as a mental condition and protective supervision should be authorized when such seizures are frequent and can lead to the possibility of dangerous behaviors; the absence of documented instances of dangerous activities does not necessarily mean there is no need. *Norasingh v. Lightbourne*, 229 Cal. App. 4th 740, 176 Cal. Rptr. 3d (2014)

626-9 ADDED

11/15The Department has issued the following clarifications regarding Protective Supervision policies:

Mentally Impaired/Mentally Ill and Nonself-Directing

In addition to all other relevant eligibility criteria, a person must be both mentally impaired or mentally ill and nonself-directing to be eligible for Protective Supervision. It is not sufficient for someone to just be mentally impaired/mentally ill, there must also be evidence that he/she is nonself-directing. This policy is based on the court rulings in the *Marshall v. McMahon*, (1993) 17 Cal. App. 4th 1841, and *Calderon v. Anderson*, (1996) 45 Cal. App. 4th 607, cases, and will also be reflected in forthcoming amendments to the Protective Supervision regulations found at MPP § 30-757.17.

For the purpose of Protective Supervision eligibility, nonself-direction is an inability, due to a mental impairment/mental illness, for individuals to assess danger and the risk of harm, and therefore, the individuals would most likely engage in potentially dangerous activities that may cause self-harm.

Physical Ability to Engage in Potentially Dangerous Activities

Protective Supervision recipients must be physically capable of harming themselves. In *Calderon v. Anderson* (1996), the court held that the plaintiff was not entitled to Protective Supervision under the IHSS Program because his physical condition made it impossible for him to engage in any activities that would require observation or preventative intervention, and Protective Supervision was not available merely to provide constant oversight in anticipation of environmental or medical emergencies.

However, a mentally impaired or mentally ill individual who is bedridden, or in a wheelchair, is not necessarily incapable of engaging in activities that would require observation or preventative intervention under Protective Supervision. The specific factual circumstances of the individual must be considered when determining whether s/he has the physical ability to engage in potentially dangerous activities.

For example a mentally impaired/mentally ill bedridden individual may still have the physical ability to pull at his or her G-tube that requires observation or intervention under Protective Supervision.

This risk of harm is different than the types of medical emergencies/medical conditions for which Protective Supervision is not available under MPP § 30-757.172, such as the potential to fall because the mentally impaired/mentally ill person experiences poor balance.

Excluded Needs and Behaviors under MPP § 30-757.172

The exclusions listed under MPP § 30-757.172 are applicable if a recipient is otherwise eligible for Protective Supervision and has the requisite mental impairment/ mental illness, is nonself-directing, and would likely engage in potentially dangerous activities.

MPP § 30-757.172 states 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. Examples include a person who has diabetes and the need for Protective Supervision is to help if or when the recipient has an episode of hypoglycemia or a person who has diabetes and the need for Protective Supervision is to help if or when the recipient has an episode of hypoglycemia.
- (c) In anticipation of a medical emergency;
- (d) To prevent or control anti-social or aggressive recipient behavior
- (e) To guard against deliberate self-destructive behavior, such as suicide, or when an individual knowingly intends to harm himself/herself.

If a recipient only displays needs or behaviors excluded under MPP § 30-757.172, they are not eligible for Protective Supervision. If a recipient displays self-injurious behavior that would qualify for Protective Supervision, but also displays excluded behavior(s) based on MPP § 30-757.172, they may still be eligible for Protective Supervision for the non-excluded behaviors. For example a recipient who displays multiple self-injurious behaviors such as attempting suicide and wandering would be eligible for Protective Supervision to intervene to prevent wandering, but not to prevent suicide attempts.

The IHSS program is not intended to prevent or control dangerous behaviors, and IHSS providers are not trained to intervene when recipients are displaying such behaviors. The non-IHSS program remedy for suicide attempts and other dangerous behavior is still to call 911.

Additional Excluded Needs and Behaviors

The *Calderon v. Anderson* decision states that “protective supervision is not available merely to provide constant oversight in anticipation of environmental or medical emergency or exigent circumstances.” For example a mentally ill/mentally impaired recipient who would not know how to exit his/her home in the event of a fire is not eligible for Protective Supervision based on that behavior (or lack of appropriate response/behavior) alone.

Routine Child Care

Protective Supervision cannot be authorized for routine child care or supervision. This policy is based on the requirement that Protective Supervision must be related to the functional limitations of the child as set forth in WIC § 12300(e)(4). This policy is also supported by MPP § 30-763.456(d), and it is CDSS’ interpretation that this criteria applies to all providers, not just parent providers.

Environmental Modifications/Safety-Proofing to Eliminate Need for Protective Supervision

Environmental modifications such as removing knobs from stove or adding safety latches can be used, and should be encouraged, to eliminate the need for Protective Supervision. If the modification eliminates the hazard, then there is no longer a need for Protective Supervision and Protective Supervision should not be authorized.

Fluctuating/Episodic Behavior

Per MPP § 30-757.173, “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.”
Protective Supervision requires a 24/7 need, so if the behavior in question is considered predictable, and the need for supervision is at certain times of the day,

there is no Protective Supervision eligibility because there is not a 24 hour-a-day need. Alternatively, unpredictable episodic behavior does meet the 24/7 requirement, as the need for supervision is constant. The unpredictable episodic behavior must be frequent and long enough that constant supervision is necessary.

It is CDSS' policy that leaving a recipient alone for some fixed short period of time, is not, by itself, a reason to deny Protective Supervision. Although this concept is derived from language from the Garrett court order, discussed below, it is CDSS' policy that this should apply to adults and minors alike; therefore, an adult or a child may be eligible for Protective Supervision in order to safeguard them from dangerous and fluctuating/episodic behavior, even if that behavior allows the person to be left alone for short periods of time.

Actual Injury vs. Propensity to Harm Self

It is CDSS' policy that a person does not have to suffer actual injury to be eligible for Protective Supervision, but only have a history of a propensity for placing him/herself in danger.

For example:

- A person with a documented history of nonself-direction, who has a tendency to open the front door and start walking away, does not necessarily have to make it into the street in order for this to be considered potentially hazardous behavior.

Other evidence of a propensity for placing him/herself in danger may come from doctor evaluations, Individualized Education Plans (IEPs), etc.

When reassessing for Protective Supervision, changes in a recipient's physical mobility may impact their eligibility for Protective Supervision. Also, changes in a recipient's behavior or condition which indicates that s/he no longer has the same propensity to engage in potentially dangerous activities may impact their eligibility for Protective Supervision.

When the county discontinues Protective Supervision, it must establish the factual basis for the discontinuance.

All County Letter ACL 15-25 (March 19, 2015)

626-10 ADDED

11/15 Counties they must assess all eligible minors, which include anyone up to the age of 18 years old, for a mental impairment/ mental illness.

If the child is mentally impaired/mentally ill, ACL 15-25 provides the following four-step process for counties to use when applying the terms of the Garrett v. Anderson stipulated judgment:

- 1) Is the minor nonself-directing due to the mental impairment/mental illness? If the answer is no, then the minor is not eligible for Protective Supervision pursuant to Calderon v. Anderson and Marshal v. McMahon, and Protective Supervision should not be granted. The county should document that because the child is self-directing, the minor does not meet the Garrett criteria of needing more supervision than another minor of the same age without a mental impairment/ mental illness. Counties should also document the underlying facts which are basis for this determination. If the answer is yes, then move to question 2;
- 2) If the minor is mentally impaired/mentally ill and nonself-directing, is he/she likely to engage in potentially dangerous activities? Consider here whether the minor retains the physical ability to put him/herself at risk of harm. If the answer is no, then the minor is not eligible for Protective Supervision under the Calderon v. Anderson court decision, and Protective Supervision should not be granted. The county should document that because the child is not likely to engage in potentially dangerous activities, the minor does not meet the Garrett criteria of needing more supervision than another minor of the same age without a mental impairment/mental illness. If the answer is yes, then move to question 3;
- 3) Does he/she also need more supervision than a minor of comparable age who is not mentally impaired/mentally ill pursuant to the Garrett v. Anderson court order? "More supervision" can be more time, more intensity, or both. The additional supervision required must be significantly more than routine child care, and not only be related to the functional limitations of the child, but also allow the child to remain safely in their own home with this assistance. If the answer is no, then the minor is not eligible for Protective Supervision under the Garrett v. Anderson court order, and Protective Supervision should not be granted. The county should document that because the child does not need more supervision than another child of the same age without a mental impairment/mental illness, the minor does not meet the Garrett criteria of needing 24 hours-a-day of supervision. If the answer is yes, then move to question 4;
- 4) When it is found that "more supervision" is needed, is 24 hour-a-day supervision needed in order for the minor to remain at home safely pursuant to MPP § 30-757.173? If the answer is no, then the minor is not eligible for Protective Supervision and it should not be granted. If the answer is yes, the minor qualifies for Protective Supervision, if otherwise eligible.

All County Letter ACL 15-25 (March 19, 2015)

628-1E ADDED 10/09

There are two statutory changes to the California Department of Social Services' (CDSS) program for payment of Medi-Cal Recognized Expenses (MRE) for Personal Care Services

Program (PCSP) and In-Home Supportive Services (IHSS) Plus Waiver (IPW) program recipients. This payment of MRE is otherwise known as the Share-of-Cost (SOC) Buyout Program.

The first change amended Welfare and Institutions Code (WIC) §12305.1 to require that, in order to be eligible for the payment of MRE, individuals in PCSP or IPW must be eligible for and receive services under one of those programs before July 1, 2009, and continue to receive those services.

The second change amended WIC §12305.1 to provide that an individual who meets the above criteria for MRE payments shall have his or her MRE payment eliminated as of October 1, 2009. This change to state law entirely eliminates all MRE payments beginning with the month of October 2009. (ACL 09-47, September 16, 2009)

628-2 ADDED 12/07

In order to minimize the confusion related to the combination of Conlan II, share of cost (SOC) and Buy-Out claims, all beneficiaries/recipients who believe they have paid a SOC in excess of their obligation must submit their claims through the Department of Health Care Services (CDHCS) Beneficiary Services Center (BSC), unless it is a Buy-Out claim for reimbursement for the current month or one month prior. Those reimbursements may be made by the County using the Special Pre-Authorized Transaction (SPEC) created for this purpose. The BSC will then forward the claims to CDSS, Adult Programs Division. CDSS will review and process claims as required. (All County Letter 07-32, September 13, 2007)

628-3 ADDED 6/08

Share of cost means an individual's net non-exempt income in excess of the applicable SSI/SSP benefit level which must be paid toward the cost of IHSS authorized by the county (MPP §30-701(s)(3))

628-3A ADDED 1/13

In a case where an IHSS-Plus or PCSP applicant's Medi-Cal share of cost exceeds the cost of his/her assessed hours, the case should not be denied even though there would be no IHSS payment. The applicant would still be a Medi-Cal recipient and, if signed timesheets are submitted, could use the IHSS hours as payment toward the Medi-Cal share of cost. ACL 06-13 (May 30, 2006); ACL 09-47 (September 16, 2009).

628-4 REVISED 4/09

Effective January 2008, the SSI/SSP payment standard for one person living independently is \$870. That standard increased to \$907 effective January 1, 2009. (All County Welfare Director's Letters 07-21, November 2007, 08-51E December 10, 2008)

On February 20, 2009, the Governor signed into law Senate Bill X3 6 (Chapter 13, Statutes of 2009). Under this new law, the Supplemental Security Income/State Supplementary Program

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(SSI/SSP) payment standards will be reduced back to the December 2008 levels, effective May 1, 2009 (i.e., \$870 for one person living independently. (ACIN I-23-09, March 26, 2009)

All-County Information Notice No. I-23-09, announced the possibility of an additional 2.3 percent reduction to the SSI/SSP payment standards effective July 1, 2009. This reduction was subject to rescission by the Director of the Department of Finance (DOF). The DOF has indicated that the additional 2.3 percent reduction provision will NOT be rescinded. As a result, effective July 1, 2009, the SSI/SSP payment standards will be reduced by 2.3 percent. Effective July 1, 2009, the SSI/SSP payment standard for one person living independently is \$850. (ACIN I-26-09, April 2, 2009)

628-4A ADDED 6/08

Effective _____, , the SSI/SSP payment standard for one person living independently is (_____)

628-5 ADDED 3/10

The California Department of Social Services (CDSS), Adult Programs Division, Conlan II Unit has the primary responsibility for adjudicating Conlan II claims for IHSS. In order to be considered for reimbursement, the recipient must have experienced an actual out-of-pocket expense for the excess SOC amount. IHSS recipients who paid their provider an excess share of cost can file a Conlan II claim to request reimbursement.

The recipient will be requested to submit proof of payment with the claim, such as receipts or cancelled checks. Only IHSS recipients are entitled to reimbursement under the Conlan II court order. IHSS providers should not be instructed to contact the BSC to request reimbursement for providing IHSS.

In order to be reimbursed, the recipient must:

1. Contact the DHCS Beneficiary Services Center (BSC), at (916) 403-2007 to request a Conlan II claim packet for IHSS.
2. Complete the claim packet and return it directly to the BSC at the address provided on the claim packet.

(ACIN I-03-10)

628-5A ADDED

12/15Effective July 2014, the California Department of Social Services (CDSS) has developed a process to directly reimburse providers who have had an erroneous Medi-Cal SOC deduction withheld from their pay warrant if they were not paid by the recipient. The county is to provide a form for completion by the provider and the determination is made by CDSS.

(All County Letter 14-40, September 1, 2014)

