September 12, 2017

ALL-COUNTY LETTER 17-95

TO: ALL COUNTY WELFARE DIRECTORS
IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM MANAGERS

SUBJECT: CLARIFICATION OF PROTECTIVE SUPERVISION PRORATION,
ENVIRONMENTAL MODIFICATIONS, FALL RISK, AND
COMBATIVE BEHAVIOR ISSUES

REFERENCE: ALL COUNTY LETTERS 15-25 (March 19, 2015), 00-34 (May 19, 2000), and 98-79 (October 5, 1998); CALIFORNIA DEPARTMENT OF SOCIAL SERVICES MANUAL OF POLICIES AND PROCEDURES SECTIONS 30-757.171, 30-757.172, 30-757.173, 30-763.33, and 30-763.6; CMIPS II USER’S MANUAL

This All-County Letter (ACL) clarifies the policies regarding proration of the In-Home Supportive Services (IHSS) Protective Supervision (PS) service, as well as its programming in the Case Management, Information and Payrolling System II (CMIPS II).

Additionally, clarification regarding three PS-eligibility issues, addressed in ACL No. 15-25, is included related to the consideration of environmental modifications, fall risk, and combative behaviors.

**Background**
CMIPS II is programmed in accordance with IHSS policies and procedures, which include automated calculation of hours for PS, ensuring consistency in the application of PS policies. Calculating PS hours includes the consideration of alternative resources, which may be available to meet the recipient’s needs. [MPP Sections 30-757.171(a)(2) and 30-763.6.] CMIPS II is programmed to look at all other authorized non-PS service categories, such as personal care,
domestic services, and related services, prior to calculating the remaining PS hours available to the recipient.

**Assessing for PS Common Need**
Pursuant to MPP Section 30-763.331, “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.” To be in compliance with this regulation, the County shall link cases of recipients who reside in the same household. CMIPS II prorates services in those linked cases, including the service of PS. PS is prorated, regardless of the number of providers working in the home. The section below, entitled “Entries into CMIPS II,” describes how companion cases are linked and prorated in CMIPS II. Additionally, scenarios below address the linkage of recipient cases and proration of services.

**Entries into CMIPS II**
The following provides clarification of entries into CMIPS II, which must be input correctly to result in accurate proration of all services.

Of special importance are general guidelines for linking companion cases. Cases of recipients who reside in the same household shall be linked as companion cases. A new case, added in a household, shall be linked to any existing case(s), which allows the user to correctly enter evidence for the new case. CMIPS II shall calculate proration of such cases, as applicable. Complete instructions are located in CMIPS II User’s Manual (Training Job Aids Appendix A).

CMIPS II is programmed to calculate PS proration when cases are correctly and sequentially linked as companion cases (for recipients who live in the same household), then, linked if they are cases authorized for PS.

**CMIPS II Input for PS Cases**
Entries specific to PS proration appear on the Modify Household Member Screen (see screenshot, Page Four). On this screen, the “Protective Supervision Status” field should be set to “Yes” to indicate the cases are PS companion cases. Additionally, the “Protective Supervision Proration” field should be set to “Yes” to indicate that the recipients’ needs for PS in the PS companion cases can be met in common and will be prorated. By selecting “Yes,” CMIPS II will use the PS authorized hours from each recipient’s case to prorate PS hours for each of those recipients.

**Scenarios**
The scenarios below are examples of CMIPS II input for creating evidence and linking cases when PS has been authorized. Complete instructions are located in the CMIPS II User’s Manual (Appendix: Companion Cases with Protective Supervision).
Scenario 1:
Three recipients reside in the same household. All are new cases. All recipients are authorized for PS, as well as non-PS services (e.g. meal preparation, meal clean-up, laundry services, etc.). All authorized services are met in common for these recipients. Two providers work for these recipients.

- Recipients 1, 2, and 3 shall be linked as household companion cases.
- Recipients 1, 2, and 3 shall be linked for proration of non-PS services.
- Recipients 1, 2, and 3 shall be linked for PS.
- The “Protective Supervision Status” field should be set to “Yes” to indicate these are PS companion cases.
- The “Protective Supervision Proration” field should be set to “Yes” to indicate the recipients’ needs for PS in the PS companion cases are met in common and will be prorated.
- Both providers shall ensure the recipients’ needs are met and shall claim hours, according to each recipient’s authorized hours and services.

Scenario 2:
Three recipients reside in the same household. All are new cases. Recipient 1 is authorized for domestic services, meal preparation, meal clean-up, routine laundry, shopping for food, and other shopping and errands (not authorized for PS). Recipients 2 and 3 are authorized for the same non-PS services as Recipient 1 and are met in common. Recipients 2 and 3 are authorized for PS services, which can be met in common. Two providers work for these three recipients and share the recipients’ total hours.

NOTE: Authorize cases without PS before authorizing cases with PS.

- Recipients 1, 2, and 3 shall be linked as household companion cases.
- Recipients 1, 2 and 3 shall be linked for proration of non-PS services.
- Recipients 2 and 3 shall be linked for proration of PS.
- For Recipients 2 and 3, the “Protective Supervision Status” field should be set to “Yes” to indicate Recipients 2 and 3 are PS companion cases.
- For Recipients 2 and 3, the “Protective Supervision Proration” field should be set to “Yes” to indicate that the needs of Recipients’ 2 and 3 are met in common for PS and the PS companion cases will be prorated.
Both providers shall ensure the recipients’ needs are met and shall claim hours, according to each recipient’s authorized hours and services.

**Modify Household Member Screen (PS cases linked and the status of PS proration)**

**Alternative Resources**
Alternative resources are considered to be supportive services, which may be available from other agencies or programs to meet the needs of the recipient, as assessed. (MPP Section 30-763.61.) The County shall arrange for the delivery of such alternative resources as necessary, in lieu of IHSS program-funded services when they are available and result in no cost to the IHSS program or the recipient, except as provided in Section 30-763.613. (MPP Section 30-763.611.) Examples of alternative resources include, but are not limited to, adult or child day care centers, schools, community resource centers, Senior Centers, or respite centers. [MPP Section 30-757.171(a)(2).] Counties are reminded that alternative resource hours are entered into the Modify Service Type Detail Screen (see screenshot, Page Five) to ensure it populates the “ALT+REF+VOL” field on the Authorization Summary screen.

Because a 24-hour-a-day need is a requirement for PS-eligibility [MPP Section 30-757.173(a)], completion of form SOC 825 (IHSS Program Protective Supervision 24-Hours-A-Day Coverage Plan) is recommended, although not required. This form reflects how the 24-hour-a-day coverage shall be met for the recipient.

Exceptions, regarding the consideration of alternative resources, include but are not limited to, services provided by the Multipurpose Senior Services Program (MSSP) and Regional Centers.

Per ACL No. 00-34, MSSP shall *not* be considered an alternative resource nor is it considered duplicative of IHSS.
Per ACL No. 98-79, Regional Center services shall not be considered alternative resources when Regional Center services are provided in the recipient’s home.

Example:
- Regional Center services are considered alternative resources for meal preparation and clean-up when the Regional Center provides lunch at an adult day care center.
- Regional Center services are not considered alternative resources for meal preparation and clean-up when the Regional Center provides lunch in the recipient’s home.

Voluntary Services
Voluntary services that provide a service comparable to PS should NOT be reflected as an alternative resource, but rather used to fulfill the recipient’s 24-hour-a-day plan, which is required for PS-eligibility and the recipient’s safety in the home; therefore, caregivers are also needed to provide supervision beyond the maximum monthly 283 hours authorized by IHSS. However, Counties are reminded that voluntary services for in-home non-PS services (such as, meal preparation, meal clean-up, laundry service, feeding) shall be entered into the Modify Service Type Detail Screen (see screenshot, below) to ensure it populates the “ALT+REF+VOL” field on the Authorization Summary screen.

Modify Service Type Detail Screen (Alternative resources and Voluntary Services Data)

[Image of Modify Service Type Detail Screen]
Clarification of Issues in ACL No. 15-25

PS is discussed in ACL No. 15-25 to clarify how existing regulations address the authorization of PS to safeguard the recipient from his/her own dangerous behavior(s) that would cause self-harm. Below is expanded clarification of three PS-eligibility issues related to the consideration of environmental modifications in the home, individuals who are at risk of falling, and individuals who display combative behaviors.

Environmental Modifications and PS-Eligibility
Environmental modifications are not required to eliminate the need for PS; however, if environmental modifications already exist, PS would not be authorized if those modifications eliminate the safety hazard that puts the recipient at risk. Environmental modifications may be discussed with the recipient or the recipient’s representative, as a possible means to address these optional safeguards. Modifications or restraints, such as locking the recipient in a room, shall not be considered an appropriate modification.

Fall Risk and PS-Eligibility
For PS-eligibility, the reason for the fall risk must be related to the individual’s mental impairment/illness. PS shall not be authorized solely due to one’s inability to ambulate safely, thereby creating an increased risk of fall. For example, PS would be authorized for a recipient considered to have fall risk tendencies if she is unable to walk unassisted, but, due to a mental impairment, she forgets and frequently attempts to walk on her own. (Without the need to consider PS-eligibility, assistance with mobility would be assessed under the category of ambulation.)

Anti-Social and Aggressive Behaviors and PS-Eligibility
Assessing PS-eligibility, due to a recipient’s (minor or adult) combative behavior, shall be evaluated based upon the willfulness of that behavior. As with all services, the recipient’s age and specific behavior shall be considered.

When assessing for PS-eligibility, a recipient must have a mental impairment/illness and determined to be nonself-directing, due to the mental impairment/illness. The recipient would be considered nonself-directing if he/she is unable to assess danger and the risk of self-harm. A recipient who meets these criteria and displays self-destructive behaviors, such as head-banging, as a manifestation of the mental impairment/illness, may be eligible for PS. However, a recipient who has a mental impairment/illness and is determined to be nonself-directing, due to the mental impairment/illness, but exhibits anti-social or aggressive behavior (e.g. pulling hair, scratching, hitting) directed to harm another individual, would be ineligible for PS. [MPP Section 30-757.172 (d)].

Additionally, a recipient who displays intentional self-destructive behavior, with knowledge that the activity may cause self-harm, would not be PS-eligible. [MPP
Section 30-757.172(e). This type of behavior may include tantrums or head-banging as a way to achieve a desired result. In this case, the recipient would be considered self-directing, as there is knowledge that the activity may cause self-harm; therefore, he/she would be ineligible for PS.

For questions regarding this ACL, please contact the Adult Programs Policy and Operations Bureau at (916) 651-5350.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division

c: CWDA