

June 27, 2018

ALL-COUNTY LETTER NO: 18-77

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

SUBJECT: IMPLEMENTATION OF THE LESBIAN, GAY, BISEXUAL, AND
TRANSGENDER DISPARITIES REDUCTION ACT [ASSEMBLY
BILL (AB) 959]

REFERENCE: [ASSEMBLY BILL \(AB\) 959 \(CHAPTER 565, STATUTES OF 2015\)](#); CALIFORNIA GOVERNMENT CODE SECTION 8310.8

PURPOSE

This All-County Letter (ACL) provides counties with information and instructions for implementing the provisions of Assembly Bill (AB) 959 (Chapter 565, Statutes of 2015), the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act in the In-Home Supportive Services (IHSS) program.

BACKGROUND

The intent of AB 959 is to understand the full diversity of state program recipients and to collect accurate data to effectively implement and deliver critical state services and programs.

The AB 959 requires four specific state departments, including the Department of Social Services (CDSS), the Department of Health Care Services (DHCS), Department of Public Health (DPH), and the Department of Aging (CDOA), to begin collecting voluntary self-identification information pertaining to sexual orientation and gender identity when collecting, directly or by contract, other required demographic data. This

information will be used only for demographic analysis, coordination of care, quality improvement of services, conducting approved research, fulfilling reporting requirements, and guiding policy or funding decisions. The intent of collecting this demographic data is to gather accurate information to understand, compare, report, and apply that data to the enhancement and improvement of public services.

The effective date of implementation of AB 959 provisions is July 1, 2018.

CHANGES TO THE APPLICATION FOR IN-HOME SUPPORTIVE SERVICES (SOC 295)

Pursuant to AB 959, the State will be required to collect voluntary information about applicants' sexual orientation and gender identity. To comply with this bill, the State will be collecting this new demographic information through the SOC 295, the Application for In-Home Supportive Services (IHSS) form. Changes have been made to the SOC 295 to appropriately capture this new information in the new Sexual Orientation and Gender Identity section. The terminology for sexual orientation and gender identity in this section is consistent with the terminology used by the DHCS for the application for Medi-Cal benefits.

Although counties are required to ask applicants for this new information, applicants are not required to provide responses. Any responses to the questions shall not be used in any manner that connects the personal information to the individual to whom the information pertains.

Additionally, the collection of this new information will only apply to applicants who apply for IHSS beginning July 1, 2018. Counties will not be required to collect this information from recipients currently receiving IHSS.

Modifications will be made to the Case Management, Information and Payrolling System (CMIPS) II to allow for entry of the sexual orientation and gender identity information for purposes of collecting and reporting as required. A forthcoming All-County Information Notice (ACIN) addressing these modifications will be released by the CDSS, Adult Programs Division, Systems and Administrative Branch.

Other Changes to the SOC 295

Additional revisions to the SOC 295 have also been made to reflect recent updates to procedures:

- The Household Information section has been revised to capture members living in the home rather than exclusively family members. A new check box labeled "non-relative" has been added to this section to capture individuals living in the home who are not related to the applicant.

- The Ethnic and Language Information section has been changed to include two separate questions to appropriately capture what language applicants prefer to read and what language applicants prefer to speak. The list of Ethnic Codes has been revised to include two new options: “Other” and “Mixed Ethnicity.” These capture individuals who identify as an ethnicity other than what is listed on this form or whether the applicant identifies with multiple ethnicities.
- Since the development and implementation of the Electronic Timesheet System (ETS) which allows providers an option to submit timesheets online using a tablet, smartphone, laptop or computer, the Communication Accommodations section on the SOC 295 has been revised to include this new ETS option, including the website to register for ETS.
- The “For Agency Use Only” section has been expanded to include additional boxes to capture Medi-Cal Aid Code and Modified Adjusted Gross Income (MAGI) Eligible Recipient status. Additionally, a Notes section has been added for counties to record any information pertinent to the applicant, such as potential eligibility status information or applicants’ preferred pronoun as related to the Sexual Orientation and Gender Identity section.

COUNTY RESPONSIBILITIES

Upon release of this ACL, counties shall use the attached revised SOC 295 for IHSS applicants to collect information regarding an IHSS applicant’s sexual orientation and gender identity. Counties have a responsibility to inform all applicants that responses to questions regarding applicants’ sexual orientation and gender identity are optional and will be used for statistical purposes only; responses shall not be used in any manner that will connect them to applicants. Additionally, counties must inform applicants that any information provided in the Sexual Orientation and Gender Identity section of the form will not affect an applicant’s IHSS eligibility determination.

STATE RESPONSIBILITIES

CDSS will be responsible for compiling this new demographic data collected in CMIPS and report this information to the legislature.

CDSS will update the social worker training modules to provide guidance to county social workers in the collection of information related to AB 959. The training modules are expected to include information on how counties will present and discuss the collection of this new data information with applicants.

FORMS ACCESS

Counties will be able to access the revised SOC 295 on the [CDSS Forms/Brochures web page](#).

Upon completion of translations, CDSS will post Armenian, Chinese and Spanish versions of the form on the [Translated Forms and Publications webpage](#).

The designated Forms Coordinator for your county must distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited-English proficient populations, as required by the Dymally-Alatorre Bilingual Services Act (California Government Code section 7290 et seq.) and by state regulation (CDSS Manual of Policies and Procedures [MPP] Division 21, section 115, Civil Rights Nondiscrimination).

It is the county's responsibility to provide bilingual/interpretive services if an applicant or recipient requests it or when an applicant or recipient does not understand English. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. Counties are also reminded that minors are not appropriate translators in situations where translating is required, unless explicitly requested by the applicant or recipient. Individuals who have been designated as Authorized Representatives (AR) for purposes of IHSS by the applicant or recipient may assist in translations at the applicant's or recipient's request. Bilingual/interpretive services shall be provided free of charge to the applicant/recipient. More information regarding translations can be found in MPP Section 21-115.

Questions about accessing the forms may be directed to the Forms Management Unit at fmudss@dss.ca.gov. Questions about translations may be directed to the Language Services Unit at LTS@dss.ca.gov.

If you have any questions about this ACL, please contact the Adult Programs Division, Policy and Quality Assurance Branch, Policy and Operations Bureau at (916) 651-5350.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division

Attachment – [Application for In-Home Supportive Services Program, SOC 295](#)