

May 8, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 20-35

The purpose of this All County Letter is to provide additional guidance regarding the authorization of medical accompaniment for recipients with a documented health disability that prevents him/her from entering public spaces



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

May 8, 2020

ALL COUNTY LETTER NO. 20-35

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

SUBJECT: **ADDITIONAL CLARIFICATION REGARDING THE
AUTHORIZATION OF MEDICAL ACCOMPANIMENT AND WAIT
TIME IN THE IN-HOME SUPPORTIVE SERVICES PROGRAM**

REFERENCE: [ALL COUNTY LETTER \(ACL\) NO. 16-01 \(JANUARY 7, 2016\)](#);
[ACL NO. 14-82 \(NOVEMBER 25, 2014\)](#);
[ACL NO. 17-42 \(JUNE 23, 2017\)](#); WELFARE AND INSTITUTIONS
CODE [\(WIC\) SECTION 12300\(b\)](#); TITLE 22, CALIFORNIA CODE
OF REGULATIONS, [\(CCR\) SECTION 51323](#); DEPARTMENT OF
HEALTH CARE SERVICES MEDI-CAL PROVIDER
MANUAL; MANUAL OF POLICIES AND PROCEDURES
[\(MPP\) SECTION 30 757.15](#)

The purpose of this All County Letter (ACL) is to provide additional guidance on policies and procedures related to the authorization of accompaniment services in the In-Home Supportive Services (IHSS) program.

[Welfare and Institutions Code Section 12300\(b\)](#) specifies that, "Supportive services shall include...accompaniment by a provider when needed during necessary travel to health-related appointments or to alternative resource sites".

[The MPP Section 30-757.15](#) further defines this service and states:

"Assistance by the provider is available for transportation when the recipient's presence is required at the destination and such assistance is necessary to accomplish the travel, limited to:

- .151 Transportation to and from appointments with physicians, dentists and other health practitioners.

- .152 Transportation necessary for fitting health related appliances/devices and special clothing.
- .153 Transportation under .151 and .152 above shall be authorized only after social service staff have determined that Medi-Cal will not provide transportation in the specific case.
- .154 Transportation to the site where alternative resources provide in-home supportive services to the recipient in lieu of IHSS.” [Emphasis added.]

Although the regulations use the term “transportation,” accompaniment services should not be authorized simply to fill the recipient’s need for transportation. As specified in [MPP Section 30-757.15](#), for accompaniment to be authorized, assistance by a provider must be necessary for the recipient to accomplish the travel. IHSS providers are only allowed to provide IHSS tasks as a part of the IHSS program; accordingly, [ACL 17-42](#) specified that accompaniment shall only be authorized when the recipient needs assistance with another specific authorized IHSS task(s) during transportation to/from and/or at the destination. However, this ACL provides one exception to, but does not supersede, the general guidance set forth in [ACL 17-42](#).

When a recipient does not have a specific IHSS task that must be performed during transport and/or at the destination, but instead has a documented disability that prevents them from entering public spaces alone, accompaniment may be appropriate. In order for this exception to apply, the recipient must not be able to accomplish travel to a health care appointment or alternative resource site alone due to a documented disability; however, the mere presence of the IHSS provider would allow the recipient to accomplish the travel. In this situation, the county may authorize accompaniment even though a specific IHSS service is not being performed if the mere presence of an IHSS provider “assists” the recipient in accomplishing the travel and the provider is not required to perform any tasks outside of the IHSS program.

The county should continue to encourage recipients to have the In-Home Supportive Services ([IHSS](#)) [Program Accompaniment to Medical Appointment form \(SOC 2274\)](#) completed by a physician, physician assistant, oncologist, occupational therapist, physical therapist, psychiatrist, dentist, phlebotomist or other medical professional responsible to provide treatment/care. Any wait time associated with the accompaniment should be authorized if the recipient continues to require the assistance

All County Letter No. 20-35
Page Three

of a provider in order to remain present during the appointment; however, if the recipient can attend the appointment without the provider, wait time should only be authorized in accordance [ACL 16-01](#) and [ACL 17-42](#)

If you have any questions regarding this letter, please contact the Adult Programs 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