

July 22, 2022

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 22-57

The purpose of this letter is to reiterate to counties the In-Home Supportive Services (IHSS) program requirements for timely application processing, reassessments, including Community First Choice Option reassessments, and correct application of the IHSS Hourly Task Guidelines. Additionally, this letter serves to inform counties of the requirement to submit a Quality Improvement Action Plan when requested by the California Department of Social Services for non-compliance, and of the compliance flexibilities provided to counties due to the COVID-19 Omicron variant surge.



KIM JOHNSON
DIRECTOR

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DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

July 22, 2022

ALL COUNTY LETTER NO. 22-57

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

SUBJECT: IN-HOME SUPPORTIVE SERVICES QUALITY IMPROVEMENT
ACTION PLANS REGARDING NON-COMPLIANCE WITH TIMELY
APPLICATION PROCESSING, REASSESSMENTS, AND HOURLY
TASK GUIDELINES.

REFERENCE: [WELFARE AND INSTITUTIONS CODE §11050, 12301.1, 12309.1;](#)
[SENATE BILL NO. 1104 \(Chapter 229, Statutes of 2004\);](#)
COMMUNITY FIRST CHOICE OPTION
[STATE PLAN AMENDMENT 13-007;](#)
[MANUAL OF POLICIES AND PROCEDURES §30-009.22 et seq.,](#)
[30-754, 30-759, 30-760, 30-761;](#)
[ALL COUNTY LETTER \(ACL\) NO. 13-110, DATED DECEMBER 31,](#)
2013; [ACL NO. 12-36 DATED JULY 24, 2012;](#) [ACL NO. 17-18,](#)
DATED FEBRUARY 16, 2017; [ACL NO. 18-30, DATED MARCH 16,](#)
2018; [ALL COUNTY INFORMATION NOTICE \(ACIN\) I-97-20,](#)
DATED DECEMBER 30, 2020; [ACIN I-58-21, DATED JUNE 14,](#)
2021

PURPOSE

The purpose of this All-County Letter (ACL) is to reiterate to counties the In-Home Supportive Services (IHSS) program requirements for timely application processing and reassessments, including for Community First Choice Option (CFCO) cases. This letter also provides guidance on the correct application of IHSS Hourly Task Guidelines (HTGs) and informs counties of the requirement to submit a Quality Improvement Action Plan (QIAP) when requested by the California Department of Social Services (CDSS) for non-compliance. Additionally, this letter informs counties of a one-time compliance flexibility due to the effects of the COVID-19 Omicron variant surge on county staffing levels.

BACKGROUND

Application requirements for public social services are set forth in Welfare and Institutions Code [\(WIC\) §11050](#). Additionally, the CDSS Manual of Policies and Procedures [\(MPP\) 30-009.22](#) and [30-759.2](#) specify requirements for IHSS applicants as well as county responsibilities regarding the application process.

In accordance with [Senate Bill 1104](#) (Chapter 229, Statutes of 2004) and the CFCO State Plan Amendment, SPA 13-007 [\(CFCO SPA\)](#), county IHSS social workers must evaluate program eligibility at the initial intake assessment and at each annual reassessment thereafter. County IHSS social workers must assess a recipient's functional impairment (abilities and limitations) at the initial assessment and at each yearly reassessment thereafter, in order to authorize the appropriate level of IHSS services that allow a recipient to remain safely in their own home and avoid institutionalization ([WIC §§ 12301.1, 12309](#)).

IN-HOME SUPPORTIVE SERVICES APPLICATION PROCESSING

Pursuant to [MPP §30-009.221](#), individuals have the right to apply for IHSS services or make an application through another person on their behalf. Once an individual or their authorized representative indicates that they wish to apply, an application shall be taken immediately ([MPP §30-009.222](#)). Applications for IHSS are made with the submission of a completed and signed Application for IHSS ([SOC 295](#)). Counties are required to accept IHSS applications by telephone, fax, or in person, and if the county has the capability, it shall also accept applications online, by email, or through other electronic means, per [WIC §12301.17](#) and [\(ACL\) No. 18-30](#).

The date services are requested shall be the applicant's "protected date of eligibility" ([ACL No. 18-30](#) and [ACL 12-36](#)). If the applicant is not already a Medi-Cal beneficiary, the county must create the IHSS application to establish the "protected date of eligibility." ([ACL 12-36](#)). The Case Management, Information and Payrolling System (CMIPS) will automatically check for Medi-Cal eligibility and generate a referral if no eligibility exists. If the applicant is ultimately determined to be eligible for IHSS, the applicant may be authorized services back to the "protected date of eligibility."

The [WIC §12309.1](#) and [MPP §30-754](#) specify that an applicant must submit a Health Care Certification form ([SOC 873](#)), or acceptable alternative documentation, completed by a licensed health care professional prior to the authorization of IHSS services. However, an exception to this requirement may be made when the applicant is at imminent risk of out-of-home placement or the applicant is being discharged from a hospital or a nursing home and services are needed to return safely to the community. ([WIC §12309.1\(a\)\(2\)](#) and [MPP §30-754.6](#)). Applicants who are granted this exception may be authorized IHSS pending the county's receipt of the SOC 873. All applicants,

both those that qualify for an exception and those that do not, are permitted 45 days from the date of the county's request for the [SOC 873](#) to submit the form ([MPP §§30-754.4, .63](#)). Applicants who receive an exception may be granted an additional 45 days to submit the [SOC 873](#) if they have "good cause" to do so ([MPP §30-754.64](#)). The [MPP §30-754.641](#) defines good cause as "a substantial and compelling reason beyond the control of the applicant who has been granted an exception."

For the purposes of monitoring counties' compliance with application processing, CDSS will use the protected date of eligibility, which is the date of application reflected in CMIPS, and a 90-day timeframe to allow for the 45 days which may be necessary to complete the required Medi-Cal eligibility determination and the Health Care Certification form ([SOC 873](#)) and any related extensions.

IN-HOME SUPPORTIVE SERVICES HOURLY TASK GUIDELINES

Pursuant to [Senate Bill NO.1104 \(Chapter 229, Statutes of 2004\)](#); [WIC § 12301.2](#) and [MPP 30-757.1\(a\)](#), counties must use Hourly Task Guidelines (HTGs) when conducting an initial assessment or reassessment of an individual's need for supportive services. The HTGs establish a range of time normally required for each supportive service task necessary to ensure the health, safety, and independence of the recipient. The HTGs also provide criteria to assist county workers to determine when an individual's service needs fall outside the range of time provided in the guidelines. Whenever a county authorizes a task time that falls outside the range provided in the guidelines, the county shall document the need for the authorized service level.

IN-HOME SUPPORTIVE SERVICES REASSESSMENT COMPLIANCE

Pursuant to [WIC §12301.1\(b\)\(1\)](#) and [CFCO SPA](#), counties must assess each recipient's continuing monthly need for IHSS at least once every 12 months. This requirement is also set forth in [MPP §30-761](#), which requires county social services staff to perform a face-to-face IHSS needs assessment with every IHSS recipient residing in the county at least once every 12 months, with a six-month extension available in specific cases as described in [MPP §30-761.215-.217](#). Additionally, counties must reassess recipients' need for services any time the recipient notifies the county of a change in circumstance.

As outlined in the [Quality Assurance/Quality Improvement \(QA/QI\) Policy Manual](#) (released via [ACL No. 13-110](#)), CDSS requires counties to maintain a timely reassessment compliance rate of 80 percent for all IHSS cases. Per CDSS policy, the reassessment compliance rate is evaluated based on a 12-month fiscal year average. When conducting reassessments, counties *must* follow the IHSS assessment requirements, and only establish a reassessment completion date in CMIPS when the

entire reassessment process has been completed. Not completing reassessments may result in recipients being authorized services and hours based on prior assessments, which may be inadequate for their current level of need or functional ability and result in inappropriate authorization of program services and hours.

IN-HOME SUPPORTIVE SERVICES COMMUNITY FIRST CHOICE OPTION REASSESSMENT COMPLIANCE

As CFCO recipients are some of the most vulnerable IHSS recipients, counties should prioritize their annual CFCO reassessments to ensure services are authorized accurately and timely. The [CFCO SPA](#) specifies that CFCO recipients must be assessed every 12 months in order to determine that they continue to meet the required skilled nursing level of care necessary to receive the enhanced federal financial participation (56 percent). There are no exceptions to the 12-month reassessment requirement for CFCO recipients, and any reassessment after 12 months is considered untimely. This requires a 100 percent timely reassessment compliance rate to ensure that an individual's needs meet the required level of care.

Though CDSS requires counties to maintain a 100 percent reassessment compliance rate for CFCO cases, as specified in the [CFCO SPA](#), CDSS will consider a county to be non-compliant if the county falls below **90 percent**. To remain compliant, counties should ensure that CFCO reassessments are conducted annually (without exception to the 12-month timeframe), when the individual's needs or circumstances change, or at the request of the individual or the individual's authorized representative. Additionally, counties *must* reassess cases in order, from the oldest overdue case to the most recent, unless there are extenuating circumstances, such as a recipient being recently hospitalized.

COUNTY QUALITY IMPROVEMENT ACTION PLAN FOR IN-HOME SUPPORTIVE SERVICES NON-COMPLIANCE

The CDSS IHSS [QA/QI Policy Manual](#) lists several possible reasons why CDSS may request a QIAP from a county, including non-compliance with state and county policies and procedures. The CDSS has been requesting QIAPs from counties that fail to maintain an 80 percent timely reassessment compliance rate as outlined in both the [QA/QI Policy Manual](#) and the [CFCO SPA](#). In Fiscal Year (FY) 2021-22, CDSS also began requesting QIAPs from counties that failed to maintain a FY average application processing compliance rate of at least **80 percent** (applications processed within 90 days), and a reassessment compliance rate of at least **90 percent** for CFCO recipients. The CDSS will continue requiring an 80 percent reassessment compliance rate for all other cases funded outside of CFCO.

County responses to CDSS requests for QIAPs are due to CDSS for review and approval within 30 days of a county's receipt of the QIAP request. The response must address all QIAP questions and outline the county's overall plan for achieving regulatory compliance including how and when the issue will be resolved. Commencing in FY 2022-23, counties will be required to use the CDSS' QIAP templates, provided in CDSS' QIAP request. County progress will be monitored via regular communication between the county and CDSS. While a county's QIAP is in place, the county will also be required to submit quarterly updates to the Program Integrity Unit via email to ihss-pi@dss.ca.gov. Counties who have a decrease in their compliance rate while on a QIAP (when the rate is lower than the required compliance), will be required to participate in monthly meetings with CDSS.

Additionally, commencing in FY 2023-24, CDSS will request QIAPs from counties who fail to correctly apply (and appropriately document in the case file) IHSS HTGs when conducting assessments. In FY 2021-22, CDSS' Quality Assurance Monitoring Unit began using a revised IHSS case review tool and CDSS intends to use county data from FY 2022-23 (a year after the revised tool implementation) to determine HTG compliance; and will then request the QIAPs in FY 2023-24 accordingly. The CDSS intends to release additional communication, prior to requesting the new QIAPs.

COMPLIANCE FLEXIBILITY DUE TO RECENT COVID OMICRON VARIANT SURGE

The CDSS has been continuously engaging in discussions with counties regarding the effects on county staffing levels due to the recent COVID Omicron variant surge. Many counties reiterated to CDSS staffing challenges due to shortages resulting from staff either being redirected to perform disaster work (e.g., assisting with COVID testing, etc.), being ill themselves, having to quarantine, or having to assist ill family members during this challenging time. Additionally, counties also appropriately conveyed to CDSS the issue of IHSS recipients also being ill and having to quarantine, which also resulted in overdue reassessments and in some instances, an increase in the number of IHSS applications.

Counties have comprehensively communicated to CDSS the negative impact these issues have taken on county compliance rates. Therefore, CDSS, will provide a one-time IHSS reassessment compliance flexibility and will omit the months of January, February, and March 2022 when calculating the IHSS reassessment compliance rates for FY 2021-22. This flexibility is limited to IHSS reassessment compliance rate calculations and will not extend to any other required county IHSS QA/QI activities.

Counties that are determined to be non-compliant, according to the modified data calculations, will continue to receive a CDSS request for a QIAP. The purpose of this flexibility is to assist counties and acknowledge county staff shortages due to the effects of the Omicron variant surge during the respective months. This flexibility will be

provided to all 58 counties, regardless of whether a county is on a QIAP. The CDSS will automatically adjust the FY average for all counties and counties do not need to take any action. The CDSS intends to calculate the reassessment data for all 12 months (July 2021-June 2022) *and* only 9 months (July-December 2021 and April-June 2022). The higher of the two reassessment rates will be used for each county when determining compliance.

To achieve and/or maintain compliance, County Program Managers, Supervisors, and Training Coordinators working directly with staff shall provide ongoing training, coaching and support to ensure staff who process applications and conduct initial assessments and reassessments are trained on compliance requirements. Additionally, program managers and supervisors must ensure that all staff are informed on where to locate and how to use the tools and resources available to them.

The IHSS Training Academy offers IHSS 101 and IHSS 102 as required onboarding courses for new social workers as well as supplemental training courses. Course information and registration details can be found on the [IHSS Training Academy](#) webpage.

To assist counties in achieving and maintaining compliance, CDSS strongly encourages counties utilize the IHSS Training Academy for any social worker training that may be indicated. For IHSS Training and Development information, please contact CDSS' Training and Development Unit at IHSS-Training@dss.ca.gov.

For questions regarding this notice, please contact the Adult Programs Division; Fiscal, Appeals and Benefit Programs Branch; Benefit Programs and Program Integrity Bureau; Program Integrity Unit via email at ihss-pi@dss.ca.gov.

Sincerely,

Original Document Signed By:

LEORA FILOSENA, P.M.P
Deputy Director
Adult Programs Division

cc: CWDA