

December 27, 2023

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 23-108

The purpose of this All County Letter (ACL) is to provide clarification regarding In-Home Supportive Services (IHSS) eligibility for applicants/recipients receiving the Supplemental Security Income/State Supplementary Payment (SSI/SSP) Nonmedical Out-of-Home Care (NMOHC) payment rate. This letter also reminds counties of their responsibility when assessing and documenting unmet need for IHSS applicants/recipients and of ensuring appropriate referrals are made.



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GOVERNOR

December 27, 2023

ALL COUNTY LETTER NO. 23-108

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

SUBJECT: IN-HOME SUPPORTIVE SERVICES ELIGIBILITY AND
NONMEDICAL OUT-OF-HOME CARE, DOCUMENTED UNMET
NEED, AND REFERRALS

REFERENCE: [ALL COUNTY LETTER \(ACL\) 13-66](#); [ACL 02-68](#); [MANUAL OF POLICIES AND PROCEDURES \(MPP\) SECTION 30-701\(o\)\(2\)](#); [WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 12300\(a\)](#); [PROGRAM OPERATIONS MANUAL SYSTEM \(POMS\) SI SF01415.120](#)

The purpose of this All-County Letter (ACL) is to provide clarification regarding In-Home Supportive Services (IHSS) eligibility for applicants/recipients receiving the Supplemental Security Income/State Supplementary Payment (SSI/SSP) Nonmedical Out-of-Home Care (NMOHC) payment rate. In addition, this letter reminds counties of their responsibility when assessing and documenting unmet need for IHSS applicants/recipients and of ensuring appropriate referrals are made.

BACKGROUND

Pursuant to [Welfare and Institutions Code \(WIC\) section 12300\(a\)](#), IHSS is available to eligible individuals “who cannot safely remain in their homes or abodes of their own choosing unless these services are provided”. [Manual of Policies and Procedures \(MPP\) section 30-701\(o\)\(2\)](#) defines “own home” as the place an individual chooses to reside. The [MPP section 30-701\(o\)\(2\)](#) further states that “own home” does not include an acute care hospital, skilled nursing facility, intermediate care facility, community care facility, or a board and care facility. It also states that persons receiving an SSI/SSP payment for a nonmedical out-of-home living arrangement is not considered to be living in their own home. As such, anyone receiving the SSI/SSP NMOHC payment rate is ineligible for IHSS.

The SSI/SSP Program is a federally funded program which provides income support to eligible individuals who are aged 65 or older, blind, or disabled. The SSP Program is the state program which provides additional payments in supplementation to the basic federal SSI payment. An individual who qualifies for SSI will also qualify for SSP. Both SSI and SSP benefits are administered by the Social Security Administration (SSA) and eligibility for both programs is determined by SSA using federal criteria.

Under the SSP Program, individuals receive payments based on the State's Optional State Supplement (OSS) payment levels, which are determined by their living arrangements. When an individual receives an NMOHC payment rate under the OSS payment levels, that means they receive an increased SSP payment each month. The NMOHC payment rate may be provided to eligible SSI/SSP recipients who need nonmedical care or supervision and who reside in eligible living arrangements. The SSI/SSP recipients must reside in a qualifying living arrangement to be eligible for the NMOHC payment rate. The NMOHC qualified living arrangements may include, but are not limited to: a state licensed NMOHC facility; the home of a relative who is not a parent; a "certified family home"; or a Family Home approved by a Family Home Agency acting on behalf of a California Regional Center ([POMS SI SF01415.120](#)). Note that individuals may live in an NMOHC qualified living arrangement (such as the home of a relative who is not a parent) but retain eligibility for IHSS if they do not receive the SSI/SSP NMOHC payment rate.

The SSI/SSP Program is administered by the SSA and all final determinations for SSI/SSP payment rates are determined by the SSA.

NONMEDICAL OUT-OF-HOME CARE CODES

In-Home Supportive Services social workers can identify NMOHC cases by checking the *INQX – Title XVI – SSI/SSP* information in the Medi-Cal Eligibility Data System (MEDS). Living arrangement codes on the INQX screen are displayed in "two-character groupings". The first code, under line *SSI-LVG-ARR-CD*, is the Federal Living Arrangement code. The second code, under line *OPTL-LVG-ARR-CD*, is the state's OSS payment code. This second code, under ***OPTL-LVG-ARR-CD***, is the code that identifies whether an applicant is receiving the NMOHC payment rate.

To identify if an IHSS applicant is receiving the NMOHC payment rate, social workers should identify the OSS code in the ***OPTL-LVG-ARR-CD*** line.

Federal Living Arrangement Categories

The first code, which is listed under SSI-LVG-ARR-CD in MEDS, identifies the Federal Living Arrangement of the individual. The SSA uses four living arrangement categories to determine payment amounts. This code does not determine whether someone is receiving NMOHC payment standard. The four Federal Living Arrangement categories are discussed in detail below:

- **Living Arrangement A.** SSA first determines whether an adult, noninstitutionalized individual is living in their "own" household or living in the household of another. Living in one's "own" household means the person owns the home, has rental liability, or pays a pro rata share of household expenses.
- **Living Arrangement B.** This category is used when a recipient lives in the household of another and receives both food and shelter from other members of the household.
- **Living Arrangement C.** This is the category used for an eligible child younger than age 18 who lives with a parent.
- **Living Arrangement D.** This category includes an eligible person living in a public or private medical institution, with Medicaid paying more than 50 percent of the cost of their care.

California's Optional State Supplemental Standards

The second code, which is listed under OPTL-LVG-ARR-CD in MEDS, identifies the state's OSS payment. This code determines whether someone is receiving the NMOHC payment standard. The state provides supplementation for eight living arrangement variations as listed below:

- OSS A – Independent Living with cooking facilities ([SI SF01415.110](#))
- **OSS B – Nonmedical Out-of-Home Care (NMOHC)** ([SI SF01415.120](#))
- **OSS F – Nonmedical Out-of-Home Care Living in the Household of Another** ([SI SF01415.130](#))
- OSS C – Independent Living without cooking facilities ([SI SF01415.140](#))
- OSS D – Living in the Household of Another ([SI SF01415.150](#))
- OSS E – Disabled Child under Age 18 ([SI SF01415.160](#))
- OSS G – Disabled Child under Age 18 Living in the Household of Another ([SI SF01415.160](#))
- OSS J – Residing in a Medical Facility when Title XIX (Medicaid) pays more than 50 percent of the cost of care ([SI SF01415.170](#))

Only OSS Codes B (i.e., NMOHC) and F (i.e., NMOHC Living in the Household of Another) represent the OSS payment levels associated with the NMOHC living arrangements as described above. If the OSS code listed under **OPTL-LVG-ARR-CD** is either B or F, the applicant is receiving the NMOHC payment rate. No other OSS code represents NMOHC payment rate. Please note that MEDS will only identify the Federal Living Arrangement code and the OSS code and does not have detailed information regarding someone's living arrangement (e.g., MEDS will not state that a person is "residing in a board and care facility").

When social workers review the *INQX – Title XVI – SSI/SSP* information screen in MEDS, if the OSS code under line **OPTL-LVG-ARR-CD** is either B or F, the IHSS applicant is receiving the NMOHC payment rate and would be ineligible for IHSS. If the applicant is receiving payment under any other OSS code (e.g., someone receiving Federal Living Arrangement Code B and OSS Code G is not receiving a NMOHC

payment rate), that applicant may be eligible for IHSS if all other IHSS eligibility requirements are met.

In-Home Supportive Services applicants who qualify for both IHSS and the SSI/SSP NMOHC payment rate, may receive either IHSS or the NMOHC payment rate, but not both. Counties must inform applicants who qualify for both IHSS and the SSI/SSP NMOHC payment rate that they have the option to choose if they want to receive IHSS or the NMOHC payment rate. Applicants who choose to receive IHSS will have to terminate their NMOHC payment rate and instead receive a different SSI/SSP payment standard. Applicants or recipients who choose to receive the NMOHC payment rate instead of IHSS, shall have their IHSS application denied using the NMOHC denial NOA or their IHSS terminated using the NMOHC termination NOA. The State has revised the current board and care denial NOA specific to the NMOHC payment rate as well as developed a new termination NOA for recipients who choose to receive the NMOHC payment rate.

NEW NOTICE OF ACTIONS MESSAGES

The California Department of Social Services (CDSS) has revised NOA code DN01 and created NOA code TR29 to be used for applicants and recipients who receive the NMOHC payment rate. Modifications to the Case Management Information and Payrolling System (CMIPS) to include these NOA messages will be forthcoming. Until the completion of the update to CMIPS, county social workers will enter the messages using the Manual NOA – Free Form Text (Code FF01) and enter in the appropriate message. When individuals choose to receive the NMOHC payment rate, the following NOA messages shall be used by county social workers to deny IHSS for applicants or terminate IHSS for recipients:

- DN01 NOA: The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You receive the Nonmedical Out-of-Home Care (NMOHC) rate for your Supplemental Security Income / State Supplementary Payment (SSI / SSP). Individuals who get the NMOHC payment rate for SSI / SSP are considered not living in their own home and are not eligible for IHSS. [[MPP 30-701\(o\)\(2\)](#), [MPP 30-755.1](#), [MPP 46-140.11\(b\)](#)]
- TR29 NOA: As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You receive the Nonmedical Out-of-Home Care (NMOHC) rate for your Supplemental Security Income / State Supplementary Payment (SSI / SSP). Individuals receiving the NMOHC payment rate for SSI / SSP are considered not living in their own home and are not eligible for IHSS. [[MPP 30-701\(o\)\(2\)](#), [MPP 30-755.1](#), [MPP 46-140.11\(b\)](#)]

RESOLVING INCORRECT CODES

If IHSS applicants state that they are not receiving the NMOHC payment rate, but MEDS is showing they have the OSS code B or F indicating the NMOHC payment rate, applicants must contact SSA to resolve this error. It may be that those applicants previously received the NMOHC payment rate or there was a data entry error made by SSA.

To contact SSA, applicants may find specific contact information printed on their SSA benefit summary letter or on their online SSA account. Applicants may also utilize the [SSA locator tool](#) online to find their local SSA office or call SSA's national 800 number at 1-800-772-1213 between 8:00 am – 7:00 pm, Monday through Friday. Applicants who are deaf or hard of hearing and use TTY equipment may call 1-800-325-0778. An SSA representative can assist applicants in understanding the benefits they are receiving and help resolve any issues they may have. The contact information above is based on the current information found on the [SSA website](#). Applicants should always refer to the [SSA website](#) for the most current contact information.

When contacting SSA, applicants must inquire about their SSA benefits and inform the SSA representative the reason for their call (e.g., They are being told by their county that they receive the NMOHC payment rate, but they do not believe they are. They need to resolve this error for IHSS purposes.). Applicants should also ensure that SSA has their most recent living arrangement on file to ensure their SSA living arrangements codes are correct. Any time SSA makes a change in their records, SSA will send a change record in their daily data file to update the information in MEDS. The SSI/SSP codes above are provided by SSA and cannot be updated by counties or the State.

If SSA confirms to the applicant that they are not receiving a NMOHC payment rate, and that the code in MEDS is incorrect, the applicant may be found eligible for IHSS. Specifically, if SSA confirms the applicant does not receive the NMOHC payment rate and the code in MEDS is incorrect, the applicant must obtain a letter from SSA, stating that the applicant does not receive a NMOHC payment rate. This letter from SSA must be on an official SSA letterhead and must also have the date when the applicant no longer received the NMOHC payment rate. In addition to an official letter from SSA, the applicant must also complete the SOC 810, attesting they have notified SSA of their discharge from a facility. Effective immediately, counties shall follow the updated guidance as set forth in this ACL and cease following the prior guidance regarding IHSS applicants certifying that they have notified SSA of their transition from a facility to a home setting, as set forth in [ACL 02-68](#).

If the applicant submits a completed SOC 810, and an official letter from SSA stating they do not receive a NMOHC payment rate, the county shall accept and process the applicant's application for IHSS. The county shall retain the completed SOC 810 and SSA letter in the applicant's case file and document this information in the CMIPS case narrative. If the county determines that the applicant meets all other IHSS eligibility criteria and is approved for services, the applicant's services shall be approved effective the date they applied for IHSS services, only if SSA confirms that the applicant stopped

receiving the NMOHC payment rate on or before that date. If SSA confirms that the applicant stopped receiving the NMOHC payment rate after the date they applied for IHSS, the county shall approve the applicant's IHSS services effective the date they were discharged/stopped receiving the NMOHC payment rate. Additionally, the county should take reasonable steps in contacting their Medi-Cal county office to correct the issue in MEDS and should review the case annually at the reassessment to confirm that the codes in MEDS have been corrected.

DOCUMENTED UNMET NEED AND OTHER REFERRALS

Pursuant to [ACL 13-66](#), county social workers are responsible for assessing and documenting all IHSS services regardless of statutory maximum to ensure the assessment represents an accurate determination of applicants' needs. Consistent with the assessment process, social workers must document in the case file when the assessment includes unmet need. Additionally, when assessing applicants who have a documented unmet need, social workers shall identify other resources, as appropriate, that meet the unmet need elsewhere, including referring applicants to other government programs or community-based organizations at no cost to the applicants. In instances when an unmet need exists, social workers shall work in collaboration with their county Medi-Cal office to refer applicants to other Medi-Cal funded programs (e.g., the Home and Community Based Alternatives waiver for Waiver Personal Care Services), that could provide for additional services for applicants who are eligible. Social workers must also document in the case file all referrals made for the applicants.

Questions or requests for clarification regarding the information in this ACL should be directed to the Adult Programs Division, Policy and Quality Assurance Branch, Policy and Operations Bureau at (916) 651-5350.

Sincerely,

Original Document Signed By

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