

September 11, 2024

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 23-108E

This erratum corrects language in All-County Letter 23-108 to clarify that individuals who are living in a home-setting but have an incorrect living arrangement code, are only required to submit an official letter from the Social Security Administration to their county In-Home Supportive Services (IHSS) office. These applicants will not be required to complete the IHSS form SOC 810.



KIM JOHNSON
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

September 11, 2024

ALL COUNTY LETTER NO. 23-108E

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

SUBJECT: ERRATUM TO ALL COUNTY LETTER NO. 23-108

REFERENCE: [ALL-COUNTY LETTER \(ACL\) NO. 23-108](#); [ACL NO. 02-68](#)

The purpose of this erratum is to correct and clarify information contained in [All-County Letter \(ACL\) 23-108](#), released on December 27, 2023. This erratum will remove language in [ACL 23-108](#), which previously states, “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 [Social Security Administration] of their transition from a facility to a home setting, as set forth in [ACL 02-68](#)” as well as any reference to the SOC 810 form. This erratum will also clarify information regarding county responsibilities for documentation when In-Home Supportive Services (IHSS) applicants are eligible for both IHSS and the Nonmedical Out-of-Home Care (NMOHC) payment rate.

On page five of [ACL 23-108](#), under section “Resolving Incorrect Codes”, paragraphs four and five currently 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.

This erratum will remove "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](#)," as well as any reference to SOC 810. This correction allows counties to accept and process applications for IHSS applicants who have submitted an official letter from the SSA. Please note that only IHSS applicants who are living in a home setting and have an incorrect living arrangement code are required to obtain an official letter from the SSA.

Once IHSS applicants have contacted SSA to resolve their living arrangement code and obtained an official letter from SSA stating they do not receive the NMOHC payment rate, counties may process the application and authorize services if applicants are otherwise eligible. This erratum further clarifies that applicants resolving an incorrect living arrangement code are not required to complete the SOC 810.

Separately, counties shall continue to follow the prior guidance set forth in [ACL 02-68](#) regarding IHSS applicants transitioning from a facility who may need to advise SSA about their transition to a home setting. In such cases, an applicant may self-certify that they have contacted SSA to notify them of the transition into a home setting (form SOC 810 may be used for this certification). This certification is sufficient for counties to proceed to determine IHSS eligibility, and initiate service assessment and authorization for applicants who are transitioning from a facility to a home setting.

Accordingly, the prior language in [ACL 23-108](#) is being corrected to 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.

If the applicant submits 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 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.

Additionally, under section "Nonmedical Out-of-Home Care Codes" of [ACL 23-108](#), page four currently states, "*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.*"

This erratum clarifies that after informing applicants of the option to choose between IHSS or the NMOHC payment rate, county social workers must document in applicants' case notes when this discussion took place.

If you have any questions or need additional guidance regarding the information in this letter, contact the Adult Programs Division, Policy and Quality Assurance Branch, Policy and Operations Bureau at (916) 651-5350 or email at IHSS@dss.ca.gov.

Sincerely,

Original Document Signed By

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