

October 8, 2024

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 24-72

The purpose of this All-County Letter is to implement the new Telehealth Reassessment Option for eligible In-Home Supportive Services recipients with stable care needs, as defined in this guidance.



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GAVIN NEWSOM
GOVERNOR

October 8, 2024

ALL COUNTY LETTER NO. 24-72

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

SUBJECT: IMPLEMENTATION OF THE IN-HOME SUPPORTIVE SERVICES
PROGRAM TELEHEALTH REASSESSMENT OPTION

REFERENCE: [CODE OF FEDERAL REGULATIONS TITLE 42 \(42 CFR\) SECTION 441.535; 42 CFR SECTION 441.466; WELFARE AND INSTITUTIONS CODE SECTION 12301.1; MANUAL OF POLICIES AND PROCEDURES SECTION 30-756.372; ALL COUNTY LETTER \(ACL\) 21-79; ACL 20-116; ALL COUNTY INFORMATION NOTICE I-04-21; IHSS ANNOTATED ASSESSMENT CRITERIA; COMMUNITY FIRST CHOICE OPTION STATE PLAN AMENDMENT AND IHSS PLUS OPTION STATE PLAN AMENDMENT](#)

The purpose of this All-County Letter (ACL) is to implement the new Telehealth Reassessment Option for In-Home Supportive Services (IHSS) recipients with stable care needs, as defined in this guidance.

BACKGROUND

In December of 2019, COVID-19 began to impact communities across California and the nation. A State of Emergency was announced in California on March 4, 2020. Executive Order N-29-20 specified that eligibility determinations for Medi-Cal programs could be temporarily suspended to ensure continued service delivery. As a result of the State of Emergency, the IHSS Program was also granted authority to allow counties to conduct assessments and reassessments via telephone or video call under specified circumstances. However, on February 23, 2023, the end of the COVID-19 State of Emergency was announced, and the IHSS program transitioned back to conducting in-person assessments and reassessments.

The California Department of Social Services (CDSS) sees the benefits of in-person reassessments, and also believes that an expanded ongoing Telehealth Reassessment Option could provide flexibility to recipients and counties, which in turn could lead to more timely access to reassessments as well as increased program compliance. Therefore, CDSS has held stakeholder engagement meetings, which included counties,

the County Welfare Directors Association, and various IHSS advocate organizations, to establish a permanent telehealth reassessment process.

TELEHEALTH REASSESSMENT OPTION IMPLEMENTATION

On May 1, 2024, CDSS received approval from the Centers for Medicare and Medicaid Services to update the Medicaid State Plan Amendments (SPA) for the Community First Choice Option (CFCO) and the In-Home Supportive Services Plus Option (IPO) in accordance with established federal requirements. These federally approved State Plan Amendments provide authority for a permanent Telehealth Reassessment Option, allowing the IHSS Program to conduct reassessments via telephone or video call for eligible recipients who choose to opt in. The Personal Care Services Program and the IHSS-Residual Program adhere to state IHSS Program requirements and as such will also have authority to establish a Telehealth Reassessment Option.

The Telehealth Reassessment Option will be available to all IHSS recipients determined eligible, by county IHSS staff, and who affirmatively elect to participate in the Telehealth Reassessment Option. To be eligible for the Telehealth Reassessment Option, a recipient must have stable care needs, as defined later in this letter, and must have received an in-person initial assessment and at least one in-person reassessment. In-person reassessments remain the default method of conducting reassessments. The IHSS recipients who are eligible for the Telehealth Reassessment Option must opt in and request to receive a telehealth reassessment. Recipients cannot receive consecutive telehealth assessments, unless there is a State of Emergency, as described later in this letter. Recipients who receive telehealth reassessments will be reevaluated for eligibility before each telehealth reassessment. Recipients eligible for the Telehealth Reassessment Option continue to have the right to, and may choose to receive, in-person reassessments, despite being eligible for the Telehealth Option. For example, if a recipient eligible for the Telehealth Reassessment Option requests an in-person reassessment because they speak English as a second language or have other communication barriers and are more comfortable communicating in-person, the county shall conduct an in-person reassessment.

All counties must implement the Telehealth Reassessment Option sixty (60) days after the completion of system supports as described later in this letter. While CDSS makes progress towards implementing these system changes, counties may choose to operationalize the Telehealth Reassessment Option policy after the publication of this letter. Counties choosing to implement the Telehealth Reassessment Option prior to the availability of system supports must manually research cases to determine eligibility as specified in this letter and may default to scheduling and reassessment practices used during the COVID-19 State of Emergency to implement the option.

Determining Eligibility for the Telehealth Reassessment Option

To ensure the continued health and safety of recipients in the program, CDSS will make the Telehealth Reassessment Option available to all eligible recipients with stable care needs. When a recipient opts into the Telehealth Reassessment Option, counties must determine if they are eligible in accordance with the eligibility criteria detailed in this section. Recipients must have also received an in-person initial assessment and at least one in-person reassessment to be eligible for a telehealth reassessment. Those recipients that have not yet received an in-person reassessment due to the COVID-19 State of Emergency, must be assessed in person prior to participating in the new Telehealth Reassessment Option. This is to ensure that the county has been able to observe the recipient's needs in their home environment and established effective communication regarding the ongoing care needs of the recipient. Recipients with stable care needs eligible for telehealth reassessments will continue to have the right to in-person reassessments and must opt into the Telehealth Reassessment Option. Recipients who have not been determined to have stable care needs will receive an in-person reassessment.

Recipients must also be able to independently utilize the technology needed to access the telehealth reassessment and participate in responding to assessment questions, or they must have access to someone, such as an authorized representative, who will provide necessary assistance to them so they may successfully participate in the telehealth reassessment. This requirement ensures the recipient is able to join and appropriately participate in the telehealth reassessment, while also ensuring they have access to needed assistance during the assessment as required by [Title 42 CFR Section 441.535](#).

In-person reassessments must be conducted at least every other year to ensure the health and safety of recipients. As previously stated, consecutive telehealth reassessments will not be allowed for any reason unless there is a State of Emergency, as discussed later in this ACL. Furthermore, the telehealth option does not extend to quality assurance or program integrity home visits that are conducted to ensure quality of care in the program.

Stable Care Needs Definition

To qualify as having "stable care needs," and thus be eligible for a telehealth reassessment, recipients must meet all the following criteria at the time a reassessment is scheduled:

- *The recipient is 19 years of age or older.* Minor recipients are not eligible for the Telehealth Reassessment Option as their continued growth and development result in significant changes in care needs. A minor recipient who turns 18 should have at least one in-person reassessment conducted after their 18th birthday before they are eligible for a telehealth reassessment. This allows counties to appropriately discuss and assess care options available to the new adult.
- *Have not had any incidents known to IHSS involving the Adult Protective Services (APS) agency or other agencies responsible for addressing the health*

and safety of individuals since their last reassessment. This indicates that there are no current or recent investigations related to the recipient's health and safety.

- *No documented concerns regarding the recipient's health and safety, nor is there a suspicion of fraud on the case.* To ensure a recipient's health and safety as well as support program integrity, an in-person reassessment should be conducted when there are documented concerns regarding the recipient's health and safety or if there is suspicion of fraud since the last reassessment. This includes, but is not limited to, documented concerns in the case narrative, case notes, or an open fraud investigation.
- *Have not been hospitalized or admitted to an overnight care facility for 24 hours or more and have not had multiple emergency room or urgent care visits within the last three months, known to IHSS.* This indicates that the recipient's care needs have not been destabilized recently.
- *Have not had a gap in provider services in the last six (6) months.* This indicates that the recipient's care needs are being consistently met. Counties may use the 60 day no activity report to identify cases that have a gap in provider services. Counties are advised to review cases for critical care needs that are not being met when a gap in provider services exists. For example: Two months prior to reassessment, a recipient with high needs terminates their sole provider and does not hire a new provider within a week. This recipient is ineligible for a telehealth reassessment as there has been a change in service provision which may have impacted the recipient's care needs.
- *Have not changed residence since the last reassessment.* This permits social workers to review past documentation regarding the recipient's home environment which will allow them to identify potential needs more accurately during the telehealth reassessment.
- *Lives with others when in need of assistance with Memory, Orientation, and Judgement, or lives alone and does not need assistance with Memory, Orientation, and Judgement* (CDSS Manual of Policies and Procedures [\[MPP\] Section 30-756.372](#)). Recipients who have a Rank 2 or Rank 5 in Memory, Orientation, and Judgement (MOJ), and live with others have access to additional supports in the home which contribute to their stability and are therefore determined to have stable care needs. A recipient that lives alone should be Rank 1 and not require any assistance with their Memory, Orientation, or Judgement, as needing assistance in these categories while living alone indicates that the recipient does not have stable care needs. Furthermore, an in-person assessment for these individuals (those living alone and not Rank 1) allows the county to more accurately assess any decline in MOJ since the last assessment. This helps to ensure the recipient's continued health and safety.
- *Does not have an Authorized Representative that directs all aspects of the recipient's care.* This indicates that the recipient is likely unable to self-report their care needs. A recipient who is able to self-report their care needs and has an authorized representative may still be eligible for a telehealth reassessment.

However, a recipient who has all their care needs directed by an authorized representative is not eligible for a telehealth reassessment. For example: A recipient who requires their authorized representative to set up a video call due to their functional limitations but is otherwise able to answer questions during the assessment is eligible for a telehealth reassessment. However, a recipient who requires their authorized representative to report their care needs during the reassessment would be ineligible for the telehealth option as an in-person reassessment would lead to a more accurate review of care needs.

- *Does not require an assessment or reassessment for protective supervision.* During an in-person assessment, the social worker is able to interact with the recipient's authorized representative, if any, while also observing the recipient in the home. This allows the social worker to determine the recipient's need more accurately and ensure the recipient's continued health and safety.
- *Does not have complex paramedical care needs.* Complex paramedical care needs result in increased health and safety risks. Complex paramedical care needs are anything which exceeds standard paramedical services such as administration of medications, gastrostomy tube care and maintenance, respiratory care and maintenance, digital stimulation and stool removal, catheter care, insertion of enemas, ostomy care, passive range of motion exercises, and blood glucose and urine testing. Recipients with only standard paramedical care needs are determined to have stable care needs.

If during the telehealth reassessment, it is found that the recipient no longer has stable care needs, as defined above, the county will reschedule an in-person reassessment.

Stable Care Needs Exception

If a recipient receives case management through another program, which provides additional services and supports that help stabilize the recipient, but does not meet all of the criteria above, they still may be determined to have stable care needs for the purposes of being eligible for telehealth reassessment. A recipient who receives case management through another program must meet the following stable care needs criteria:

- The recipient must be at least 19 years old.
- Has not had any incidents known to IHSS involving APS or other agencies responsible for addressing the health and safety of individuals since their last reassessment.
- Has not been hospitalized or admitted to an overnight care facility for 24 hours or more and have not had multiple emergency room or urgent care visits within the last three months, known to IHSS.
- Has not changed residence since the last reassessment.
- No concerns regarding the recipient's health and safety nor is there suspicion of fraud on the case.

A recipient who is documented to receive case management through another program, and meets the criteria above, is considered to have stable care needs and thus eligible

for a telehealth reassessment without meeting the other elements of the “stable care needs” criteria. These individuals meet the stable care needs criteria because case management services are providing an added layer of assistance on an ongoing basis to ensure the health and safety of the recipient. The IHSS social worker must be in contact with the coordinator from the other program and document that the case management involvement is current as well as the case manager’s contact information.

Programs which provide case management with additional services and supports that help stabilize the IHSS recipient include, but are not limited to:

- Regional Center Supported Living Services with Case Management
- Multipurpose Senior Services Program
- Home and Community-Based Alternatives Waiver (Formerly In-Home Operations Waiver)

Telehealth Reassessment Process

Conducting the Telehealth Option Eligibility Review Prior to System Supports

As previously specified, counties will have the authority to implement the Telehealth Reassessment Option prior to the initiation of system supports; however, counties must manually assess cases using the specified stable needs criteria to determine telehealth reassessment eligibility. Counties must inform recipients eligible for the Telehealth Reassessment Option of their ability to choose between a telehealth or in-person reassessment and may develop a process to fulfill this requirement. When implementing the Telehealth Reassessment Option prior to system supports, counties must document when a recipient affirmatively elects to participate in the Telehealth Reassessment Option. Counties may default to scheduling and reassessment practices used during the COVID-19 State of Emergency to implement the Telehealth Reassessment Option if they begin implementation prior to the availability of systems supports.

Telehealth Reassessments During a State of Emergency

Pursuant to the CFCO and IPO SPAs, CDSS has also been given authority to default to telehealth reassessments for all impacted recipients during a State of Emergency proclaimed by the governor, a National Emergency or Major Disaster declared by the president, or a Public Health Emergency declared by the Department of Health and Human Services. All recipients of impacted counties will receive a telehealth reassessment, regardless of whether the recipient meets the stable needs criteria, or whether it would result in consecutive telehealth reassessments. Recipients must be offered an in-person reassessment, in compliance with federal regulations. Recipients who prefer an in-person reassessment shall receive an initial telehealth reassessment during the State of Emergency and a follow-up in-person reassessment as soon as is feasible or when the State of Emergency ends, whichever comes first.

When a reassessment is conducted during a State of Emergency, counties must document in a recipient’s Case Management Information and Payrolling System (CMIPS) file that the recipient was informed that a telehealth reassessment will be conducted due to the emergency, as well as note whether or not the recipient has

indicated that they want a follow-up in-person reassessment. Counties may use the following prompt for CMIPS documentation:

“There has been a State of Emergency declared by [government entity] on [date of declaration] which has affected the county’s ability to provide an in-person reassessment at this time. The recipient was informed that, due to the emergency, a telehealth reassessment will be conducted. The recipient was also informed that if they prefer an in-person reassessment, a telehealth reassessment will first be completed to ensure compliance with IHSS program rules and a follow-up in-person reassessment will be conducted as soon as feasible or when the State of Emergency has been lifted, whichever comes first. The recipient was asked if they prefer an in-person reassessment at a later time in addition to the telehealth reassessment. The recipient [requested/did not request] to have an in-person reassessment at a later time.”

During all reassessments, including those not impacted by States of Emergency, counties should continue to update recipients’ Individualized Back-Up Plan (SOC 864) and Disaster Preparedness information in CMIPS to ensure recipients’ safety in the event of an emergency. Counties may refer to [ACL 20-116](#) for information on documenting a recipient’s Disaster Preparedness information in CMIPS. Counties are also encouraged to continue to provide recipients information on advance notifications of public safety power shutoff (PSPS) events and a blank copy of the Personal Emergency Plan for recipients to complete. Counties may refer to [ACIN I-04-21](#) for information on providing resources to recipients for PSPS events, available tip sheets, and the Personal Emergency Plan.

Conducting the Telehealth Reassessment Option

When conducting a telehealth reassessment, the county is expected to fulfill all documentation requirements necessary for completion of an annual reassessment. Counties should continue to make reasonable attempts to contact a recipient to conduct the telehealth reassessment as they would if they were scheduling an in-person reassessment. The IHSS Annotated Assessment Criteria shall be utilized to assess recipients via telehealth, and the recipient’s reported need should be documented in the case record.

The recipient must be in their home environment for the duration of the reassessment regardless of whether they are participating in the telehealth option. If the county is unable to visually assess the recipient and the recipient’s environment during the telehealth reassessment, the county shall ask questions to obtain the same information they would have observed during an in-person reassessment and document the information in the case record. All required forms that would be completed at an in-person reassessment are still required at a telehealth reassessment, and an original signature is still required on forms which require one. Prior to the initiation of system supports, counties may default to practices utilized during the COVID-19 State of Emergency for completion of required forms, such as electronic signatures. However, self-attestation from applicants may not be used in lieu of an original signature.

When conducting a telehealth reassessment with recipients for whom English is a second language or who may have other communication barriers, counties should ensure the recipient is comfortable communicating during a telehealth reassessment and provide translation services as needed in compliance with the Dymally-Alatorre Bilingual Services Act.

County workers who are authorized to provide IHSS reassessments and have received the resources and training necessary to conduct them by phone and video call are qualified to perform telehealth reassessments pursuant to [42 CFR Section 441.535\(a\)\(1\)](#).

Scheduled System Updates

To support implementation of the Telehealth Reassessment Option, CDSS will provide system changes to the Case Management Information and Payrolling System (CMIPS), the Electronic Services Portal (ESP), and the Telephone Timesheet System (TTS). These changes will be rolled out in phases which will be explained in a future ACL.

Case Management Information and Payrolling System Updates

As part of the initial phase, which is tentatively scheduled for Fall 2024, a new “Telehealth” reassessment type will be added to the “Select Assessment Type” screen for county workers to use. The Needs Assessment Form (SOC 293) will be modified to include the Telehealth reassessment type. In addition, the RECIPIENT PART 4 Data Downloads will be modified to include the new Telehealth reassessment type. The Case Actions Overview Report in CMIPS will be modified to add a new column that counts the telehealth reassessments completed separate from the reassessments completed column.

In future releases, CMIPS will be modified to:

- Identify potentially eligible recipients 60 days prior to the reassessment due date.
- Create a workspace for the county workers to review telehealth eligibility.
- Establish a process for county workers to send a questionnaire to recipients to further determine their eligibility and their desire to participate in the telehealth reassessment.
- Allow recipients to submit their responses to opt in for Telehealth reassessment via ESP and TTS.

Future updates to CMIPS for the Telehealth Reassessment Option will be included in a forthcoming All County Information Notice.

In-Home Supportive Services Quality Assurance

When conducting quality assurance reviews, CDSS’ Quality Assurance (QA) will review if recipients who received telehealth reassessments were accurately determined to be eligible and met the stable needs criteria. The QA will also review if there is documentation of the eligible recipient opting into the Telehealth Reassessment Option. A case in which a telehealth reassessment was conducted when a recipient was

ineligible and had not met the stable needs criteria, and/or does not have documentation in the case file of the recipient opting into a telehealth reassessment, will result in a Quality Assurance finding.

Data Collection and Reporting

The CDSS will collect data on the telehealth reassessment process and will conduct ongoing evaluation and oversight of the telehealth reassessment process to ensure it adequately assesses the needs of recipients and is equitably available. Data pertaining to the utilization of the telehealth reassessment process shall be made public.

Forthcoming Updates and All County Letters

The following updates will be announced in future ACLs:

- Case Management Information and Payrolling System (CMIPS) updates
- Electronic Services Portal (ESP) and the Telephone Timesheet System (TTS) updates
- Regulations Update – Reassessment Requirements
- CDSS Data Collection and Reporting updates

Copies and Translations

Forms referenced in this letter are available on the [CDSS Forms/Brochures webpage](#). When CDSS completes translations of a form, they are posted on the [Translated Forms and Publications webpage](#). When made available by CDSS, forms translated into an individual's preferred language must be provided to the individual pursuant to [Manual of Policies and Procedures \(MPP\) Section 21-115.2](#). For questions on translated materials, please contact the Translation Services Section at its@dss.ca.gov. If translations are not available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the [GEN 1365-Notice of Language Services](#) and a local contact number. See [All County Letter \(ACL\) 22-56](#).

Per [MPP Section 21-115](#), the County Welfare Departments (CWDs) must ensure effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services must be provided, free of charge, to the applicant/recipient. If CDSS does not provide translations of a form, it is the county's responsibility to read and interpret the form if an applicant or recipient requests it. See [ACL 22-56](#).

Additionally, the CWDs must provide auxiliary aids and services to persons with vision, hearing, or speech disabilities, where applicable. More information regarding provisions for services to applicants and recipients who have limited English proficiency or who have disabilities can be found in [MPP Section 21-115](#) and [ACL 19-45](#).

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