

July 24, 2025

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 25-55**

The purpose of this All County Letter is to notify counties of modifications made to the Case Management Information and Payrolling System in support of the Telehealth Reassessment Option implementation.



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DIRECTOR

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GAVIN NEWSOM  
GOVERNOR

July 24, 2025

ALL COUNTY LETTER NO. 25-55

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

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

REFERENCE: [ALL COUNTY LETTER NUMBER 24-72;](#)  
[ALL COUNTY INFORMATION NOTICE I-11-23](#)

The purpose of this All County Letter (ACL) is to notify counties of the system modifications for the Telehealth Reassessment Option and the new Reassessment Workspace within the Case Management Information and Payrolling System (CMIPS).

## **BACKGROUND**

In response to the COVID-19 State of Emergency, the In-Home Supportive Services (IHSS) program was granted authority to allow counties to conduct assessments and reassessments via telephone or video call under specified circumstances. When the State of Emergency ended in February 2023, IHSS resumed in-person assessments. Recognizing the flexibility that telehealth assessments offer to recipients and counties, the California Department of Social Services (CDSS) engaged stakeholders to develop a permanent telehealth reassessment process.

On May 1, 2024, CDSS secured federal approval from the Centers for Medicare and Medicaid Services to update Medicaid State Plan Amendments, granting authority for a permanent Telehealth Reassessment Option for the Community First Choice Option and the In-Home Supportive Services Plus Option in accordance with established federal requirements. 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. This new option ensures eligible recipients who opt in can complete reassessments via telephone or video call while maintaining compliance with state and federal guidelines. The Telehealth Reassessment Option eligibility criteria and policy guidance was issued in October 2024, via [ACL 24-72](#).

To support the implementation of the Telehealth Reassessment Option, CDSS took a phased approach to roll out required modifications to CMIPS, the Electronic Services Portal (ESP), and the Telephone Timesheet System (TTS). In the initial phase, a new assessment type for Telehealth was created in CMIPS and released in October 2024 as described in [ACL 24-72](#). This ACL will provide information and guidance to county IHSS teams for phase two of the Telehealth Reassessment Option system changes.

The following key features will be introduced. These features include:

- The creation of a Reassessment Workspace to manage and track upcoming reassessments.
- Telehealth functionality to assist in managing evaluations for a telehealth reassessment.
- A telehealth questionnaire to collect additional recipient information, which recipients can respond to through the ESP Message Center or the TTS line.

## **REASSESSMENT WORKSPACE**

The new Reassessment Workspace is a centralized hub created to help case workers manage their caseload reassessments and evaluate recipients for telehealth eligibility.

The Reassessment Workspace can be accessed within CMIPS through the left-column Shortcuts menu under the My Workspace submenu. Case workers will see a default search list of assigned cases with upcoming reassessments due within the current and future two months. The cases available in the Reassessment Workspace is not an all-encompassing list of cases assigned to a case worker. Only cases with Eligible or Leave statuses will appear. Cases with other statuses (Pending, Presumptive Eligible and Terminated) are still available on the My Cases screen.

The Reassessment Workspace will include recipient details with search/filter capabilities. The recipient details will provide essential information on the case like contact, and eligibility information. The workspace will include telehealth functionality to help evaluate recipients for Stable Care Needs (as defined in [ACL 24-72](#)).

Send Questionnaire...

Search Results

<input type="checkbox"/>	Case Number	Recipient	Recipient Address	Phone	Spoken Language	Comp Case	Case Status	Fund Source	PS	PM	Reassessment Due Date	Potentially Stable	Telehealth Questionnaire Results	Telehealth Status
<input checked="" type="checkbox"/>	<a href="#">0018109</a>	TWOTEST T TESTDATA	101 P St Sacramento CA 95747-1256	0008484930	English	No	Eligible	2M	No	No	08/08/2025	No	<a href="#">Not Sent</a>	
<input checked="" type="checkbox"/>	<a href="#">2346792</a>	TESTTHREE TESTFIVE	102 P St Sacramento CA 95747-1256	0003121149	Punjabi	No	Eligible	2N	No	Yes	08/07/2025	No	<a href="#">Not Sent</a>	
<input checked="" type="checkbox"/>	<a href="#">1175351</a>	TESTTHREE TESTFIVE	103 P St Sacramento CA 95747-1256	0004508827	Spanish	No	Eligible	2M	No	No	08/12/2025	No	<a href="#">Not Sent</a>	
<input type="checkbox"/>	<a href="#">2259070</a>	TESTDATA O NE TWOTEST	104 P St Sacramento CA 95747-1256	0004505248	Spanish	No	Eligible	2M	No	No	08/14/2025	No	<a href="#">Not Sent</a>	
<input type="checkbox"/>	<a href="#">0022792</a>	TWOTEST T TESTDATA	105 P St Sacramento CA 95747-1256	0004507137	English	No	Eligible	2M	No	No	08/07/2025	No	<a href="#">Not Sent</a>	

**Figure 1 - Reassessment Workspace**

The Reassessment Workspace contains several functions to assist in managing cases with reassessments. The workspace provides the following features: recipient details, search filters, and telehealth functionality.

### **Recipient Details**

The information available in the Reassessment Workspace will mirror that of the Monthly Assessment Due Report with additional telehealth eligibility information.

The recipient details available in the Reassessment Workspace include:

- Case Number (active link to case home)
- Recipient (Last, First Name)
- Recipient Address
- Phone
- Spoken Language
- Comp Case (Companion Case – Yes or No)
- Case Status (only displays Eligible or Leave cases)
- Fund Source (Funding Source)
- PS (Protective Supervision)
- PM (Paramedical)
- Reassessment Due Date (overdue assessments appear in red font)

Four new columns were created in the Reassessment Workspace search results screen for telehealth functionality:

- Potentially Stable – Yes or No indicator populated by a system review that evaluates eligibility for telehealth based on initial criteria in CMIPS. In a forthcoming release, this column will contain a link to open a *Potentially Stable Indicator Results* pop-up screen that contains the results of the Potentially Stable Indicator (PSI) evaluation.
- Checkbox – Checkbox column to select recipients to send a telehealth questionnaire. The user may select all or select individual boxes and then click the “Send Questionnaire” button. A confirmation message will appear to confirm sending the questionnaire to the selected recipients.
- Telehealth Questionnaire Results – Active link to a *Telehealth Questionnaire Details* pop-up screen.
- Telehealth Status – Approved, Not Approved, or Recipient Declined for telehealth.

### **Search / Filter**

The Reassessment Workspace features search and filter options to search for specific cases. When first entering the Reassessment Workspace, the screen will populate results from a default search with no filters selected. It will display cases in chronological order according to the Reassessment Due Date.

Reassessment Workspace

Search Criteria

Case Details

Case Number:  Recipient First Name:  Recipient Last Name:

Reassessment Due Date

From Date:  To Date:  Overdue Assessments: ☐

Questionnaire Results:  Potentially Stable: ☐

Telehealth Status:  Companion Case: ☐

Funding Source:

Search Reset

**Figure 2- Reassessment Workspace - Search Criteria Cluster**

Case workers will be able to filter search results by the following categories:

- Case Number
- Recipient First Name and Recipient Last Name (or Recipient Last Name only)
- Reassessment Due Date (From Date – To Date)

- Overdue Assessments
- Questionnaire Results
- Telehealth Status
- Funding Source
- Potentially Stable
- Companion Case

These filters will apply only to the first page in the Reassessment Workspace. If a new page is selected, it will not carry over the filter selections. If a case is transferred between case workers, the case will appear in the new worker's search results in real time.

## **TELEHEALTH FUNCTIONALITY**

The Reassessment Workspace includes functionality to assist case workers in evaluating and managing recipients for telehealth eligibility.

An automated system review provides an initial evaluation of potential telehealth eligibility. This system review runs each month to identify cases that are potentially eligible for telehealth based on the Stable Care Needs criteria.

After the automated monthly review, case workers can use this initial evaluation to send out a telehealth questionnaire. The questionnaire helps collect more detailed information from recipients to confirm if telehealth is appropriate for their reassessment. If recipients respond to the questionnaire using the ESP or TTS line, their responses are automatically sent to CMIPS.

Once this information is in CMIPS, case owners can review the responses and decide how to proceed. They will review the questionnaire responses along with any other available data to decide whether the reassessment can be completed using telehealth or if an in-person visit is needed.

### **Potentially Stable Indicator – System Review**

The system review will run at the end of the month to evaluate cases that are due for reassessment in the third month from the review date. For example, the system review runs on February 28, 2025, to evaluate cases that are due for reassessment in May 2025. This allows the case worker at least 60 days before the reassessment due date to evaluate for telehealth eligibility.

The CMIPS will evaluate the following information based on the Stable Care Needs criteria:

- Age – Recipient is age 19 or older.

- Assessment Type – Recipient completed their initial assessment and at least one in-person reassessment. System reviews the previous assessment type to prevent back-to-back telehealth assessments.
- Gap in Provider Services – Evaluates IHSS service payments over a six-month period – excluding the most recent pay period – between all IHSS providers. If a pay period within those six months does not have at least one processed payment between all IHSS providers, it is considered a gap in provider services.
- Living Arrangement – Evaluates the current Living Arrangement and the rankings for Memory, Orientation, and Judgement (MOJ) according to the criteria in [ACL 24-72](#).
- Residence Address – Reviews recipient's records to ensure recipient has not changed their address of residence since the last annual assessment.

Only cases in Eligible status will be evaluated during the PSI system review. Cases with a Leave status will not be evaluated by the PSI system review. Cases will not be reevaluated each month. Once the system review runs, the Potentially Stable column will update and cannot be changed.

After the initial system evaluation, case owners can promptly determine which recipients should receive the telehealth questionnaire to continue the process.

### **Telehealth Columns**

The Potentially Stable column records whether a recipient might have Stable Care Needs based on the information available in CMIPS. The column will display either Yes or No. Although the system evaluates the information within CMIPS, the case worker can review for any possible exceptions or changes since the system evaluation.

The checkbox column will allow case workers to select cases that they would like to send the telehealth questionnaire. When the "Send Questionnaire" button is clicked, the telehealth questionnaire will generate for the selected recipient(s) through ESP and/or TTS, depending on their registration and preference. Recipients registered for both will only be able to submit the questionnaire once through either system. Once the questionnaire is sent to the recipient, the checkbox will be disabled to prevent the questionnaire from being resent.

The Telehealth Questionnaire Results column displays a set of statuses that change through the telehealth screening process. The statuses also act as an action link to access the *Telehealth Questionnaire Details* pop-up screen. Those statuses are listed below:

- Not Sent
- Sent

- Eligible – Recipient is determined as Eligible for telehealth based on responses to the questionnaire.
- Ineligible – Recipient is determined as Ineligible for telehealth based on responses to the questionnaire.
- Recipient Declined
- No Response – Status may be automated by CMIPS if the recipient does not complete the telehealth questionnaire within 14 days, or if the county does not record a response on behalf of the recipient within 30 days.

The Telehealth Status column is the final determination made by the case worker. This status will be automated based on the recipient's responses to the questionnaire or may be manually selected by the case worker. The statuses are listed below:

- Approved
- Not Approved
- Recipient Declined

### **Telehealth Questionnaire**

The In-Home Supportive Services Telehealth Reassessment Questionnaire (CMIPS Form 0005) will be sent to recipients when the case worker triggers it in the Reassessment Workspace. The questionnaire consists of six questions that will help the case worker evaluate the recipient for Stable Care Needs. Since this information is not available in CMIPS, the recipient will need to provide it to potentially qualify for a telehealth reassessment.

The telehealth questionnaire form includes additional information for the recipient and is available in ten languages: English, Spanish, Chinese, Armenian, Cambodian, Farsi, Korean, Russian, Tagalog, and Vietnamese. If the recipient's preferred language is not available, the Notice of Language Services (GEN 1365) form will be attached (printed version only). The telehealth questionnaire will be generated either through the ESP Message Center or as a hard copy for recipients with a TTS preference.

Recipients will have 14 calendar days to complete the questionnaire electronically via ESP or TTS. County users can enter responses in CMIPS on behalf of the recipient within 30 calendar days. On the 31<sup>st</sup> day, the system will automate a Not Approved status in the Telehealth Status field if there is no response from the recipient or county. The Telehealth Reassessment Questionnaire cannot be resent, and the response window cannot be extended.

### **Telephone Timesheet System**

Recipients who are registered for TTS will receive a printout of CMIPS Form 0005 (14-point font version only). To reduce county workload, CDSS will mail the printed form



from the Centralized Print Center. Recipients do not need to return the hardcopy form as it is only for their reference when submitting their responses through the TTS call line. This form provides additional information and includes the questions that TTS users will answer when calling the TTS line. When the recipient logs in at the main menu of the TTS line, a message will inform them that they may participate in the Telehealth Reassessment Option, if eligible. The TTS line will prompt recipients to answer the telehealth questionnaire. Once the recipient answers and submits the questionnaire, the information will be relayed from TTS to CMIPS. The responses will appear in the *Telehealth Questionnaire Details* pop-up screen and trigger automated status updates based on the responses. It is the case worker's responsibility to make the final determination for a telehealth assessment.

#### Electronic Services Portal

Recipients who are registered for ESP will receive a message through Message Center ([All County Information Notice I-11-23](#)). This message will include the same information as the printout sent to TTS users. The message will include a link to an embedded survey for the questionnaire. Once the recipient answers and submits the questionnaire, the information will be relayed from ESP to CMIPS. The information will populate into the *Telehealth Questionnaire Details* pop-up screen and trigger automated status updates based on the responses. It is the case worker's responsibility to make the final determination for a telehealth assessment.

#### Manual Telehealth Questionnaire Response

County workers may enter responses to the telehealth questionnaire on behalf of the recipient if the recipient has not submitted a response. County workers may complete this action while reviewing the telehealth questionnaire with the recipient over the phone. The response window for county workers is limited to 30 implementation days from the day the questionnaire was originally sent. The County Response Due Date is listed in the *Telehealth Questionnaire Details* pop-up screen.

Case workers may access the *Telehealth Questionnaire Details* pop-up screen through the Reassessment Workspace link in the Telehealth Questionnaire Results column.

**Telehealth Questionnaire Details:** [REDACTED] ? X

\* required field

Telehealth Questionnaire Overview

<b>Recipient Response Due Date:</b>	<b>Telehealth Questionnaire Results:</b> Not Sent
<b>County Response Due Date:</b>	<b>Response Submitted By:</b>

Telehealth Questionnaire Responses

Question 1: Interested in Telehealth Reassessment? [ ]

Question 2: Can use telephone/video calling devices independently or with assistance? [ ]

Question 3: Emergency/urgent care visit in the last 3 months? [ ]

Question 4: Admitted to care facility for 24 hours in the last 3 months? [ ]

Question 5: Health/safety referral (APS, police, other) since last reassessment? [ ]

Question 6: Receives other case management services? [ ]

Telehealth Screening Outcome

**Stable Care Exception:** ☐

**Telehealth Status:** [ ]

**Comments:** [ ]

Save Cancel

**Figure 3 - Telehealth Questionnaire Details Pop-up Screen**

### **Telehealth Questionnaire Details**

The *Telehealth Questionnaire Details* pop-up screen captures the details related to telehealth eligibility, such as the questionnaire results, exception to the Stable Care Needs criteria, and the Telehealth Status. The pop-up screen is accessible through the action link in the Reassessment Workspace or the *Telehealth Screening History*. A few actions can be taken directly from this pop-up screen.

The *Telehealth Questionnaire Details* pop-up screen is comprised of three clusters: Telehealth Questionnaire Overview, Telehealth Questionnaire Responses, and the Telehealth Screening Outcome.

The Telehealth Questionnaire Overview cluster includes the following fields:

- Recipient Response Due Date – Last day that the recipient can submit the telehealth questionnaire.
- County Response Due Date – Last day that the county can enter a response on behalf of the recipient.
- Telehealth Questionnaire Results – Status of the questionnaire results that will update through the screening process (Not Sent, Sent, Eligible, Ineligible, Recipient Declined, and No Response). This field populates to the appropriate column in the Reassessment Workspace.
- Response Submitted By – Origin of the questionnaire response (ESP, TTS, County).

The Telehealth Questionnaire Responses cluster includes the short-form questions and answers. Once the answers are submitted through any source, they will be locked for editing. The answers are listed below:

- Yes
- No
- No Response – automated status if questionnaire is incomplete at submission due to answering No to questions one or two.

The Telehealth Screening Outcome cluster includes the following fields:

- Stable Care Exception – A checkbox to indicate if a recipient qualifies for an exception to the Stable Care Needs criteria as defined in [ACL 24-72](#). This may apply before or after the questionnaire response is collected. This field requires a comment when updating.
- Telehealth Status – The final status when evaluating for telehealth eligibility. Although this has automation built into the process, the case worker may change it manually if appropriate. This field requires a comment when updating.

- Comments – A comment box that is required when changing the Stable Care Exception or the Telehealth Status. This comment box is limited to 500 characters and will overwrite the previous comment each time the screen is saved.

### **Supervisor Workspace – Case Categories for Approval**

A new category will be added to *Assign Case Categories Requiring Approval* pop-up screen for the Telehealth assessment type. The Case Categories can be assigned through the *Approvals* tab under the *Supervisor Workspace – Team and Workloads* section. If the Telehealth category is selected for a worker, a supervisor will be required to approve the assessment, regardless of the worker's user role.

**Assign Case Categories Requiring Approval** ? ×

\* required field

Case Categories Requiring Approval ▼

**Accompaniment to Medical Appointments:** ☐

**Paramedical Services:** ☐

**Protective Supervision:** ☐

**Minor Child Recipient:** ☐

**State Hearing Assessment:** ☐

**Telehealth Assessment:** ☐

Save Cancel

**Figure 4 - Assign Case Categories Requiring Approval**

## **REPORT MODIFICATIONS**

Report modifications will be made as part of the Telehealth Reassessment Option. These changes will include relabeling of fields and additions to existing reports.

To accommodate the Telehealth assessment type, the Home Visit Date field was renamed to Assessment Date. This change ensures the field appropriately encompasses both in-person and telehealth methods for evaluating recipients. This field was previously updated in CMIPS during the first phase of telehealth implementation. This relabel will affect the following reports:

- Application – Approval-Denial-Termination Listing
- Potential Variable Assessment
- QA Case Random Sampling

The Monthly Assessment Due report will be modified to include new telehealth data. The data from the PSI system review will be added to this report as a column labeled PSI. To accommodate the additional space required, the following column names have been renamed:

- PRI MC AID CDE to MC CDE
- FUNDING SOURCE to FUND SOURCE
- COMPANION CASE to COMP CASE
- SUPERVISOR to SUP#
- WORKER# to WORK#

## **DATA DOWNLOADS**

With the implementation of the Telehealth Reassessment Option, telehealth data will be incorporated into a new recipient Data Download (DDL) called Recipient Management Data Part 5. While this DDL file will contain the new telehealth data, the Recipient Management Data Part 5 file is not exclusive to telehealth data. The following DDL elements will be added for release in July 2025:

- CASE\_RECIP\_NUMBER (CMIPS Case Number.)
- COUNTY\_NUM (California County Code.)
- REASSESS\_TYPE (If the case has a Reassessment or Inter County Transfer assessment type, field displays as In-Person. The Telehealth assessment type displays as Telehealth.)
- INPERSON\_REASSESS\_TYPE\_DT (Date will reflect the REASSESS\_TYPE of In-Person.)

- TELEHEALTH\_REASSESS\_TYPE\_DT (Date will reflect the REASSESS\_TYPE of Telehealth.)
- POTENTIAL\_TELEHEALTH\_ELIG (Results from the PSI system review would display Yes, No, or blank if not evaluated by system.)
- REASSESS\_PREFERENCE (Question 1. Yes, No, or No Response)
- DEVICES\_ACCESS (Question 2. Yes, No, or No Response)
- ER\_URCARE\_VISIT (Question 3. Yes, No, or No Response)
- RECENT\_HOSPITALIZATION (Question 4. Yes, No, or No Response)
- APS\_LAW\_CONTACT (Question 5. Yes, No, or No Response)
- OTHER\_CARE\_SERVICES (Question 6. Yes, No, or No Response)
- TELEHEALTH\_QUESTIONNAIRE\_RESPONSE\_METHOD (blank if not triggered, ESP, TTS, County, or Superuser.)
- TELEHEALTH\_QUES\_RESULT (Not Sent, Sent, Recipient Declined, Eligible, Ineligible, or No Response.)
- STABLE\_CARE\_EXCEPTION (Yes or blank if not selected.)
- TELEHEALTH\_SCREENING\_STATUS (Approved, Not Approved, or Recipient Declined.)
- TELEHEALTH\_SCREENING\_STATUS\_DT (Last date that TELEHEALTH\_SCREENING\_STATUS was updated.)
- TELEHEALTH\_STATUS\_UPDATED\_BY (Superuser or case worker name.)
- TELEHEALTH\_STATUS\_UPDATED\_BY\_NUM (Superuser or case worker name.)

Due to the renaming of the Home Visit Date field to Assessment Date, the Recipient Management Data Part 3 DDL file will be updated in the July 2025 release.

## COUNTY RESPONSIBILITIES

When conducting a telehealth reassessment, the county is expected to fulfill all requirements set forth in [ACL 24-72](#). Counties should conduct the telehealth reassessment as they would an in-person reassessment. 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. The IHSS Annotated Assessment Criteria shall be utilized to assess recipients via telehealth, and recipient's recorded need should be accurately assessed and documented. In addition, counties will be responsible for the following:

- Ensure that case information is accurate and current, so that the system can evaluate the information in its preliminary check for telehealth eligibility.
- Follow the guidance provided in [ACL 24-72](#) to evaluate if a recipient meets the definition of Stable Care Needs. If an exception is necessary, evaluate if the recipient is eligible and meets the exception criteria.
- Prioritize the recipient's health and safety when evaluating for telehealth eligibility.
- When case workers use the Telehealth Reassessment Option, the Electronic Forms (e-forms) digital signature satisfies the signature requirement defined in ACL 24-72. If e-forms is not utilized, the county will need to mail or deliver forms to the recipient to complete and send back to the county.

## **UPCOMING RELEASES**

### **Telehealth Screening History**

A Telehealth Screening History screen will be implemented after the phase two release of the Reassessment Workspace to provide a record of all reassessments from the month of implementation. This screen will allow CMIPS users to view the questionnaire details for all years recorded and additional assessment-related information.

While the Reassessment Workspace only populates records for the case worker, the *Telehealth Screening History* screen will allow other case workers to access the *Telehealth Questionnaire Details* screen through the Action column link. Only the current year may display the Edit link. All previous years will display the "View" link only.

For further guidance on all functionalities related to the Reassessment Workspace and telehealth, please refer to the CMIPS User Manual (chapters three, five, and nine) available in Comms Hub.

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

If you have any questions regarding the contents of this ACL, please direct them to the CMIPS and System Enhancements Branch at [CMIPSII-Requests@dss.ca.gov](mailto:CMIPSII-Requests@dss.ca.gov).

Sincerely,

***Original Document Signed By***

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

Attachment



## IN-HOME SUPPORTIVE SERVICES (IHSS) TELEHEALTH REASSESSMENT QUESTIONNAIRE

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COUNTY OF: SAMPLE COUNTY

Notice Date: 12/31/2025

Case Number: 0123456789

IHSS Office Address: 1234 SAMPLE STREET,  
SAMPLE CITY, CA 95814

IHSS Office Telephone: 123-456-7890

To: In-Home Supportive Services (IHSS) Recipient

You are receiving this notice because you may be eligible to receive a phone or video telehealth reassessment for your upcoming In-Home Supportive Services (IHSS) reassessment. As a reminder, program rules require all IHSS recipients must be assessed annually to ensure their care needs are appropriately met through program services and to protect their health and safety.

### What is a telehealth reassessment?

The telehealth reassessment offers eligible recipients the option to complete their annual reassessment via telephone or video call. The telehealth reassessment option provides flexibility for the recipients, while also allowing the worker to complete a full reassessment without being in the home.

To qualify for the telehealth reassessment option, you must be age 19 or older, have completed your initial assessment in person, have completed an additional reassessment in person, and have stable care needs. For your health and safety, even if you are interested in receiving a telehealth reassessment, the social worker must evaluate your responses and case details to determine eligibility for this type of reassessment. If you do not have stable care needs or there are other concerns, the county must reassess you in person. If you participate in a telehealth reassessment, you must be reassessed in person the following year.

### How do I inform my social worker if I am interested in a telehealth reassessment?

You can respond to this questionnaire through the [Electronic Services Portal](https://etimesheets.ihss.ca.gov) (ESP - <https://etimesheets.ihss.ca.gov>) or the Telephone Timesheet System (TTS). In the ESP, you may access the questionnaire through Message Center. In the TTS, you may access the questionnaire by calling **(844) 576-5445** and using the menu options. You

will need to answer all the questions. Your social worker will review your responses and case details to evaluate your eligibility for telehealth.

Telehealth is optional. If you wish to have your reassessment in person, you do not need to take any action. If you do not submit a response within **14** days, your reassessment will be scheduled in person.

Please complete the following questions to assist your social worker in evaluating if you have stable care needs.

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**Questionnaire:**

1. Would you like your social worker to conduct your upcoming annual reassessment through telephone or video call?

☒ Yes

☐ No

2. Are you able to independently use telephone or video calling devices, or do you have a family member, friend, or provider who can help you? This will allow you to successfully participate in a telehealth reassessment and respond to the social worker's questions.

☒ Yes

☐ No

**If you answered “No” to questions 1-2, stop here. Your social worker will schedule you an in-person reassessment.**

3. Within the last three months, have you had more than one emergency room or urgent care visit?

☒ Yes

☐ No

4. Within the last three months, have you been admitted to an overnight care facility (including hospitalization), for at least 24 hours?

☐ Yes

☒ No

5. Have you been contacted by Adult Protective Services (APS), law enforcement or any other agencies concerning your health and safety since your last reassessment?

☐ Yes

☒ No

6. Do you receive case management services from another program? For example: Does someone from another program, such as Regional Center Supported Living Services (SLS), a Multipurpose Senior Services Program (MSSP), Home and Community-Based Alternatives Waiver (HCBA) (formerly IHO), or other program(s), provide case management to help you direct your services?

☒ Yes

☐ No