

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 25, 2000

ALL-COUNTY LETTER NO. 00-28

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS**REASON FOR THIS TRANSMITTAL**

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: APPROVAL OF THE IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM'S VOLUNTARY SERVICES REGULATIONS (MANUAL OF POLICIES AND PROCEDURES SECTIONS 30-701, 30-757 AND 30-763)

This All-County Letter (ACL) informs counties of approved changes in the regulations regarding the use of voluntary services in the IHSS Program. The purpose of these regulatory changes is to require counties to obtain a signed Voluntary Services Certification Form SOC 450 (Rev. 4/99) from individuals who agree to render voluntarily any compensable services. The Certification form is to be used statewide for any individual providing compensable services without pay. A copy of the regulations and a copy of the Certification form are attached.

The adoption of these regulations is necessary to comply with the court-ordered judgement resulting from the Miller v. Woods/Community Services for the Disabled v. Woods court case.

The term "provider," as used in the regulations, can mean a paid provider who provides a part of the services to the recipient on a voluntary basis or a person who provides services voluntarily and receives no compensation from IHSS.

CERTIFICATION FORM REQUIRED

Any individual who could legally be paid to provide IHSS Program services can volunteer not to be paid to provide those services. If a need for services is assessed and authorized, then with certain exceptions, an individual can legally be paid to perform the services. Any individual willing to perform authorized services without compensation must complete and sign the Certification form. All voluntary service hours are to be shown on the clients' SOC 293 forms as Alternative Resource hours.

Example 1:

Recipient has an authorized need for 5.25 hours per week (.75 hours per day) of bathing/oral hygiene/grooming. The recipient's adult daughter agrees to bathe the recipient on Saturday and Sunday without compensation. The daughter must complete the Certification form acknowledging that she will provide 1.50 hours per week of bathing without compensation.

Example 2:

Recipient has an authorized need for 6 hours per month of domestic services. The recipient's neighbor has agreed to clean the recipient's house without compensation. The neighbor must complete and sign the Certification form acknowledging that he/she will provide 6 hours per month of domestic services without compensation. If the neighbor only wants to provide a portion of the cleaning services, he/she completes the Certification form acknowledging that portion (in hours) of services to be provided without compensation.

Example 3:

Recipient has an authorized need for 6 hours per month of domestic services and 4 hours per month of meal preparation services. The recipient's neighbor has agreed to cook for the recipient without compensation but wishes to be paid to provide the 6 hours per month of domestic services. The neighbor must complete and sign the Certification form acknowledging that he/she will provide 4 hours per month of meal preparation services without compensation.

Example 4:

A Severely Impaired (SI) recipient is authorized 6 hours per month domestic services and 35 hours per week of other tasks. Her neighbor has agreed to volunteer all of these service hours. The neighbor would be required to complete and sign the Certification form acknowledging that she will provide 6 hours per month of domestic services and 35 hours per week of other tasks without compensation.

PROTECTIVE SUPERVISION: CERTIFICATION DETERMINATION

Individuals willing to provide services that are *not* compensable are *not* required to complete the Certification form. The cases most often affected by this exemption will likely be those that have authorized protective supervision services. Assessed hours of protective supervision that exceed the statutory maximums for authorized hours are not compensable services hours. Therefore, an individual who voluntarily provides those hours would not be required to complete the Certification form. However, it is possible that an individual could volunteer enough hours to encroach upon the compensable

hours authorized for protective supervision. The examples below will illustrate these scenarios.

Note: Although a Non-Severely Impaired (NSI) Residual recipient is used in the examples, the same criteria would hold true for SI Residual and NSI/SI Personal Care Services Program (PCSP) clients who also receive IHSS protective supervision. The only difference in the criteria would be consideration of the different statutory maximums for the Residual and PCSP Programs.

Example 1

A NSI Residual recipient is limited to the statutory maximum of 195 hours of service per month (45.03 hours per week) including protective supervision. The recipient receives 11.00 hours of other services per week, which are subtracted from the Total Need hours for protective supervision of 168.00 per week (24 hours a day, 7 days a week), leaving an Individual Assessed Need of 157.00 hours per week. After taking into consideration the 11.00 hours of other services, only 34.03 hours per week remain available to be authorized for protective supervision and 122.97 hours per week must be provided by an Alternative Resource. In this case, the Alternative Resource hours are not compensable by IHSS because they are hours in excess of the maximum that could be authorized for payment; therefore, a signed Certification form is not required for the 122.97 Alternative Resource hours.

Example 2:

In this example, the recipient's needs are the same. However, in this situation the recipient's daughter agrees to voluntarily provide all of the recipient's 157.00 hours per week needed for protective supervision. The recipient's daughter would be required to sign the Certification form stating she is voluntarily providing for free the 34.03 hours per week of protective supervision for which she could otherwise be compensated. The other 122.97 hours per week are not compensable hours and a signed Certification form for those hours would not be required.

Example 3:

Again, the recipient's needs are the same. However, the recipient's daughter has decided she will only provide 145.00 hours per week of protective supervision for free leaving 12.00 hours per week to be authorized for payment. The daughter is now volunteering to provide for free 22.03 hours per week of otherwise compensable services (out of the 145.00). The recipient's daughter would be required to sign the Certification form stating she is voluntarily providing, for free, 22.03 hours per week of protective supervision for which she could otherwise be compensated. The other 122.97 hours per week are not compensable hours and a signed Certification form for those hours would not be required.

SERVICE PROVIDED BY AN ORGANIZATION

It is important to recognize that if an **organization** provides a portion of the authorized protective supervision service, it must be considered as an Alternative Resource rather than a provider. Consequently, a recipient's compensable hours total would not be reduced **unless** the organization was providing more hours of service than the recipient's identified need for Alternative Resources.

No Certification form is completed by the organization regardless of whether the amount of service hours it provided remained within the boundaries of the identified Alternative Resources need or encroached into the compensable hours. This is because the IHSS Program can legally pay only Individual Providers, County Contract Providers, and County Homemakers as compensable service providers. Organizations are funded by other sources and therefore, cannot be legally paid via the receipt of IHSS funds.

COMPLETION OF THE CERTIFICATION FORM

The Certification form must be completed and signed by the provider with consultation from the county social worker and contains the following information:

- Services to be performed.
- Recipient name.
- Day(s) and/or hours per month services(s) will be performed.
- Name of provider of services.
- Signature of county social worker and date of certification.
- Name of county.
- Social security number of provider (optional, for identification purposes only).
- Provider's address, telephone number and social security number if the county social worker is unable to obtain the information when completing the Certification form.
- Provider's signature and date of the certification.

At the time the Certification form is signed, counties must give the provider a copy of the signed form.

Although counties are required to have a signed certification by providers who agree to perform compensable services without pay, the state recognizes that these individuals may not always be readily available to complete the Certification forms in a timely manner.

When completing a recipient's initial assessment or reassessment the social worker must determine if an individual is providing voluntary services that he/she can be

compensated for by the IHSS program. The social worker must adhere to the following requirements:

- Provide the recipient with the Certification form, obtain the name and phone number of the provider and the relationship of this person to the recipient.
- Provide the recipient with a name and phone number of a county contact person for the provider to call if the provider has any questions.
- Document in the case file that a Certification form was left with the recipient and document the follow-up attempts to receive the completed Certification form. Follow up with the recipient and provider if this form has not been returned within 15 days.
- If the provider does not submit or refuses to complete the Certification form, the services may still be reflected as an Alternative Resource, so long as the recipient continues to indicate no desire to have IHSS provide the service and the provider wishes to continue the arrangement.
- Counties need to be aware that if a provider indicates he or she would like to receive payment for compensable services, the county must immediately discontinue showing the services as voluntary services. This provider should then be enrolled as an IHSS provider.

As noted, a copy of the new regulations and a copy of the Certification form are attached. Please direct questions pertaining to this ACL to your county's Adult Programs Management Bureau, Operations and Technical Assistance Analyst at (916) 229-4000.

Sincerely,

*Original Signed by
Donna L. Mandelstam on 3/6/00*

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachments

[Voluntary Services Certification \(SOC 450\)](#)
[Manual of Policy and Procedures Social Services Standards](#)

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



Regulation Package #1097-26

CDSS MANUAL LETTER NO. SS-98-01

TO: HOLDERS OF THE SOCIAL SERVICE STANDARDS MANUAL, DIVISION 30

Regulation Package #1097-26**Effective 11/14/98****Sections 30-753, 30-755, 30-757, and 30-763**

As a result of the Miller v. Woods/Community Services for the Disabled v. Woods court judgement, the Department amended the current Manual of Policies and Procedures Sections 30-763.6 and 30-757.17. These amendments added a paragraph requesting the provider to sign a statement that the provider knows his/her right to compensation for services rendered, but voluntarily chooses not to accept payment or reduced payment for providing the services. The amendments also added, in Section 30-701, the definitions of "compensable services", "reduced payment" and "voluntary services."

These regulations were considered at the Department's public hearings held on February 17, 18, 19, and 20, 1998.

FILING INSTRUCTIONS

Revisions to all manuals will now be shown in graphic screen. The attached pages are to be entered in your copy of the Manual of Policies and Procedures. The latest prior manual letter containing Social Service Standards manual changes was SS-97-02.

<u>Page</u>	<u>Replaces</u>
50 through 58	Pages 50 through 58
61	Page 61
70 and 70.1	Page 70
73	Page 73
90 through 92	Pages 90 through 92

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Attachment

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