

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



April 19, 1999

ALL COUNTY LETTER NO: 99-25

TO: ALL COUNTY WELFARE DIRECTORS

**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: PERSONAL CARE SERVICES PROGRAM ELIGIBILITY FOR SHARE-OF-COST IN-HOME SUPPORTIVE SERVICES RECIPIENTS**

Assembly Bill (AB) 2779 (Chapter 329 Statutes of 1998) changed subsections 12305.1 and 14132.95 of the Welfare and Institutions Code. These changes allow Medically Needy Aged, Blind, and Disabled recipients of In Home Supportive Services (IHSS) who have no categorical linkage to Medi-Cal to be eligible with a monthly share of cost. This would permit eligible IHSS recipients to receive services through Medi-Cal as part of the Personal Care Services Program (PCSP) rather than the IHSS residual program resulting in savings to both the state and counties due to Federal Financial Participation (FFP). Statute required the change to be implemented on April 1, 1999.

**LEAD AGENCY**

The Department of Health Services (DHS) has the lead on this project and obtained approval of a State Plan Amendment from the Health Care Financing Administration (HCFA) ensuring FFP. DHS was not able to proceed with the needed system modifications to implement these program changes by April 1, 1999. The California Department of Social Services (CDSS) began an initial implementation of this project based on Case Management, Information and Payrolling System (CMIPS) ad hoc reports sent to county IHSS staff. DHS will implement a retroactive tracking and verification plan once DHS system modifications have been accomplished.

**ELIGIBILITY**

AB 2779 stipulates that effective April 1, 1999, share of cost recipients (including zero share of cost) are eligible to receive services provided through PCSP if they meet the other requirements of the program.

## COUNTY RESPONSIBILITY

To facilitate claiming of FFP, the counties need to validate those persons who are eligible. In order to help the counties, CDSS mailed a list the week of March 1, 1999, of all persons whom CMIPS identified as presumably eligible. To effect the claiming of FFP, counties were asked to:

- Review the listings which were sorted by county, district office, and social service worker;
- Validate that the person has been or will be disabled for 12 continuous months or more;
- Obtain a signed provider/recipient Personal Care Services Program Provider/Enrollment Agreement SOC 426 for every eligible provider; and
- Key the PCSP provider eligibility flag on the PELG screen in CMIPS.

This same information was provided to IHSS Program Managers on February 26, 1999 in a Program Managers Letter and in an electronic message, EBB 99004.

When this validation is finished, please provide a letter to Diane Just, Chief of the Adult Programs Branch, which certifies that this process is complete.

## CLAIMING OF PCSP

CDSS will begin claiming PCSP for identified eligible share of cost cases beginning with payments for the first pay period of April 1999. Counties also need to claim administratively for the activities associated with these changes effective April 1, 1999. County activities related to validating a recipient's eligibility should be reported to the existing time study and claim codes for IHSS/PCSP on the County Expense Claim.

## RECIPIENT NOTIFICATION

On March 8, 1999, a letter was sent to all share of cost recipients who are potentially eligible for PCSP. This mailing included a provider enrollment form (SOC 426) and the Medi-Cal Recovery For The Personal Care Services Program form (SOC 445) (copies attached). The letter explained the change in eligibility, and asked that recipients return the signed enrollment forms within five (5) calendar days to their county social service worker.

## RECIPIENT COOPERATION

If an eligible recipient refuses to cooperate with the county to complete the SOC 426, or fails to provide information needed to determine his/her eligibility and need for service, he/she cannot be authorized PCSP and will not be eligible for the same services under the residual IHSS Program (see Welfare and Institutions Code Sections 12300(f) and 14132.95(a) and (p), copies attached). As stated in MPP 30-757.1 (copy attached), a PCSP eligible recipient cannot refuse personal care under PCSP and still receive ancillary services from residual IHSS.

If the recipient understands his/her responsibility and fails to cooperate, the county should issue a courtesy notice of noncompliance. The notice should specify that the recipient must submit the provider enrollment form to the county within fifteen (15) calendar days or lose eligibility for both IHSS and PCSP. At the end of the fifteen-day period, recipients who have not submitted the form should be sent a Notice of Action (NOA) informing them that services will be discontinued in ten (10) days.

#### DENIED APLICATIONS (Share of Cost)

New applicants as of April 1, 1999, whose IHSS SOC is higher than the amount of assessed services may have a lower Medi-Cal SOC, and thus be eligible for the program. Therefore, counties are to retain these applications until system modifications are in place to determine Medi-Cal share of cost (SOC).

#### NON-SEVERELY IMPAIRED AND SHARE OF COST CASES

Some non-severely impaired IHSS residual recipients whose hours are currently at the 195-hour maximum will be eligible to receive a maximum of 283 hours once their case is converted to PCSP. Because system changes are not in place DHS proposes to calculate Medi-Cal SOC retroactively for both new applicants and cases converted to PCSP. Underpayments to recipients in both these instances will be addressed in a forthcoming All County Letter. CDSS and CWDA are working together to develop specific instructions to be included in this ACL.

If you have questions about this letter, please contact your operations analyst, or their managers, Mike Ellison at (916) 229-4591 and Vickey Walker at (916) 229-4596.

Sincerely,

***Original Document Signed by  
Donna L. Mandelstam on 4/19/99***

DONNA L. MANDELSTAM  
Deputy Director  
Disability and Adult Programs Division

Attachments

## **MEDI-CAL RECOVERY FOR THE PERSONAL CARE SERVICES PROGRAM**

**The Personal Care Services formerly provide through In-Home Supportive Services is now paid for by Medi-Cal.**

**This means that the cost of all services provided to you after April 1, 1999 may be subject to Medi-Cal recovery.**

### **Who is Affected?**

- **PCSP recipients, aged 55 and older.**
- **PCSP recipients (55 + ) with no surviving spouse, no children under 21, or no totally disabled adult children.**
- **The surviving spouse of a Medi-Cal recipient, if a claim was originally filed against the estate, when that property is sold, transferred or exchanged.**

### **What is Medi-Cal Recovery?**

**Medi-Cal recovery means that a claim may be placed on your estate, after your death, for up to the same amount of money that has been paid for Medi-Cal benefits you have received, including PCSP services.**

### **NOTE:**

- **No claims will be made against a PCSP recipient's estate, if a substantial hardship is demonstrated by the family.**

**THIS NOTICE RELATES ONLY TO RECOVERY FOR PCSP SERVICES PAID FOR BY MED-CAL - EXISTING MEDI-CAL POLICY FOR RECOVERY OF OTHER MEDI-CAL SERVICES YOU RECEIVE IS STILL IN EFFECT.**

**THE PURPOSE OF THIS NOTICE IS TO LET YOU KNOW THAT THE PCSP SERVICES YOU RECEIVE ALSO FALL UNDER THE REQUIREMENTS OF THE EXISTING MEDI-CAL RECOVERY POLICY.**

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814

**IMPORTANT NOTICE****Please read carefully to make sure that your provider is paid correctly**

Dear IHSS Recipient:

Effective April 1, 1999, you are eligible to receive In-Home Supportive Services (IHSS) under the Personal Care Services Program (PCSP). This change is required by Welfare and Institutions Code subsection 14132 95(p), which was added by Assembly Bill 3779 chapter 329, Statutes of 1998, and by Welfare and Institutions Code subsection 12300(f).

Under PCSP, personal care services currently paid through the In-Home Supportive Services (IHSS) will be paid by the Medi-Cal Program. This means that the cost of all services provided to you after April 1, 1999 may be subject to Medi-Cal *recovery*. (*See* the attached **notice MEDI-CAL RECOVERY FOR THE PERSONAL CARE SERVICES PROGRAM**). Services such as assistance with bathing, grooming, dressing, bowel and bladder care, and feeding are considered personal care services under PCSP while meal preparation, routine laundry and domestic services are ancillary services under PCSP.

**What do you have to do?**

To enroll your provider under the Personal Care Services Program, you must complete the enclosed Personal Care Program Provider/Enrollment Agreement form. Please complete the form following the instructions below and mail it immediately (within 5 calendar days) to your county social service worker.

*If your provider of service is your parent or spouse they do not have to complete this form.*

**Personal Care Program Provider/Enrollment Agreement Form****PART I - SERVICE PROVIDER**

Have your service provider complete this section by printing their name, address, phone number, and social security number. Your provider should read the certification statement, sign and date the form where it asks for Service Provider Signature and date.

**PART II - CLIENT CERTIFICATION**

You as the recipient will print your name and case number and date in this section. You will certify that your service provider is qualified to provide personal care services for you as authorized by the county. You, your authorized representative or the person authorized to make medical decisions for you must sign and date the form.

Please send the completed form to the county IHSS office within 5 calendar days. If you have any questions, please contact your social worker at the county IHSS office.

**PERSONAL CARE SERVICES PROGRAM  
PROVIDE/ENROLLMENT AGREEMENT**

**Instructions;**

- This form is to be completed in triplicate.
- This form must be completed prior to enrollment for **each** service provider/client relationship.  
Part I is to be completed by the service provider.
- Part II is to be completed by the client or authorized representative as long as the authorized representative is **NOT the service provider.**
- Part III is to be completed by the county.
- The original form is to be maintained by the county and a copy given to the provider and the recipient.

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**PART I • SERVICE PROVIDER**

SERVICE PROVIDER NAME	SOCIAL SECURITY NUMBER
ADDRESS (Street, City, Zip)	PHONE ( )

**CERTIFICATION STATEMENT**

- I certify that all claims, which I submit, for services to clients of the Personal Care Services Program will be provided as authorized for the client.
- I certify that all information submitted to the county will be accurate and complete to the best of my knowledge.
- I understand that payment of these claims will be from federal and/or state funds and that any false statement, claim, or concealment of information may be prosecuted under federal and/or state laws.
- I agree that services will be offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.

SERVICE PROVIDERS SIGNATURE	DATE
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**PART II - CLIENT CERTIFICATION**

I certify that the service provider named above is qualified to provide personal care services for me as authorized by the county.

CLIENT'S NAME	CASE NUMBER
CLIENT'S SIGNATURE (Or Authorized Representative)	DATE

**PART III - RECORD RETENTION**

On behalf of the service provider, the county shall keep all records which are necessary to fully disclose the extent of services to the client for a minimum of three years from the date of service; and on request shall furnish the records for audit to the State of California or the U.S. Department of Health and Human Services or their duty authorized representatives.

AUTHORIZED COUNTY REPRESENTATIVE'S SIGNATURE	SOCIAL WORKER NUMBER	DATE
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**PART IV - HEALTH SERVICES APPROVAL**

I certify that the person named above will be an enrolled Medi-Cal provider of personal care services.

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Albert Seltzer, Department of Health Services

.1 Only those services specified below shall be authorized through IHSS. A person who is eligible for a personal care service provided pursuant to the PCSP shall not be eligible for that personal care service through IHSS. A service provided by IHSS shall be equal to the level of the same service provided by PCSP.

.11 Domestic services which are limited to the following;

- {a} Sweeping, vacuuming, washing and waxing of floor surfaces.
- {b} Washing kitchen counters and sinks.
- {c} Cleaning the bathroom.
- {d} Storing food and supplies.
- {e} Taking out garbage.
- {f} Dusting and picking up.
- {g} Cleaning oven and stove.
- {h} Cleaning and defrosting refrigerator.
- {i} Bringing in fuel for heating or cooking purposes from a fuel bin in the yard.
- {j} Changing bed linen.
- {k} Miscellaneous domestic services (e.g. changing light bulbs) when the service is identified and documented by the caseworker as necessary for the recipient to remain safely in his/her home.

.12 Heavy cleaning which involves thorough cleaning of the home to remove hazardous debris or dirt.

.121 The county shall have the authority to authorize this service only at the time IHSS is initially granted, to enable the provider to perform continuous maintenance; or if a lapse in eligibility occurs, eligibility is reestablished, and IHSS has not been provided within the previous 12 months. The county shall also have the authority to authorize this service should the recipient's living conditions result in a threat to his/her safety and such service may be authorized where a recipient is at risk of eviction for failure to prepare his/her home or abode for fumigation as required by statute or ordinance: The caseworker shall document the circumstances, justifying any such allowance.

.13 Related services limited to:

.131 Preparation of meals, includes such tasks as washing vegetables, trimming meat, cooking, setting the table, serving the meals, and cutting the food into bite-size pieces.

.132 Meal clean-up, including washing and drying dishes, pots, utensils, and culinary appliances, and putting them away.

.133 Planning of menus.

CALIFORNIA CODES  
WELFARE AND INSTITUTIONS CODE  
SECTION 12380.

(f) A person who is eligible to receive a personal care service or an ancillary service provided pursuant to Section 14132.95 shall not be eligible to receive that same service pursuant to this article.

**Section 14132.95.**

(a) Personal care services, when provided to a categorically needy person as defined in Section 14050.1 is a covered benefit to the extent federal financial participation is available if these services are: (1 ) Provided in the beneficiary's home and other locations as maybe authorized by the director subject to federal approval. (2) Authorized by county social services staff in accordance with a plan of treatment. (3) Provided by a qualified person. (4) Provided to a beneficiary who has a chronic, disabling condition that causes functional impairment that is expected to last at least 12 consecutive months or that is expected to result in death within 12 months and who is unable to remain safely at home without the services described in this section.

(p) (1 ) Personal care services shall be provided as a covered benefit to a medically needy aged, blind, or disabled person, as defined in subdivision (a) of Section 14051, to the same extent and under the same requirements as they are provided under subdivision(a) of this section to a categorically needy, aged, blind, or disabled person as defined in subdivision (a) of Section 14050.1, and to the extent that federal financial participation is available. (2) The department shall seek federal approval of a state plan amendment necessary to include personal care services described in paragraph (l) as a medicaid service pursuant to subdivision (f) of Section 440.170 of Title 42 of the Code of Federal Regulations. (3) In the event that the Department of Finance determines that expenditures of both General Fund moneys for personal care services provided under this subdivision to medically needy aged, blind, or disabled persons together with expenditures of both General Fund moneys and federal funds received under Title XX of the federal Social Security Act for all aged, blind, and disabled persons receiving in-home supportive services pursuant to Article 7(commencing with Section 12300) of Chapter 3, in the 2000-01 fiscal year or in any subsequent fiscal year, are expected to exceed the General Fund appropriation and the federal appropriation received under Title XX of the federal Social Security Act for expenditures for all aged, blind, and disabled persons receiving in-home supportive services provided in the 1999-2000 fiscal year pursuant to Article 7 (commencing with Section 12300) of Chapter 3, as it read on June 30, 1998, as adjusted for caseload growth or as changed in the Budget Act or by statute or regulation, then this subdivision shall cease to be operative on the first day of the month that begins after the expiration of a period of 30 days subsequent to a notification in writing by the Director of the Department of Finance to the chairperson of the committee in each house that considers appropriations, the chairpersons of the committees and the appropriate subcommittees in each house that consider the State Budget, and the Chairperson of the Joint Legislative Budget Committee. (4) Solely for purposes of paragraph (3), caseload growth means an adjustment factor determined by the department based on (A) Growth in the number of persons eligible for benefits under Chapter 3 (commencing with Section 12000) on the basis of their disability. (B) The average increase in the number of hours in the program established pursuant to Article 7 (commencing with Section 12300) of Chapter 3 in the 1994-95 to 1998-99 fiscal years, inclusive, due to the level of impairment. (C) Any increase in program cost that is required by an increase in hourly costs pursuant to the Budget Act or statute. (5) In the event of a final judicial determination by any court of appellate jurisdiction or a final determination by the Administrator of the federal Health Care Financing Administration



that personal care services must be provided to any medically needy person who is not aged, blind, or disabled, then this subdivision shall cease to be operative on the first day of the first month that begins after the expiration of a period of 30 days subsequent to a notification in writing by the Director of Finance to the chairperson of the committee in each house that considers appropriations, the chairpersons of the committees and the appropriate subcommittees in each house that consider the State Budget, and the Chairperson of the Joint Legislative Budget Committee. (6) If this subdivision ceases to be operative, all aged, blind, and disabled persons who would have received or been eligible to receive in-home supportive services pursuant to Article 7 (commencing with Section 12300) of Chapter 3, but for receiving services under this subdivision, shall be eligible immediately upon this section becoming inoperative for services pursuant to Article 7 (commencing with Section 12300) of Chapter 3. (7) The department shall implement this subdivision on April 1, 1999, but only if the department has obtained federal approval of the state plan amendments described in paragraph (2) of this subdivision.