

## CHAPTER 3

# ASSESSMENT STANDARDS & AUTHORIZED SERVICES

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### MEDICAL ACCOMPANIMENT & WAIT TIME

#### General Information

Assistance by an IHSS Individual Provider (IP) is available to an IHSS recipient for Medical Accompaniment when the recipient's presence is required at the destination and such assistance is necessary to accomplish the travel. The Fair Labor Standards Act (FLSA) additionally requires employers to pay an employee for compensable wait time.

#### ***Medical Accompaniment***

Accompaniment to medical appointments *must not be authorized* simply to fill the recipient's need for transportation, to provide translation services, or to provide other non-compensable services. Medical Accompaniment can only be authorized when an IHSS recipient needs assistance with specific IHSS tasks during travel to appointments with health care providers or once he/she has arrived at the approved destination. Examples of tasks include, but are not limited to, assistance with:

- Transfers
- Ambulation
- Dressing

Example: A recipient in a wheelchair has a medical appointment and is unable to maneuver his/her wheelchair without the assistance of the IP; without the IP's presence, the recipient would not be able to get in and out of the vehicle, get through the door at the doctor's office, and would not be able to transfer or ambulate from the wheelchair onto the exam table.

In the above example, the IP's presence is required at the destination. Medical Accompaniment should be authorized for the travel time it takes to and from the medical appointment and for the wait time, based on the type of appointment, in which the IP would be deemed "On Duty" (see page 2 and 3 for additional information and definitions). The time for assistance with transfers and ambulation will be authorized under the IHSS service categories of "Transfer" and "Ambulation", as appropriate.

#### ***Medi-Cal Funded Non-Emergency Transportation Services***

To be eligible for IHSS Medical Accompaniment services, the IHSS recipient must *not* be receiving Non-Emergency Medical Transportation services through the Medi-Cal program. Medi-Cal funded transportation includes a non-emergency ambulance, wheelchair van, or litter van. A "Treatment Authorization Request" (TAR) must be submitted by a Licensed Health Care Professional (LHCP) to the Department of Health Care Services (DHCS) before Medi-Cal transportation will be authorized.

If any of the above TAR approved non-emergency modes of transportation has been approved by DHCS, the IHSS program will consider that the applicant/recipient's transportation needs have been met. (MPP 30-757.153.)

Note, however, that even if this service is authorized, it may not necessarily include all medical appointments. Additionally, individuals who are authorized this service are likely to have very

limited mobility and/or be bed or wheelchair bound. Consequently, there may be individuals that receive Non-Emergency Medical Transportation services and still qualify for Medical Accompaniment and/or Wait Time from IHSS.

The California Department of Social Services (CDSS) “Medical Accompaniment Fact Sheet” (Attachment A) may be provided to anyone requesting additional information on both Medical Accompaniment and Wait Time.

***Wait Time***

Wait time can only be authorized when an IP is not performing work duties, but he/she is unable to use the time effectively for his/her own purposes (the IP is considered “On Duty”). The District Office (DO) Social Worker is responsible for documenting in the assessment narrative the reason the IP must remain “On Duty” during the medical appointment.

The Department of Labor (DOL) provides two definitions of wait time:

- Time spent engaged to wait (On Duty)
- Time spent waiting to be engaged (Off Duty)

***Wait Time Definitions***

On Duty - The employee is not performing work duties but is unable to use the time effectively for his/her own purposes. These periods of time are generally unpredictable and usually of short duration. The wait time is an integral part of the job; it belongs to and is controlled by the employer.

Off Duty - The employee is completely relieved from performing work duties, and he/she has enough time to allow him/her to use the time effectively for his/her own purposes (such as taking a meal break, running a personal errand, or reading a book). The employee must be informed in advance that he/she may leave the job and that he/she will not have to resume work until a specified time.

***Wait Time Examples***

The following are examples of the two types of Wait Time that the Social Worker may encounter:

Example 1: “Off Duty” would occur when an IP accompanies his/her recipient to a dialysis treatment that is scheduled to last two or more hours. The IP is not required to remain on the premises but must return at a designated time to retrieve the recipient. The IP can effectively use the time to engage in personal activities, either on the premises or off, such as taking a meal break, reading a book, etc.

Example 2: “On Duty” would be when an IP accompanies his/her recipient to a routine medical appointment of known duration of 30 minutes or less, and the IP is required to remain at the doctor’s office because at any moment he/she may be called upon to assist the recipient with the travel back home.

***Off Duty***

If all of the following conditions are met, the IP is considered to be “Off Duty” which is *non-compensable*:

- The duration of the recipient’s appointment is known in advance.
- The appointment is scheduled to last long enough for the IP to use the time for his/her own purposes.
- The IP is not required or able to perform any other authorized service, such as “Food Shopping” or “Other Shopping and Errands” during the length of the appointment.

***On Duty***

The IP would be considered “On Duty” under the following conditions:

- Assistance by the IP is needed in the examining room
- The recipient is non-self-directing and/or receives protective supervision
- The recipient is a minor child and the appointment is directly related to the treatment of the disability

30-60 minutes is a *guideline* for what would be considered a reasonable amount of wait time, but each situation must be evaluated based on the individual circumstances. The above list is not all-inclusive; other circumstances could apply.

*Note: For minor children, Medical Accompaniment is authorized only for appointments directly related to the disability of the child, not for routine medical appointments.*

**Assessment of Need for Medical Accompaniment and Wait Time**

At application and at reassessment, a needs assessment must be conducted to confirm the recipient’s eligibility and need for Medical Accompaniment before accompaniment or Wait Time can be authorized.

***District Office Social Worker Responsibilities***

The DO Social Worker is responsible for assessing the need for Medical Accompaniment. The assigned worker will:

1. Assess the recipient’s total need for assistance at the home visit, including those services that are met through an alternate resource.
2. Determine if wait time is being requested and note the amount of time or reason for the request.
  - a. Determine if the IP is “On Duty” or “Off Duty” (see page 2 of this section for definitions and examples).
  - b. If the IP is considered “Off Duty,” wait time will not be authorized
  - c. If the IP is considered “On Duty” and the wait time is from 30-60 minutes, the wait time may be authorized at the discretion of the DO Social Worker once it has been confirmed that the recipient is not eligible for Non-Emergency Medical Transportation (see below for the verification process).
3. The DO Social Worker will determine if a TAR is on file for the recipient by asking the IHSS recipient if Non-Emergency Medical Transportation has been authorized by his/her physician.

4. If the information provided appears questionable or the recipient does not know the answer, formal verification of the TAR will be at the discretion of the DO Social Worker (see page four for the verification process).
5. Document both the needs and the alternate resource in CMIPS II.
6. Ensure that the IHSS recipient is aware that:
  - a. The total time authorized (even with the addition of Wait Time) will not exceed the statutory maximum of 283 hours per month.
  - b. Hours assessed over the maximum will be reflected in CMIPS II and on Notices of Action (NOAs) as *Unmet Need*.

If it has been determined through the needs assessment that the recipient *can* accomplish the travel without the provision of IHSS services, he/she *is not eligible* for Medical Accompaniment.

### Verification of Non-Emergency Transportation

The DO Social Worker can request verification of Non-Emergency Transportation services by submitting a referral to the Overtime Assistance (OA) Unit using the 12-36B HHSA – Overtime Assistance Unit Referral form (Attachment B). The referral may be submitted by FAX (858) 505-6683 or through County Mail to mail stop O-434. If the DO SW is making the referral as a result of a home visit, he/she will obtain the DHCS 6247 – Authorization for Release of Protected Health Information (Attachment C) form at the home visit and submit with the 12-36B to facilitate the request.

### ***Overtime Assistance (OA) Unit Responsibilities***

Upon receipt of the 12-36B referral, the OA Social Worker will:

1. If not provided by the DO Social Worker, send a copy of the DHCS 6247 – Authorization for Release of Protected Health Information form to the IHSS recipient and include a return envelope for the OA Unit.
  - a. The OA Social Worker will document his/her worker number on the DHCS 6247 form and return envelope
  - b. Enter a case note in CMIPS II detailing the actions taken.
2. Upon receipt of the completed and signed DHCS 6247, fax a copy of the form to (916) 617-4038.
3. Call the DHCS Medi-Cal Benefits Call Center at 1-800-541-5555 to determine if the IHSS applicant/recipient has a Non-Emergency Medical Transportation TAR on file. If the recipient is eligible for and able to independently use the Non-Emergency Medical Transportation service through the Medi-Cal program, Medical Accompaniment cannot be authorized.
4. Enter a case note in CMIPS II detailing the actions taken.
5. Complete the 12-36B referral form “OA Unit Response” section, and document if the recipient is eligible for Non-Emergency Medical Transportation through the Medi-Cal program in the comments section.
6. Scan and email the completed 12-36B to the DO Social Worker with a copy to the DO Social Work Supervisor.
7. Forward any completed forms to designated OA Unit clerical staff for scanning into IHSS WebTop.

**Verification of Medical Accompaniment and Wait Time**

The OA Unit must verify Medical Accompaniment and Wait Time when a Wait Time request exceeds one hour per visit and the IP is considered “On Duty.”

***DO Social Worker Responsibilities***

The DO Social Worker will refer requests for verification of Medical Accompaniment and Wait Time to the OA Unit using the 12-36B HHSA – Overtime Assistance Unit Referral form. The referral will include a completed copy of the revised 12-21C HHSA – Medication and Physician Information (Attachment D) (5/16) form documenting the name and telephone number of the LHCP and the amount of wait time being requested by the recipient and/or provider for each appointment.

**Note:** Request for verification of Medical Accompaniment and Wait Time can be referred to the OA Unit at the discretion of the IHSS Social Worker or IHSS Social Work Supervisor.

If a recipient requests Medical Accompaniment and/or Wait Time during an in-home assessment, the DO Social Worker will be expected to provide an updated 12-21C HHSA – Medication and Physician Information form documenting the name and telephone number of the LHCP and the amount of wait time being requested for each appointment. The information does not need to be entered electronically. Handwritten forms are acceptable as long as the information is complete and legible.

If the DO Social Worker receives a request for Medical Accompaniment and/or Wait Time by telephone, he/she has the option of referring the caller to the OA Unit, or obtaining as much of the information as possible and then making a referral to the OA Unit. The DO Social Worker will not be required to provide the OA Unit with an updated 12-21C if the request for Medical Accompaniment and/or Wait Time was made by telephone. The OA unit will obtain a release of information from the recipient when required by the LHCP.

***OA Unit Responsibilities***

Referrals may be submitted by FAX to (858) 505-6683 or through County Mail to mail stop O-434. Upon receipt, the OA Social Worker will:

1. Review the 12-21C form and complete any missing information.
2. Contact the recipient and confirm the details of the Wait Time request and gather any missing information.
3. Based on the information available, determine if the IP is “On Duty” or “Off Duty” for each appointment where wait time is being requested (see page 2 for definitions and examples).
  - a. If the provider is considered “Off Duty”, Wait Time will not be allowed for the appointment.
  - b. If the IP is considered “On Duty” and the wait time is from 30-60 minutes, the wait time may be authorized *once it has been confirmed* that the recipient is not eligible for Non-Emergency Medical Transportation (see below for the verification process).

4. If a copy of a release of authorization is required by the LHCP, and is not on file, the OA Social Worker will:
  - a. Send a copy of ABCDM 228 – Applicant’s Authorization for Release of Information (Attachment E) to the IHSS recipient, including a return envelope to the OA Unit. The OA Social Worker will document his/her worker number on the form and return envelope.
  - b. Enter a case note in CMIPS II detailing the actions taken.
5. After receipt of the forms, contact the LHCP and confirm/verify the appointment information.
  - a. Verification may be completed by telephone or by faxing the SOC 2274 – IHSS Program Accompaniment to Medical Appointment (Attachment F) form and the release of information.
  - b. Obtain any missing information when contacting the LHCP, such as the frequency of appointments, travel time to appointments, wait time at the appointment, or fax number of LHCP.

Note: *Do not* give/send the SOC 2274 to the recipient for completion by the LHCP.

6. If verifying by Fax, call the LHCP to notify him/her that the SOC 2274 and the release of information forms were faxed and:
  - a. If the SOC 2274 is not returned to the OA Social Worker within two (2) business days, the OA Social Worker must call the LHCP to follow-up on the request.
  - b. If the LHCP provides the frequency and duration of the appointment(s) verbally, the OA Social Worker will document “verified by telephone” and his/her worker number in the “signature/date” box of the SOC 2274
7. Upon receipt of the completed and signed SOC 2274, the OA Social Worker will update the 12-21C HHSA – IHSS Medication and Physician Information form
  - a. Complete the “OA Unit Response” section of the 12-36B OA Unit referral form and document the actions taken.
  - b. Scan and email the completed 12-36B to the DO Social Worker with a copy to the IHSS Social Work Supervisor.
  - c. Enter a case note in CMIPS II detailing the actions taken.
  - d. Forward any completed forms to designated OA Unit clerical staff for scanning into IHSS WebTop.
8. If the OA Social Worker is unable to verify the appointments, he/she will consult with the OA Supervisor.

### Incomplete Information/Forms

If the OA Social Worker is unable to reach the recipient and obtain required additional information, he/she will take the following steps:

1. If there is no response to a telephone message after 2 business days, attempt at least one additional telephone call.
2. If still unable to reach the recipient, mail the 12-53C HHSA - Request for Information contact letter requesting a response within *seven calendar* days.

3. If the recipient does not respond to the written request, return the referral to the DO Social Worker (with a copy to the SWS) indicating that the referral cannot be processed.
4. The referral will be marked “unable to process” on the tracking log.
5. Document all actions in CMIPS as a case note.
6. All SOC 2274 forms received (processed or not) will be scanned into IHSS WebTop.

If the recipient contacts the DO Social Worker, the DO Social Worker will refer the recipient to the Overtime Assistance Unit’s general telephone number. If the recipient makes contact to the IHSS program within the seven calendar days, the original date of the request must be honored. The referral will be returned to the previously assigned OA SW for processing. After seven days, the OA worker can evaluate for “good cause” and retain the original date if appropriate.

### Calculation of Medical Accompaniment and Wait Time – Initial and Reassessment

Requests for calculation of Medical Accompaniment and Wait Time can be referred to the Overtime Assistance (OA) Unit using the 12-36B HHSA – Overtime Assistance Unit Referral form. The referral will include a completed copy of a 12-21C HHSA – Medication and Physician Information form documenting the name and telephone number of the LHCP and the amount of wait time requested for each appointment. Information may be handwritten as long as the contents of the form are legible.

### ***OA Unit Responsibilities***

The referral may be submitted by FAX to (858) 505-6683 or through County Mail to mail stop O-434. Upon receipt of the referral, the OA Social Worker will complete the following steps.

1. Review the 12-21C form and complete any missing information.
2. If a release of information is required by the LHCP, the OA Social Worker will:
  - a. Send a copy of the ABCDM 228 form to the IHSS recipient and include a return envelope to the OA Unit. The OA Social Worker will document his/her worker number on the form and return envelope.
  - b. Enter a case note in CMIPS II detailing the actions taken.
3. If necessary, contact the IHSS recipient and/or LHCP to obtain any missing information, such as the frequency of an appointment, travel time to appointment, wait time at appointment, and fax number of LHCP.
4. Enter a case note in CMIPS II detailing the actions taken.
5. Complete the 12-36B referral form and document the actions taken.
6. Email any completed forms to the DO Social Worker and copy the IHSS Social Work Supervisor.
7. Enter a case note in CMIPS II detailing the actions taken.

### Telephone Requests for Medical Accompaniment and Wait Time

When a telephone request for Wait Time is received by the OA Unit, the OA Social Worker will:

1. Verify that the caller is the IHSS recipient (the IHSS case must be in an Eligible status) by having the caller provide specific, identifying information. An IP may not request Wait Time for him/herself unless the IP is a:
  - a. Parent
  - b. Legal Guardian
  - c. Conservator

- d. Person having legal custody of a minor child
  - e. Conservator, spouse, or registered domestic partner of an adult recipient
2. Verify in CMIPS II if Medical Accompaniment is authorized.
  3. If Medical Accompaniment *is not* authorized, refer the recipient to the DO Social Worker. The assigned Social Worker must determine if the recipient meets the criteria for Medical Accompaniment, and then refer to the OA Unit if needed.
  4. If Medical Accompaniment *is* authorized, and the recipient is requesting additional Medical Accompaniment and/or Wait Time, the OA Social Worker will:
    - a. Evaluate the recipient's request using the 12-21C HHSA – Medication and Physician Information form. The OA Social Worker will be responsible for obtaining all the required information on the 12-21C form and calculating the Medical Accompaniment and Wait Time.
  5. Ask the recipient if he/she is already receiving Non-Emergency Medical Transportation services.
  6. If the recipient indicates that he/she is already receiving and independently using Non-Emergency Medical Transportation services funded by Medi-Cal, then the OA Social Worker will inform the recipient that he/she is not eligible to Medical Accompaniment and Wait Time and document this in CMIPS II.
  7. If the recipient indicates that he/she is not receiving Non-Emergency Medical Transportation services funded by Medi-Cal, the OA Social Worker will email the DO Social Worker and copy the IHSS Social Work Supervisor and coordinate any change in Medical Accompaniment with the DO Social Worker.
  8. Enter a case note in CMIPS II indicating the date the request for Medical Accompaniment and Wait Time was received.
  9. Ensure that the IHSS recipient is aware that:
    - a. The total time authorized will not exceed the statutory maximum of 283 hours per month.
    - b. Hours assessed that are over the maximum will be reflected in CMIPS II and on Notices of Action (NOAs) as *Unmet Need*.

Requests for Medical Accompaniment require an evaluation by the DO Social Worker based on the assessed needs of the recipient. OA Social Workers must not assess the initial need for Medical Accompaniment at any time, but can evaluate for and verify additional appointments and calculate Medical Accompaniment and Wait Time (if allowable).

### Accompaniment to Alternative Resources

When accompaniment services are authorized to a site where alternative resources are provided, the IHSS Social Worker must ensure the site provides services the recipient is eligible to and would normally be compensable by the IHSS program.

Wait time associated with accompaniment to alternative resource sites would not typically be compensable since recipients are usually dropped off and picked up at a later time, thus allowing the IP to effectively use the time for his/her own purposes, which is deemed as “waiting to be engaged” or “Off Duty.”

### Recipients Ineligible to Medical Accompaniment and Wait Time

When a recipient requests Medical Accompaniment and Wait Time and the recipient is not eligible to receive the service, the DO Social Worker will complete the following actions in CMIPS II:

1. Document the assessment using the assessment type “Change”.
2. Document the details of the request in the “Assessment Narrative” using the *Service Evidence* screen.
3. Update the *Program Evidence* screen as follows:
  - a. Enter the date of the assessment in the “Authorization Start Date” field.
  - b. Select the NOA codes FF01 and AS01 in the *Modify Manual NOAs* screen.
  - c. Enter the following wording in the “Freeform Text” field:

“Assistance by the provider is only available for accompaniment when the recipient's presence is required at the destination and such assistance is necessary to accomplish the travel. (MPP 30-757.15)”

Spanish translation:

“Asistencia del proveedor solamente está disponible para acompañamiento cuando la presencia del beneficiario es requerida en el lugar de su destino y dicha asistencia es necesaria para llevar a cabo el viaje. (MPP 30-757.15)”

4. Submit the evidence for supervisor approval.

*Note:* This process is only followed when the assessment of need is completed over the telephone and not in the recipient’s home. When the assessment is completed as part of a routine in-home assessment, the usual documentation process is followed.