

## CHAPTER 2

# ELIGIBILITY AND CASE MANAGEMENT

---

### ELIGIBILITY REQUIREMENTS – ALL CASES

#### Basic Eligibility

An individual is eligible for IHSS when all of the following eligibility requirements are met:

- They are a resident of the State of California, and currently residing in the County of San Diego. (30-770.41)
- They are living in their “own home.” (30-755.11)
- They have been assessed a need for IHSS by an IHSS Social Worker. (30-761.12)
- They are considered either “status eligible” or “income eligible.”
  - If income eligible and an IHSS Residual (IHSS-R) Program case the share-of-cost, if any, must be less than the cost for the provision of the assessed services.
  - To determine the cost for the provision of services multiply the number of assessed hours by the current IHSS Individual Provider hourly rate of pay.
- If income eligible they must be aged, blind, or disabled, and verification has been obtained by the IHSS Social Worker/Medi-Cal worker.

#### Eligibility for Institutionalized Applicants/Recipients

Otherwise eligible applicants/recipients currently institutionalized who wish to live in their own homes will, upon application, have their needs assessed to determine if they are capable of safely doing so if IHSS is provided. The IHSS services shall be based on the preliminary assessment of an applicant’s/recipient’s physical needs in the acute or chronic care facility. (30-755.12)

Service delivery will commence upon the applicant’s/recipient’s return to their own home, except in a situation that requires the authorization of heavy cleaning prior to the applicant’s/recipient’s safe discharge. Heavy cleaning involves the thorough cleaning of the home to remove hazardous debris or dirt. (30-757.12) Heavy cleaning is the exception, and is the only service that may be authorized prior to the applicant’s/recipient’s return home, if the service is necessary. \*

*\*The initial assessment, conducted to provide services immediately upon the applicant’s/recipient’s return to the home, will take place in a hospital or institution. The IHSS Social Worker is also required to make a home visit to determine if an adjustment in the authorized hours is needed once the applicant/recipient has returned home.*

#### ***Income Eligible***

An income eligible applicant/recipient will have their income eligibility reviewed on a priority basis, and if appropriate, “presumptive eligibility” will be granted. A case is presumed eligible based on the criteria outlined in MPP 30-759.3. If there is a delay in determining eligibility, and the applicant/recipient is 60 years of age or older, a referral to Home Assist/Title III In-Home services may be made.

***Status Eligible***

If the hospitalization/institutionalization of a status eligible applicant/recipient resulted in a conversion of their SSI/SSP benefits to an institutionalized rate, applicants/recipients must complete Form SOC 810 certifying that they have contacted the Social Security Administration (SSA) to give notice of their transition from an institutionalized setting to an independent living setting. (See attachments at the end of this chapter).

When IHSS cannot be granted immediately due to the applicant's/recipient's SSI/SSP rate, the IHSS Social Worker will:

- Contact the hospital discharge planner and request that the applicant's/recipient's physician authorize the provision of home health care, through a Medi-Cal vendor, until the SSI/SSP rate is converted.
- If the above is not possible, and the applicant/recipient is 60 years of age or older, complete a referral to the Home Assist/Title III in-home services until the SSI/SSP rate is converted.
- If any safety/abuse issues are identified, complete a referral to Adult Protective Services (APS). APS will contract with an in-home service Provider to assist the applicant/recipient until the SSI/SSP rate is converted.

***Citizenship/Alien Status***

Individuals meet the requirements if they are:

- A U.S. citizen.
- An alien lawfully admitted for permanent residency.
- A refugee eligible for SSI/SSP.

As a result of Welfare Reform Legislation, certain immigrants are discontinued from SSI/SSP solely due to their immigrant status (determined by the number of months they have resided in the United States). The State of California has developed the Cash Assistance Program for Immigrants (CAPI) to provide cash benefits to this group of individuals. Please see pages 2-37 to 2-39 for complete information on CAPI.

**Residency**

Both citizenship/alien status and physical residency requirements must be met as a condition for IHSS eligibility. (30-770.41)

***Physical Residence***

Individuals meet the requirements if they are physically residing in the County of San Diego with the intent to continue residing here. In the absence of evidence to the contrary, the applicant's/recipient's statement is sufficient to establish residence.

***Out of State SSI Applicant/Recipient***

Applicants/recipients who are receiving SSI benefits from another state may also be considered residents as long as they intend to stay here. The applicants/recipients will be given 30 days to initiate transfer of SSI benefits to the State of California.

***Physical Absence From the State***

Physical absence from the state indicates a possible change of state residency. The Social Worker will ask applicants/recipients who have been continuously absent from the state for 30 days or longer what their intent is regarding their California residency. The Social Worker may make the initial inquiry by telephone and follow up with a written inquiry (request for information), or may choose to only send a written inquiry.

If the inquiry establishes that the applicant/recipient is no longer a California resident, authorization for IHSS will be discontinued. (30-770.42) The written request for information will require the applicant/recipient to submit a written statement that includes at least one of the following:

- The anticipated date of return to the state, or intent not to return to the state.
- The reason for continued absence from the state (allowing an evaluation for good cause).
- Information on the location and the status of household arrangements.

The written request for information will conclude with a statement to the applicant/recipient that his/her failure to respond to the letter by a specified date, within the 30 days of the Social Worker's letter of inquiry, will result in their ineligibility and the discontinuation of IHSS.

If the applicant/recipient responds to the inquiry and advises the Social Worker that he/she do not intend to return to California, authorization for IHSS will be discontinued in accordance with regulations. (30-770.433)

If an applicant/recipient does not respond within 30 days to the Social Worker's letter requesting information on residency, it will be presumed that they do not intend to maintain California residency. Authorization for IHSS will be discontinued when the absence exceeds 60 days in accordance with regulations. (30-770.432)

A written statement from the applicant/recipient is enough to establish intention and action for establishing residency, unless the statement is inconsistent with the conduct of the person or with other information known to the Social Worker. (30-770.43)

***Absence From The State For More Than 60 Days***

If the applicant/recipient responds to the inquiry and advises the Social Worker that he/she intend to remain, or have remained, out of the state for 60 days or longer, a good cause determination must be made by the Social Worker. The continued absence is prima facie evidence of the applicant's/recipient's intent to change the place of residence to a place outside of California. Unless prevented by illness or other good cause from returning to the state at the end of 60 days, such absence is sufficient evidence to support a determination that the applicant/recipient has established residence outside of California. The intent to return must be supported by one or more of the following: (30-770.44)

- Family members, with whom the applicant/recipient lived, continue to reside in California.
- The applicant/recipient has continued to maintain California housing arrangements (owned, leased, or rented).
- The applicant/recipient has employment or a business interest in California.
- Any other act or combination of acts by which the applicant/recipient establishes the intent to reside in California.

Even if the applicant's/recipient's intent to reside in California is supported by the points above, the following evidence will indicate that the applicant/recipient does not intend to continue to reside in the state:

- The applicant/recipient has purchased or leased a place of residence out-of-state since leaving California.
- The applicant/recipient has been employed out-of-state since leaving California.
- The applicant/recipient has obtained an out-of-state motor vehicle driver's license after leaving California.
- The applicant/recipient has taken any other action, which indicates their intent to establish residence outside of California.

#### ***Good Cause: Absence from the State for More than 60 Days***

The applicant/recipient will remain eligible for IHSS, even if absent from the state for more than 60 days, if one of the following applies: (30-770.443)

- The situation is of an urgent or emergency nature.
- Out of State Outpatient Medical Treatment – For out-of-state outpatient medical treatment, good cause for continuing to receive benefits while absent from the state for more than 60 days will also include:
  - The medical treatment is not accessible in California.
  - Accessible means available for the applicant/recipient in California, given the dysfunction and needs of the applicant/recipient. (30-770.443[3a])
- The service activities required are necessary to maintain the physical or psychological health of the applicant/recipient.
- The service activities required or like services are not available in California.

An applicant/recipient absent from California for more than 60 days, who is not prevented from returning to this state because of illness or other good cause, will have his/her authorization for IHSS discontinued. (30-770.444)

#### ***Absence From the State Exceeding Six Months***

IHSS authorization will be suspended for any applicant/recipient who leaves the state and who remains absent from the state for a period exceeding six months. IHSS will be suspended even if the applicant/recipient has continued to receive IHSS benefits beyond 60 days after a “good cause” determination as previously specified. (30-770.45) IHSS will not be resumed until the applicant/recipient, upon returning to the state, requests a reassessment of need from the Social Worker and the reassessment has been completed.

***Absence Outside the United States***

IHSS will be discontinued for any applicant/recipient who is outside the United States for 30 consecutive days in a row. Such an individual is no longer eligible to receive SSI/SSP. The United States includes the 50 states, the District of Columbia, and the Northern Mariana Islands. (30-770.46)

Upon the individual's return to the United States, he/she may reapply for IHSS benefits. After reestablishment as an SSI/SSP applicant/recipient, he/she may apply as "Status Eligible" or as "Income Eligible" (an individual who would be eligible for SSI/SSP except for excess income). The Social Worker will re-determine IHSS eligibility and perform a needs assessment based on current circumstances.

***Continuation of IHSS While Absent From the State***

If the Social Worker has determined that the applicant/recipient is entitled to the continuation of IHSS benefits while absent from the state, the following must apply: (30-770.47)

- The applicant/recipient will continue to receive the same number of IHSS service hours that were authorized prior to the temporary absence. This level of service will continue until a reassessment is required.
- The applicant's/recipient's out-of-state Individual Provider (IP) will be reimbursed at the current lowest rate of pay in San Diego County for IHSS Individual Providers.
- The applicant/recipient must continue to mail time sheets to the CMIPS Payroll Unit.

If the face-to-face contact is due, but the applicant/recipient is absent from the State and still eligible to receive IHSS (pursuant to the residency requirements stated in Section 30-770.4) the face-to-face requirement is suspended until the applicant/recipient's return to the State. (30-761.1.13)

**Own Home*****Definition of "Own Home"***

"Own Home" means the place in which an individual chooses to reside. An individual's own home does not include acute care hospitals, skilled nursing facilities, intermediate care facilities, community care facilities, or board and care facilities.

- A person receiving an SSI/SSP payment for a non-medical, out-of-home living arrangement is not considered to be living in his/her "own home" and is not eligible for IHSS services.
- A foster child living in a foster home is not eligible for IHSS, because foster homes are licensed community care facilities.
- An individual living in an "Independent Living Facility" or a "Room and Board" situation in which absolutely no element of care or supervision is provided is considered to be living in his/her "own home."

***Social Worker's Responsibility***

The Social Worker's responsibility is to determine whether the applicant/recipient is living in his/her own home.

California Department of Social Services (CDSS) has stated that if *any services at all* are provided in what is otherwise called an independent living facility, it no longer qualifies as an independent living facility. When elements of a board and care facility are being provided, it must be referred to the Community Care Licensing Division (CCLD). See page 2-7 for additional instructions.

When the Social Worker questions whether or not a facility is truly an “independent living” facility, in addition to reviewing factors mentioned below, key questions may be asked to establish “own home” status. Some sample questions are:

- Whose names are on the lease?
- Does the IHSS applicant/recipient have a rental agreement?
- Does the landlord provide *any* services?
- Does the money collected from tenants cover just their share of rent and/or kitchen facilities usage, or is some of the money collected as “rent” used to provide “services”?

### ***Situations Which Are Not “Own Home”***

The following conditions describe situations that do not meet the definition of “own home”. If more than one person is living in the home and any one of the following additional factors apply a referral is to be made by the Social Worker to CCLD for evaluation for licensure:

- Elements of care and supervision are provided to one or more applicants/recipients in the same housing unit who are not related to the Provider, and the Provider is the primary leaseholder or property owner.
- Without care and supervision being provided, residents’ physical health, mental health, safety or welfare would be endangered. This includes assistance with taking medications, money management, or personal care.

*Care and supervision is ongoing assistance with the activities of daily living provided to residents in a facility.*

### **Care and Supervision by a Close Friend**

The Grimes v. Anderson decision set precedent by determining that in certain shared living situations homes were exempted from licensure, creating eligibility to IHSS.

The Grimes court case involved a disabled person who moved into the rented home of a family (described as close, loving friends) who were providing her with care and supervision. The application for In-Home Supportive Services was denied based on a determination that the applicant/recipient was living in an unlicensed care facility. The family requested an exemption from licensure, which was denied by the Department of Social Services, but was reversed by a Court of Appeal. The Grimes decision determined that the Community Care Licensing Division (CCLD) must exempt from licensing any arrangement where a close friend provides care and supervision of a person (or persons from one family), if the close friend is not licensed.

The change in regulation now allows any arrangement for the care and supervision of a person (or persons from one family) by a close friend, whose friendship pre-existed a provider/recipient relationship, and is not a licensee of a Residential Care Facility for the Elderly (RCFE) or an Adult Residential Facility (ARF), as long as *all* of the following conditions are met:

- The care and supervision is provided in a home or residence chosen by the applicant/recipient, regardless of who owns the home or residence.
- The arrangement is not of a business nature, in that the Provider does not represent himself/herself as being in the business of providing care, and any compensation that may be paid to the provider is only for the value of the services rendered.
- The arrangement occurs and continues only as long as the care and supervision needs of the applicant/recipient are being met.

When such an arrangement is encountered, IHSS staff will use the following procedures:

1. The Social Worker must refer the case to a Community Care Licensing Division (CCLD) District Office. The CCLD district office will determine whether or not the living arrangement is subject to a CCLD license. The Social Worker will hold the application until the CCLD investigation can be completed.
2. The CCLD will notify the IHSS Social Worker of the decision if it is determined that the arrangements do not require a license.
3. Following this determination, it becomes the responsibility of the IHSS Social Worker to continue to process the IHSS application for services.
4. If CCLD determines the living arrangement does require a license, CCLD will notify the IHSS Social Worker of their decision, and the Social Worker will notify the applicant/recipient that he/she is not eligible for IHSS.

These procedures are only required when the living arrangement of the applicant/recipient is unclear, and the possibility of an unlicensed board and care situation exists. If the applicant/recipient is clearly in an independent living situation, CCLD does not have to be contacted.

***Community Care Licensing Field Offices***

SOUTHERN REGIONAL OFFICE  
5900 Pasteur Court, Suite 125  
Carlsbad, CA 92008  
(760) 929-2121 FAX (760) 929-2133

SAN DIEGO DISTRICT-RESIDENTIAL  
7575 Metropolitan Drive, Suite 109  
San Diego, CA 92108  
(619) 767-2200 FAX (858) 637-7159

***Institutional Status/Out-of-Home Care***

IHSS payments may not be authorized for ongoing services for any month that the individual resided in a public institution (such as an acute care hospital, board and care facility, etc.) for the entire month.

***EXCEPTION:***

*Applicants/recipients who are otherwise eligible and are currently institutionalized may have heavy cleaning services authorized to prepare for the applicant's/recipient's return home. (30-757.12.121)*

CDSS' MPP Division 30-755.12 states: "Otherwise eligible applicants/recipients, *currently institutionalized*, who wish to live in their own homes and who are capable of safely doing so if IHSS is provided, shall upon application receive IHSS based upon a needs assessment. Service delivery shall commence upon the applicant's/recipient's return home, except that authorized services as specified in Section 30-757.12 (*heavy cleaning*) may be used to prepare for the applicant's/recipient's return home."

It is recognized that a complete needs assessment does take into consideration the architectural design of the individual's home, and any obstacles inherent in that design that may impact the applicant's/recipient's ability to perform certain functions in the home. In order to meet the requirements of Division 30-755.12, IHSS Social Workers may make an initial assessment based only on the physical needs of the individual while the individual is still hospitalized, in an institution, or in other out-of-home situations.

Any IHSS application received from an institutionalized individual, stating that the applicant/recipient will be discharged and wishes to return home, will be accepted and processed to determine eligibility. If all eligibility criteria are met, services will be provided immediately upon the individual's return home.

## **Financial Eligibility**

### ***Status or Income Eligible Determination***

An initial applicant/recipient must be evaluated to determine status eligibility or income eligibility.

### ***Status Eligible***

A status eligible applicant/recipient is an individual currently receiving SSI/SSP. Persons receiving SSI/SSP Board and Care rates are ineligible to receive IHSS. (30-755.1) Income and property will not be subjected to an eligibility test because Social Security has already determined that income/property eligibility exists. A status eligible applicant/recipient is eligible for IHSS if the Social Worker assesses a need for IHSS services. (30-755.1)

### ***Income Eligible***

An income eligible applicant/recipient is an individual who is not receiving SSI/SSP. Income and property will be evaluated by an IHSS Medi-Cal worker to determine if the income/property falls within the current eligibility limits. All income above the SSI/SSP limit will be paid to the IHSS service Provider as a "share-of-cost" if the Social Worker assesses a need for IHSS services. (30-755.232, 233)

Both status eligible and income eligible applicants/recipients are evaluated to determine eligibility for the Personal Care Services Program (PCSP), the In-Home Supportive Services Plus Waiver (IPW) or the In-Home Supportive Services Residual Program (IHSS-R).

- PCSP eligibility criteria are explained in this chapter, beginning on page 2-15.
- IPW eligibility criteria are explained in this chapter, beginning on page 2-18.
- IHSS-R eligibility criteria are explained in this chapter, beginning on page 2-19.

***Share-of-Cost Obligation***

The applicant/recipient is obligated to pay a share-of-cost - PCSP (2M), IPW (2L) & IHSS-R (2N) before the Medi-Cal Program will pay for any services.

- The SOC payment will be processed outside of CMIPS.
- CMIPS will not allow the designation of the SOC amount to one Individual Provider versus another.
- Applicants/recipients may meet the SOC obligation with any medical service including payments for prescriptions, health plan co-payments and payments to their Individual Providers.
- Applicants/recipients will no longer be able to automatically certify their Medi-Cal eligibility by paying the entire SOC to the Individual Provider.
- Proof of payment of the IHSS SOC shall include, *but not be limited to*, one of the following:
  - A copy of the Individual Provider's timesheet.
  - A copy of the Individual Provider's pay stub.
  - A copy of the CMIPS PSUM screen.
  - A written statement signed by the Individual Provider indicating the amount received in payment from the applicant/recipient.
- Individual Providers have the primary responsibility for collecting any share-of-cost owed to them.

***Nonpayment of IHSS Share-of-Cost – IHSS-Residual (IHSS-R) Cases (2N)***

- If an applicant/recipient fails to pay his/her entire obligated share-of-cost within the month for which it is due, IHSS will be terminated.
- If the Social Worker becomes aware that an IHSS Residual applicant/recipient has not paid all of their share-of-cost, the Social Worker will contact the individual and advise him/her that failure to pay the entire share-of-cost each month will result in the case being terminated.
- The Social Worker will note the contact in the narrative. If the applicant/recipient still will not pay the share-of-cost, the Social Worker will close the IHSS case for failure to pay share-of-cost.
- The effective date for closing is the last day of the month following discovery of the applicant/recipient's failure to pay. A Notice of Action (NOA) must be mailed in sufficient time for the IHSS applicant/recipient to receive it 10 days before the last day of the month.

*Costs encumbered to spend down the Medi-Cal share-of-cost cannot be used to lower the IHSS share-of-cost for Residual applicants/recipients.*

*If an applicant/recipient states verbally or in writing that he/she will not pay the share-of-cost, the individual is not eligible for IHSS services, and IHSS will be denied/terminated.*

CMIPS Notices of Action Codes developed for this purpose are worker generated. Social Workers will enter the appropriate code, as necessary, on the SOC 293, Line ZZ, field 2. See

---

CMIPS Users Manual page V-F-1through V-F-12 for a complete listing of NOA codes and messages.

Information on closings and/or any other case changes will be directly emailed to the assigned South East (SE) IHSS Medi-Cal worker. If the case is unassigned:

- If the case is active on Medi-Cal, the information is emailed to the SE IHSS Medi-Cal Intake Clerk.
- If the case is not active on Medi-Cal, the information is emailed to the Medi-Cal clerk.

***Reapplication after Termination for Failure to Pay Share-of-Cost (IHSS-R) (2N)***

- A former IHSS applicant/recipient whose case has terminated for failure to pay their share-of-cost may reapply at any time for IHSS services, once any past due share-of-cost has been paid.
- When the share-of-cost was not paid in any obligated month but is subsequently paid to the Provider or collected by the County, there is no overpayment and there is no ineligibility.
- If an applicant/recipient who has been terminated for failure to pay their share-of-cost contacts the Social Worker before the termination date on the NOA, and has paid the owed share-of-cost, the Social Worker of record will rescind the discontinuance and keep the case. The Medi-Cal worker of record will be notified of this action by the Social Worker.
- If, however, an applicant/recipient requests reinstatement of benefits after this time frame, he/she must go through a complete reapplication process.

***Overpayment for Failure to Pay Share-of-Cost (IHSS-R) (2N)***

- If an IHSS applicant/recipient has had his/her case terminated for failure to pay their share-of-cost, the Social Worker will follow current procedures for processing an overpayment for the month(s) in which the share-of-cost was not paid. The overpayment referral will be filed under the “Miscellaneous” tab in the case folder.
- On all IHSS share-of-cost case “re-applications”, Social Workers will review the “Miscellaneous” tab in the case folder to determine if an overpayment referral was made for failure to pay share-of-cost, and if so, if the overpayment has been repaid. *The case will not be opened until all of the outstanding share-of-cost has been paid.*

***Verbal/Written Statement that Applicant/Recipient Will Not Pay the IHSS Share-of-Cost***

- If an applicant/recipient states verbally or in writing that they will not pay the share-of-cost, the Social Worker will notate that in the narrative, and deny or discontinue the case for applicant/recipient’s stated refusal to pay the share-of-cost.
- Any written statements regarding refusal to pay share-of-cost will be filed under “Miscellaneous” in the case file.
- If the case is being denied, there is no need to observe the 10-day notice requirement.
- If the case is being discontinued, a Notice of Action must be mailed in sufficient time for the IHSS applicant/recipient to receive it 10 days before the last day of the month.
- The Social Worker will send an e-mail notifying the Medi-Cal worker that the case will close and the reason.

***Reapplication after Termination for Statement of Refusal to Pay Share-of-Cost***

- If an individual has been denied or discontinued from IHSS because of a verbal or written refusal to pay the IHSS share-of-cost, he/she may reapply for IHSS at any time. He/she will be eligible to receive IHSS under the following conditions:
  - All other eligibility requirements have been met.
  - No additional verbal or written statements have been made regarding non-payment of the share-of-cost.
  - All past owing share-of cost amounts have been paid in full.
- If an applicant/recipient, having been discontinued for stating that he/she will not pay their share-of-cost, contacts the Social Worker for reinstatement before the termination date on the NOA, and has paid any owing share-of-cost, the Social Worker of record will rescind the discontinuance and keep the case.
- The Medi-Cal worker of record will be notified of this action by the Social Worker.
- If, however, an applicant/recipient requests reinstatement of benefits after this time frame, a reapplication process must be completed.

***Notification to IHSS Applicants/Recipients and Individual Providers of the Share-of-Cost Regulations***

Information advising both IHSS applicants/recipients and providers of the share-of-cost regulations is included in Intake and Recertification packets prepared by clerical staff. Please see the IHSS Policy and Procedure Handbook for detailed information on IHSS forms and brochures.

**Application Process*****Application***

Application for In-Home Supportive Services (IHSS) will be made on form SOC 295. It will be signed, dated, and include all information necessary to establish eligibility (30-755.262). Any person has the right to apply for IHSS or make an application for another person on their behalf.

***Application Signature***

The application must be signed by the applicant/recipient, the applicant's/recipient's authorized representative, or the Social Worker with the expressed authorization of the applicant/recipient (30-755.262). An authorized representative may sign for the applicant/recipient under either or both of the following conditions:

- The authorized representative is named by a legally competent and self-directing applicant/recipient.
- The authorized representative has direct knowledge of the applicant's/recipient's eligibility factors.

***Date of Application***

The date of application is the date IHSS is initially requested by the applicant/recipient or their authorized representative. The date the applicant/recipient initially telephones the Aging and Independence Services (AIS) Call Center requesting services is the application date.

***Civil Rights Requirements***

The California Department of Social Services' (CDSS), Manual of Policies and Procedures (MPP), Division 21, provides counties with regulations on Civil Rights and language services. The In-Home Supportive Services (IHSS) Program is subject to periodic compliance reviews by the Civil Rights Bureau.

It is required that IHSS staff asks all applicants/recipients their preferred language for oral and written communication and document the preferred language(s) in the applicant's/recipients' case file. In addition, IHSS must offer and provide interpreter services upon request in the language the applicant/recipient has specified for oral communication.

- Language Needs Determination 20-46 HHSA - The Language Needs Determination 20-46 HHSA must be completed for all intakes and reviewed at recertification. IHSS applicants/recipients can request a language interpreter by using this form. The IHSS applicant/recipient and the Social Worker must sign and date the form. If English is not indicated as the primary language, both signatures are required at *each* recertification.

The 20-46 HHSA is filed under the Application tab in the case file. The Social Worker will document in the case narrative that the 20-46 HHSA was explained to the applicant/recipient and completed. In addition, the Social Worker must also ensure that the applicant's/recipients' primary language is indicated in the F5 field of the SOC 293.

- Civil Rights/Interpreters 20-49 HHSA - County bilingual staff, contracted interpreters, interpreters from an outside agency, and/or a family member or friend may provide interpreter services. The *Civil Rights/Interpreters 20-49 HHSA* must be completed when the designated interpreter is not an employee of the County of San Diego Health and Human Services Agency. Both the IHSS applicant/recipient and the interpreter must complete the form.

The 20-49 HHSA is filed under the miscellaneous tab of the case file. A copy of the form is provided to the applicant/recipients for their own records. The Social Worker will document in the case narrative how interpreter services were provided. They must also document that the 20-49 HHSA was explained to both the applicant/recipient and the interpreter and then completed.

*The IHSS Program is not allowed to use minor children as interpreters other than temporarily, and/or under extenuating circumstances. Extenuating circumstances may include using a minor child to determine the language of the applicant/recipient so that an appropriate interpreter can be used, or when the applicant/recipient is experiencing a medical emergency. The Social Worker will document in the case narrative the use of a minor as an interpreter, and the circumstances requiring the temporary use of a minor as an interpreter.*

***Required Forms and Completion***

Refer to the IHSS Policy and Procedure Manual for a complete listing of State and County forms to be used during application and completion requirements.

**Need for IHSS*****Health/Safety Risk***

The In-Home Supportive Services (IHSS) Program provides assistance to those eligible aged, blind, and disabled individuals who are unable to remain safely in their own homes without this assistance. IHSS is an alternative to out-of-home care. The Social Worker will assess applicants/recipients to determine if their functional ability is such that they are at risk of premature institutionalization or risk to their health/safety without IHSS.

***Establishing Need for IHSS Services***

The need for IHSS services is established by completion of the Needs Assessment Form SOC 293, the 12-42 Worksheet, and the narrative. The assessment must establish a need for services in order for the applicant/recipient to be eligible. Any applicant/recipient not in need of services is ineligible, even though potential eligibility may exist on the basis of status or income. (30-756.11)

***Effective Date of Service Eligibility***

The effective date of service eligibility is the same for PCSP, IPW, and IHSS-R. Services are to be authorized effective the latest of the following dates:

- The application date; this is the date the county first receives a request from the applicant/recipient or the applicant's/recipient's representative.
- The date the applicant/recipient becomes eligible for services if it occurs after the application date.
- After the date of application, the date a provider began providing the services authorized by the county.

***Applicant/Recipient without a Provider at Intake***

IHSS *can* be granted *before* an Individual Provider has been selected.

- The Social Worker advises the applicant/recipient at the intake assessment that the applicant/recipient has 30 days in which to select a Provider and submit the payroll information to the Social Worker. If the information is not provided their application may be denied on the basis of no assessed need for services, or if PCSP, failure to provide the SOC 426. (See page 2-18 for additional instructions.)
- Cases requiring an extension of time to locate a Provider will be reviewed with the supervisor, who may grant up to 15 days additional time. Requests to allow the applicant/recipient more than 45 days in which to locate a Provider must be approved by the Program Manager.
- Applicants/recipients requiring a disability determination have 15 days following approval of IHSS to arrange for the provision of IHSS services.
- The Social Worker will contact the applicant/recipient weekly regarding progress and/or difficulties in locating a Provider.
- The Social Worker will refer the applicant/recipient to the IHSS Public Authority Registry for assistance in locating an Individual Provider.