

CHAPTER 2

ELIGIBILITY AND CASE MANAGEMENT

FUNDING SOURCES

Funding sources are indicated on the SOC 293, line F, and field 2, as Medi-Cal Primary and Secondary Aid Codes.

Medi-Cal Primary and Secondary Aid Codes

SOC-293 Field F2

The F2 field has been modified to display both the Medi-Cal Primary and Secondary Aid Codes. The *Primary* Aid Code field is populated with the Primary Medi-Cal Aid Code received from MEDS. The Medi-Cal *Secondary* Aid Code is system generated by CMIPS based upon the Full Financial Participation (FFP) eligibility indicator from MEDS and other applicant/recipient and provider case information. *The Medi-Cal Secondary Aid Code identifies the funding source for the IHSS case.* This information is system generated when the case is granted.

Secondary Aid Codes

2M – PCSP

Full Financial Participation Medi-Cal Eligible and do not have:

- Advance Pay.
- Restaurant Meal Allowance.
- A spouse provider or parent provider for an applicant/recipient under the age of 18.

PCSP services now include protective supervision and cases that receive domestic and related services only.

2L - IPW

Full Financial Participation (FFP) Medi-Cal Eligible and any one or all of the following apply:

- Advance Pay.
- Restaurant Meal Allowance.
- An applicant/recipient under the age of 18 with a parent provider.
- An applicant/recipient with a spouse provider.

2N - IHSS-R

Are not eligible to Full Financial Participation (FFP) Medi-Cal and:

- Meets MPP Division 30-700 eligibility regulations.

Aid Code Updates

Primary and Secondary Aid Code fields are updated whenever a change occurs in CMIPS or MEDS that affects either of these fields.

EXAMPLE:

- If the MEDS IHSS Daily Response File indicates a different Medi-Cal Primary Aid Code for the current eligibility month, CMIPS will update the Primary Aid Code Field.

- If a change in the FFP eligibility occurs (shown on the Medi-Cal Eligibility Look-up {MELG} Screen), the Medi-Cal Secondary Aid Code field will be updated.

The MELG screen is detailed in the CMIPS Manual starting on page IV-D-1.

Be aware that the RELA screen will display the *current* Medi-Cal Secondary Aid Code. This *may not* be the Aid Code associated with any payments made prior to the Medi-Cal Secondary Aid Code change. This is important when a case moves from:

- PCSP (2M) or IPW (2L) to IHSS-R (2N).
- From 2N to 2L or 2M.

A Medi-Cal Aid Code may indicate eligibility for FFP claiming, it does not necessarily mean that the applicant/recipient is eligible for FFP claiming.

EXAMPLE:

A applicant/recipient may have a Primary Aid Code of 1H which is eligible for FFP claiming, but still be coded an “N” for FFP on the Medi-Cal Eligibility Look-up (MELG) screen because the applicant/recipient has not met all eligibility requirements for FFP claiming for all Medi-Cal services. These cases will be coded 2N (IHSS-R) on the RELA screen.

Personal Care Services Program (PCSP)

Eligibility

An IHSS applicant/recipient who is potentially eligible for PCSP or IPW is not eligible for IHSS-R. Therefore, an applicant/recipient who fails to cooperate with PCSP requirements becomes ineligible for all three programs. Potential PCSP eligibility exists for those IHSS eligible’s who meet the following criteria: (30-780.2[h])

- The individual has a chronic disabling condition which is expected to last at least 12 months, or result in death within 12 months.
- The disability affects the individual’s ability to safely remain at home without IHSS.

California Department of Social Services’ (CDSS’) interpretation of Division 30-771 is:

*If an individual qualifies for an aged linkage to the IHSS program, and becomes temporarily disabled, they are eligible to Residual IHSS, if all other criteria have been met, even when the disability is expected to last less than 12 months. **In other words, if an individual qualifies for IHSS due to age, any duration of disability requirements for those less than age 65 do not apply.***

Because PCSP regulations state that an individual must be disabled for at least 12 months, or have an illness or injury expected to end in death, an aged or disabled individual with a disability expected to last less than 12 months is not eligible for PCSP IHSS.

- Both status and income eligible applicants/recipients may be eligible for PCSP.
- If an SSI/SSP applicant/recipient has been determined eligible for that program based on disability, the disability requirement is met for PCSP.

- Disabled potential PCSP applicants/recipients who may be eligible to SSI/SSP must be referred to the Social Security Administration (SSA) office for a determination of eligibility to SSI/SSP.
- Minor children living at home and Regional Center participants are potentially eligible for IHSS Income Eligible PCSP or IPW. In situations where the minor children would not normally be eligible due to the parent(s)' income and/or resources, the State Medi-Cal Program has approved a waiver excluding the parents' income and resources from consideration when determining Medi-Cal eligibility. Because PCSP qualifies as a Medi-Cal program, minor children, once determined eligible for Medi-Cal, are also eligible for Income Eligible PCSP or IPW. *Any services provided by Regional Center are not to be considered as alternative resources.*
- Advance pay applicants/recipients are not eligible for PCSP even if personal care services are provided. Services for advance pay applicants/recipients will be funded through the IPW.
- An applicant/recipient is not eligible for PCSP if his/her spouse (when legally married) is the sole service Provider. Services for the applicant/recipient will be funded through the IHSS Plus Waiver if otherwise eligible.
- A legal guardian of a minor child, a stepparent, or a parent of an adult child is an eligible PCSP Provider.
- Provider/Enrollment Agreement SOC 426 - Eligibility for PCSP Providers cannot be established until form SOC 426, signed by both the applicant/recipient and the Provider, is filed in the case folder and data entered into CMIPS. This certifies the Provider as a Medi-Cal Provider. If an applicant/recipient has more than one Provider, each one must be enrolled on a separate SOC 426. *The Provider/Enrollment Agreement does not expire.* (MPP 30-767)

With approval of the IPW, Protective Supervision cases and Domestic and Related-Only cases will receive federal funding under PCSP.

If any of the elements of an IPW case are present, the entire case is an IPW funded case.

Liens

Since 1993, IHSS services provided through the Personal Care Services Program (PCSP) were subject to Medi-Cal recovery. Claims could be made against a applicant's/recipient's estate after their death for the same amount of money that had been paid for Medi-Cal benefits the applicant/recipient received, including PCSP services.

Effective September 1, 2000, the Department of Health Services *discontinued estate recovery for PCSP costs.* (An estate recovery claim may still be made for other types for Medi-Cal costs, such as pharmacy and durable medical equipment.) It is no longer necessary to distribute information regarding Medi-Cal recovery for PCSP services.

Where Medi-Cal recovery is allowable, an exception may be made when a substantial hardship can be demonstrated.

Failure to Comply

An individual potentially eligible for PCSP who fails to comply with any program requirement for certification or enrollment will be denied PCSP IHSS. In this case, there is no eligibility for IHSS-R or IPW.

PCSP Forms

Provider/Enrollment Agreement (SOC 426) – Providers must be enrolled as Medi-Cal Providers to be eligible for PCSP funding. The Urgent Services Provider is enrolled as a PCSP Provider under one comprehensive form signed by the contract vendor and filed with the county.

Individual Providers – Individual Providers must sign the Provider/Enrollment Agreement SOC 426. Provider enrollment has occurred once the fully completed SOC 426 is signed by both the Provider and the applicant/recipient and is in the possession of the Social Worker.

Applicant/Recipient Unable to Sign – If the applicant/recipient is unable to sign the form because of mental impairment, an authorized representative must sign on behalf of the applicant/recipient. *The authorized representative may not be the Provider* even if the Provider is the individual delegated to act on behalf of the applicant/recipient in legal matters. The Social Worker may be the authorized representative for purposes of PCSP Provider enrollment only.

Provider Change – If a Provider change occurs, a new SOC 426 form will be mailed to the applicant/recipient for completion by the applicant/recipient and the new Provider. The Social Worker will not submit the SOC 311 with the Provider change until the completed SOC 426 is received. At that time, the SOC 311 will be submitted to CMIPS and initial time sheets for this new Provider generated. This procedure will ensure that payment is made from PCSP funds.

Multiple Providers – If an applicant/recipient has more than one Provider, a SOC 426 will be mailed to each Provider of record. All Providers that meet PCSP eligibility requirements are to be enrolled as PCSP Providers. An applicant/recipient may have an enrolled PCSP Provider, and a non-enrolled Provider (such as a parent or spouse). In this situation, CMIPS will determine the source of funding (PCSP or IHSS-R) for each Provider.

Obtaining a Completed SOC 426 – It is the Social Worker's responsibility to assist applicants/recipients in obtaining/completing form SOC 426. The Social Worker must inform the applicants/recipients of their responsibility in the completion of these required forms and explain their purpose.

Applicant's/Recipient's Ability to Understand Requirements – The Social Worker will determine the applicant's/recipient's ability to understand the consequences of not completing all required documents. If the applicants/recipients do not understand their responsibility, the Social Worker will contact their authorized representative and clarify the process.

Forms Required only for Services Provided Prior to October 1, 1994

- *Physician's Certification of Medical Necessity – SOC 425*
- *Personal Care Program Nurse Review – SOC 427*
- *Personal Care Program Eligibility – SOC 428*

Any completed forms listed above must remain in the case and cannot be sub-filed.

New Cases and Case Conversions

Potentially Eligible Applicant/Recipient – If the Social Worker determines the IHSS case is potentially PCSP eligible, the Provider Enrollment Form (SOC 426) will be given to the applicant/recipient at intake or at the time of case conversion.

Granting – If otherwise eligible, IHSS will be granted as PCSP upon return of completed form SOC 426.

Failure to submit SOC 426 – If the applicant/recipient does not submit the completed SOC-426 form within 30 days after the home visit, the Social Worker will send another form SOC-426 to the applicant/recipient requesting return of the completed form within 15 days.

Continued failure to submit SOC 426 – If the SOC 426 form is not received within 15 days of the date it was mailed to the applicant/recipient, the Social Worker will terminate the case. (CMIPS Reason Code 593: Failure to provide SOC 426.)

Submission of SOC 426 within 10 days of termination – If the applicant/recipient returns the completed form within 10 days of the date of termination, the Social Worker will re-open the case.

Submission of SOC 426 more than 10 days after termination – If the applicant/recipient returns the completed form more than 10 days after the date of termination, a new application will be taken.

Case Filing

Please refer to the IHSS Policy and Procedure Manual Chapter 1 to determine the correct location in the case folder for PCSP forms and documents.

All PCSP forms must remain filed in the IHSS case folder and are not to be sub-filed.

Audit Trail

Unlike IHSS-R cases, Federal Auditors will periodically review PCSP cases. The following documents will be subject to review at audit:

- SOC 293 – Annual reassessment of need.
- SOC 311-Provider Eligibility Update.

- SOC 426 – Provider enrollment for every Provider funded by PCSP.
- Time sheets supporting hours paid.

IHSS Plus Waiver (IPW)

The IHSS Plus Waiver (IPW) was granted effective August 1, 2004, and provides federal funding, through the Medi-Cal Program, for those IHSS cases that meet specific IPW requirements.

Criteria

The individual must be determined eligible for federally funded, full-scope Medi-Cal, and at least *one* of the following should apply:

- The spouse is the IHSS Provider.
- The parent is the IHSS Provider and the applicant/recipient is a minor child.
- The individual receives the IHSS Restaurant Meal Allowance.
- The individual receives Advance Payment for IHSS.

NOTE: As long as one of these components exists in a case, the entire case will be covered under the IHSS Plus Waiver.

In cases where an applicant/recipient is receiving personal care services from someone other than a parent or spouse, is receiving Protective Supervision, or for cases that are authorized domestic and related only services, the case will receive federal funding through PCSP, *not* the IHSS Plus Waiver Program.

Residual IHSS (IHSS-R)

The IHSS-R program still exists for all IHSS applicants/recipients who are not eligible for Full Financial Participation (FFP) under Medi-Cal (example: non-citizens under the five year ban). Cases not eligible for FFP but still eligible to receive IHSS will continue to be funded by the State and County and will continue to be operated under the Manual of Policies and Procedures (MPP) Division 30-700 Regulations. An applicant/recipient potentially eligible for PCSP who fails to comply or does not wish to comply with PCSP requirements is not eligible for IHSS-R or IPW.