

CHAPTER 2

ELIGIBILITY AND CASE MANAGEMENT

STATUS ELIGIBLE

Status Eligible Granting

Initial Granting Requirements

- A home visit to complete a needs assessment
- A current MEDS screen print-out to verify SSI/SSP, own home, citizenship, and residency
- Review and completion of form 12-58 HHSA and 12-58A HHSA
- Review of the applicant's/recipient's civil rights
- Completion of form SOC 295 "Application for Social Services" includes:
 - Entering the method of verifying SSI status (example: MEDS clearance).
 - Social Worker entering his/her signature and worker number.
 - Social Worker entering his/her telephone number.
- Completion of form SOC 293A "Face Sheet".
- Completion of form 12-42 "Worksheet", documenting the applicant's/recipient's needs to be provided by IHSS, the functional limitations and the calculations for time assessed.
- Completion of form SOC 293 (see CMIPS Manual Chapter V "Field by Field Description).
- Completion of a narrative 12-43A describing applicant's/recipient's functional limitations, difficulties with Activities of Daily Living (ADLs) and need for IHSS.
- Completion of payroll enrollment for the Individual Provider.
- Review by the Social Work Supervisor.

MEDS Aid Codes

SOC-293 Aid Code Field (A3)

This field will allow *only* Aid Codes 10, 20, 60, 18, 28, and 68. This is a required field and is used for IHSS tracking purposes only. IHSS applicant/recipient cases which are Supplemental Security Income/State Supplementary Payment (SSI/SSP) (Status Eligible) should be entered using Aid Codes 10, 20, or 60. All other applicant/recipient cases (Non-Status Eligible) should use Aid Codes 18, 28, or 68.

Aid Codes 14, 24, and 64 are treated the same as status eligible if IHSS and PCSP eligibility existed at the time of the September 1, 1994, 2.3% reduction, or the September 1, 1993, 2.7% reduction and IHSS has continued without a break in aid. If an applicant/recipient in one of these aid codes loses IHSS/PCSP eligibility for any reason, they can only reapply as potentially income-eligible.

- MEDS Aid Codes 10, 20, and 60 are status eligible.
- MEDS Aid Codes 16, 26, 36, 66, 6A, or 6C are treated the same as status eligible if PCSP eligibility exists.

IHSS Aid Code Usage

The following chart will assist in appropriately assigning IHSS Tracking Aid Codes in Field A-3 based upon the use of only 10, 20 or 60 for SSI/SSP Status Eligible IHSS applicants/recipients, or 18, 28 or 68 for Non-Status Eligible IHSS applicants/recipients. Remember these Aid Codes are for IHSS tracking purposes only. CMIPS sends the Medi-Cal Secondary Aid Code to MEDS to identify a case as belonging to the IHSS caseload. The Secondary Aid Code is displayed in Field F-2. The following chart represents the most commonly used aid codes for in-home services cases; however, this is not an exhaustive list and other Medi-Cal Aid Codes may also apply:

If the Current MEDS Aid Code Is:	Assign CMIPS Aid Code:
10	10
20	20
60	60
14, 16, 1H, 1E	18
6A, 24, 26	28
03, 3N, 6C, 6E, 6H, 6V, 6W, 7A, 30, 35, 36, 44, 47, 48, 49, 64, 66, 72	68

“Pickle” Persons

Each year some persons become ineligible for SSI/SSP because the annual Cost of Living Adjustment to their Social Security benefit raises their income above the maximum SSI/SSP eligible level. For Medi-Cal purposes those persons continue to be eligible for a Medi-Cal card with no share-of-cost obligation. These persons are sometimes referred to as “Pickle Persons” because Congressman Pickle was responsible for the enabling law which allowed persons to continue to receive Medi-Cal, when cost-of-living increases in their Social Security benefits rendered them ineligible.

SDX503 - List of Discontinued Individuals

Each January an SDX503 list of all persons discontinued from SSI/SSP because of Cost of Living Adjustment (COLA) increases is sent to the counties. At the time the lists are provided, notices and Medi-Cal packets are sent by the Department of Health Services (DHS) to the affected Medi-Cal beneficiaries telling them to contact their County Welfare Department (CWD). The Mission Valley Family Resource Center (MVFRC) currently handles all Pickle evaluations. Applicants/recipients should call MVFRC if no packet is received and there is potential “Pickle” eligibility.

The DHS authorizes zero share-of-Cost (SOC) Medi-Cal eligibility through April for this group of beneficiaries. *From January through April the County has the responsibility to evaluate for Pickle eligibility.* If the evaluation can not be done by mid-April (MEDS cutoff) then the County has the responsibility to extend Pickle benefits through May and ongoing until Pickle eligibility is established.

Potential Pickle Eligible Applicants/Recipients

At the same time the SDX503 list is created, a Tickler list is also created and sent to counties. This is a list of all applicants/recipients, with potential Pickle eligibility, who have active Medi-Cal through a county Medi-Cal case. Notices are sent to the applicants/recipients advising them to contact the CWD or his/her Medi-Cal worker within 30 days of the notice if they wish to apply for zero SOC Medi-Cal benefits under the Pickle amendment.

When the applicant/recipient contacts the CWD the screening process should be done. If there is potential Pickle eligibility the applicant's/recipient's Medi-Cal case is referred to the Mission Valley Family Resource Center (MVFRC) for a Pickle evaluation. If there is no potential Pickle eligibility, the applicant/recipient is notified and no referral to MVFRC is necessary.

County Responsibility

The County has the responsibility to assist the applicant/recipient to complete the Pickle packet if there is no friend or relative available. It is important that the required forms and verifications be returned by the date requested. This is especially important because if the applicant/recipient is denied there may not be an opportunity to be evaluated again until the following January.

Timelines/Notice of Action (NOA)

Applications will be processed, including eligibility determination and needs assessment, and a Notice of Action (NOA) mailed no later than 30 days following the date the written application is completed. Services will be provided, or arrangements for their provision will be made, within 15 days after an approval NOA is mailed. Exception may be made to this requirement when: (30-759.2)

- A disability determination has not been received in the 30-day period.
- Form SOC 426 has not been received in the 30-day period.
- Verification has not been received from a third party, and the applicant/recipient has not contributed to the delay.
- Administrative error or delay has occurred. (30-759.6)

Applicants/recipients will be notified of the eligibility determination in writing on form NOA 690. A complete listing of available automated NOA's is contained in the CMIPS Users Manual, Pages V-E-1 through V-E-96.

Applicant/Recipient Fails to Provide Information

The IHSS applicant/recipient and the IHSS Social Worker both have the responsibility of ensuring that the applicant/recipient completes and/or provides all forms and other information necessary to establish eligibility or recertification.

- In addition to informing IHSS applicants/recipients of their rights and responsibilities, Social Workers will evaluate the capacity of applicant/recipient, at intake and renewal, to complete all paperwork and provide all documentation necessary for the eligibility determination/renewal.
- If the Social Worker determines that the applicant/recipient is not capable of completing the paperwork and/or providing all necessary documentation, the Social Worker will

assist the applicant/recipient as necessary to establish eligibility or complete the re-determination.

- If the applicant/recipient fails to provide requested information during the intake and renewal process, including but not limited to phone call(s) to the Social Worker, before denying/closing the case for failure to provide information, the Social Worker will send Form 12-53 HHSA (a copy is located in IHSS Policy & Procedure Handbook Attachment 1-4) to the applicant/recipient. The Social Worker will check the second box and complete the second sentence. This sentence is “bolded” in the following portion of Form 12-53 HHSA.

<p>Date: _____</p> <p>Dear _____</p> <p><input type="checkbox"/> I have been assigned your application for In-Home Supportive Services.</p> <p>In order to evaluate your circumstances, please:</p> <p><input type="checkbox"/> Call me by _____ so we can make arrangements for an interview in your home.</p>
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The complete responsibilities of both the applicant/recipient and the Social Worker are found in the IHSS Policies & Procedures Handbook.

Recertification

Recertification

Eligibility for IHSS is usually recertified at intervals not to exceed 12 months. In all cases, a new Needs Assessment (SOC 293) will be completed whenever changes occur that may affect the applicant's/recipient's continuing eligibility or the level and/or extent of the applicant's/recipient's needs. (30-755.21)

The County of San Diego has adopted the State option of authorizing exceptions to the standard 12-month recertification. Recertification for certain IHSS PCSP cases can be extended to but cannot exceed 18 months. Current State guidelines do not allow any extension of a recertification for other than the 18-month time period. A recertification can, however, be authorized for less than the standard 12 months if the IHSS Social Worker has information indicating that the applicant's/recipient's need for services is expected to decrease in less than 12 months.

All IHSS Cases

The Social Worker will for all re-certifications:

- Conduct a home visit to complete a new needs assessment.
- Review and complete form 12-58 and 12-58A HHSA.
- Review civil rights with the applicant/recipient.
- Update SOC 293A “Face Sheet”.

- Complete a new form 12-42 “Worksheet”, documenting the IHSS needs and functional limitations of the applicant/recipient.
- Complete form SOC 293 (see CMIPS Manual).
- Complete a recertification narrative describing applicant’s/recipient’s functional limitations, difficulties with Activities of Daily Living (ADL’s) and need for IHSS.
- File a new MEDS screen printout (a current clearance is required whenever a recertification date is changed).
- Obtain a new paramedical statement if there has been any change in services needed.
- Determine if the applicant/recipient has an assistance dog and if they are interested in participating in the Assistance Dog Special Allowance Program. If so provide the applicant/recipient with form ADSA 1 (9/95). (Policy and Procedure Handbook Chapter 2.)

IHSS Intercounty Transfers

Effective August 1, 1999, IHSS eligibility in one county is transferable to another county when an applicant/recipient changes county of residence. When an IHSS applicant/recipient in San Diego County moves to another county within California, the case will not be terminated, but will be transferred to the new county and closed at the end of the transfer period. IHSS applicant/recipients living in other counties but relocating to San Diego County will have their cases transferred to San Diego County by the other county.

To prevent any interruption or overlapping of services during the transfer process, the transferring county is responsible for authorizing and funding services until the transfer period expires, at which time the receiving county becomes responsible. If the applicant/recipient moves from the receiving county to a third county during the transfer period, the transferring county is responsible for canceling the transfer to the original receiving county and initiating the transfer to the new receiving county.

Definitions

Intercounty Transfer - A transfer of responsibility for the provision of IHSS services from one county to another when the applicant/recipient moves to a new county and continues to be eligible for IHSS.

Transferring County - The County that is currently authorizing IHSS services.

Receiving County - The County to which the applicant/recipient moves to make his/her home.

Transfer Period - The period during which the transferring county remains responsible for the payment of IHSS services. The transfer period starts on the date the transferring county sends the documentation, including the notice of transfer form, and records to the receiving county.

Expiration of Transfer Period - The transfer period shall end as soon as administratively possible but no later than the first day of the month following 30 calendar days after the notification of transfer form is sent to the receiving county.

EXCEPTIONS:

- When a Determination of Disability is pending, the transferring county retains responsibility until the disability determination is received. The transferring county will forward the disability determination, along with a notification of transfer form, within 10 calendar days of the date the determination is received.
- When an IHSS applicant/recipient appeals discontinuance, decrease of hours, or any adverse action against him/her by the transferring county during the transfer process, the transferring county shall maintain full responsibility for the case. The transferring county is accountable for the hearing and aid paid pending (if applicable), until a hearing decision is made, after which the transfer of the case to the receiving county can be completed.

Applicant/Recipient Responsibilities

The applicant/recipient, his/her conservator, or in the case of a minor his/her parent or guardian, must report to the IHSS Social Worker within 10 calendar days when a change of residence places the applicant/recipient within the jurisdiction of another county. The Applicant/recipient/Employer and Provider Responsibilities form (12-58 HHSA) reflect this responsibility.

Transferring County Responsibilities

The transferring county must:

- Initiate an ICT after receiving notification from the recipient or the receiving county of his/her move to a new county. Inform the applicant/recipient that an ICT will be done.
- Send (by mail or fax) a notification of transfer form, and other documents pertaining to the transfer of responsibility and provision of IHSS to the receiving county, within 10 calendar days from the original date of notification from the applicant/recipient. Hard copies shall follow in a timely manner, if the information had been previously faxed.
- Authorize and fund services until the transfer period expires. There shall be no change in the applicant's/recipient's level of authorized hours/benefits taken or initiated by the transferring county during the transfer period unless there is a *substantive change in living arrangements* or other eligibility factors as verified by the receiving county. The receiving county should be notified immediately once appropriate action, including sending a notice of action (NOA), is taken.

Examples of Substantive Change

- A change in the number of persons living in the household;
- A change in the age (s) of persons living in the household;
- A change in the number of rooms in the living space;
- A change in the availability of cooking facilities;
- A change in the availability of alternate resources.

- Contact the receiving county to ensure that the new county has received the notification of transfer and is taking action if the notification form has not been returned within 30 days by the receiving county.

Pending Applications

If a person has an IHSS application pending at the time of a move to a new county, the responsibility for completion of the application shall remain with the transferring county in accordance with the following:

- If the person is eligible at the time the county of residence changes, a transfer can be initiated.
- If a Determination of Disability is pending, responsibility shall be retained by the transferring county until the disability determination is received. The transferring county shall forward the disability determination, along with a notification of transfer form, within 10 calendar days of the date the determination was received.

Receiving County Responsibilities

The receiving county must:

- Complete and return the notification of transfer form to the transferring county within 30 days of receipt of the form.
- Complete a face-to-face assessment with the applicant/recipient during the transfer period.
- Accept as a new application any IHSS case in which services are discontinued by the transferring county during the transfer period and the applicant/recipient does not appeal the discontinuance.

EXCEPTION:

If an applicant/recipient starts an application for IHSS in San Diego County and has not requested the previous county of residence to initiate an ICT, the ICT process can no longer be implemented and the Social Worker must proceed with the intake process. To reduce the likelihood of this occurring, the clerical staff taking IHSS applications will ask all applicants:

1. Have you recently received IHSS in another county?
2. Have you informed that county of your move?

If the applicant/recipient appears to have an open case in another county, the call will be forwarded to a duty worker, who can assist the applicant/recipient in determining if he/she should initiate an ICT from the previous county. The duty worker will inform the applicant/recipient that a new application is unnecessary if there is an open IHSS case. The duty worker will ask the applicant/recipient if he/she wish to voluntarily withdraw the new application.

18 Month Recertification

IHSS cases must meet all of the following conditions to qualify for an 18-month recertification:

- The case is PCSP.
- The applicant/recipient has had at least one reassessment since the initial intake.
- The applicant's/recipient's living arrangement has not changed since the last annual recertification.
- The applicant/recipient lives with others or has regular meaningful contact with people other than the Individual Provider (i.e. people who know the applicant/recipient such as family members, neighbors, church members, etc.).

- The applicant/recipient, or if a minor the parent or legal guardian, or if incompetent the conservator, is able to satisfactorily direct the applicant's/recipient's care.
- There has been no change in the applicant's/recipient's supportive service needs within the previous 24 months.
- To the best of our knowledge, no reports have been made to, and there has been no involvement of Adult Protective Services since the last IHSS assessment.
- The applicant/recipient has had the same Provider(s) for six months or longer.
- The applicant/recipient has not reported a change in his or her need for supportive services that required a reassessment.
- To the best of our knowledge the applicant/recipient has not been hospitalized within the last three months.

If any of the above criteria is questionable, contact the IHSS applicant/recipient for clarification. The IHSS Social Worker must have Supervisor approval before extending an IHSS PCSP case for an 18-month recertification. If the case is not approved for an extension, the standard 12-month recertification must be completed within expected timelines. Please see IHSS Policy and Procedures Handbook, Chapter 2 for additional information.