

CHAPTER 2

ELIGIBILITY AND CASE MANAGEMENT

INCOME ELIGIBLE

Income Eligible/SSI/SSP

Persons applying for IHSS who are *not* receiving SSI/SSP must be categorically linked to one of the following three aid categories:

Aged

An aged individual is one who is 65 years of age or older.

Blindness

Individuals are considered to be blind for purposes of IHSS if:

- They have a central visual acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered as having central visual acuity of 20/200 or less.
- He/she are blind as defined under the state plan approved under Title X as in effect for October 1972 and received aid under such plan on the basis of blindness for December 1973, provided that they are continuously so defined.

Disability

Individual are considered disabled for the purposes of IHSS if one of the following applies:

- They are unable to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment.
- In the case of children under the age of 18, if they suffer from any medically determined physical or mental impairment that has lasted or can be expected to last for a continuous period of not less than 12 months.
- They are permanently and totally disabled as defined under a state plan approved under the Title XIV as in effect for October 1972 and received aid under such plan on the basis of disability for at least one month prior to July 1973 and for December 1973, provided that they are continuously disabled as so defined.

Temporary Disability

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, he/she are eligible to IHSS Residual. All other criteria must be 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.*

Furthermore, if all other eligibility criteria are met, in some cases there is no *minimum* amount of time for which a *disabled* IHSS-R case can be granted. An individual, who is unable to engage in any substantial gainful activity because of a physical or mental impairment that is expected to last for at least 12 months, may be eligible for SSI/SSP. SSI/SSP applicants/recipients are eligible for IHSS-R if a needs assessment establishes the need for services. Even if the disabled

SSI/SSP applicant's/recipient's ongoing impairment does not result in a need for IHSS, a later, temporary disability that results in a need for IHSS will make the disabled SSI/SSP applicant/recipient eligible for IHSS-Residual. (Persons under the age of 65 not qualifying for SSI/SSP still need to be referred to the State Programs – Disability and Adult Programs Branch [SP-DAPD] for a determination of disability.)

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.

An aged or disabled individual, with a disability expected to last less than 12 months, would be eligible for IHSS-R if all other eligibility criteria are met.

EXAMPLE:

- An individual with a broken bone.
- An individual with a short-term debilitating illness such as pneumonia.

Applications from individuals with a temporary need for IHSS will be processed to determine if all other eligibility criteria are met. Any IHSS application received from an individual, stating that he/she needs IHSS on a temporary basis, will be processed and reviewed for IHSS Residual eligibility. The applicant/recipient should be reminded of the need to report any change in their level of need to the Social Worker.

Additional Income Eligible Criteria

In addition to the above linkage criteria, an income eligible applicant/recipient must meet *one* of the following requirements:

- Meets *all* SSI/SSP eligibility criteria including income, but does not receive SSI/SSP benefits.
- Has a pending SSI/SSP application.
- Meets all SSI/SSP eligibility criteria except income. Any non-exempt income above the SSI/SSP benefit level must be applied toward the cost of IHSS.
- Was once eligible for SSI/SSP but became ineligible because of engaging in substantial gainful activity.

The Social Security Administration (SSA) is responsible for making a determination of substantial gainful activity of disabled SSI/SSP applicants/recipients. However, the individual may be eligible to IHSS on the basis of disability if *all* of the following requirements are met:

- The individual was previously determined disabled for SSI/SSP.
- The disabled individual became ineligible for SSI/SSP because he/she were engaged in substantial gainful activity (verify with SSA).
- The individual suffers the same physical or mental impairments as were the basis for the previous SSI/SSP disability determination.
- The individual requires assistance in one or more of the areas specified under the definition of “severely impaired” (starred items on the grid section of the SOC 293).

250% Working Disabled Program

The 250% Working Disabled Program (WDP) provides persons with disabilities the option to obtain comprehensive Medi-Cal coverage by “buying in” through the payment of premiums to the California Department of Health Services (CDHS). Monthly premiums range from \$20.00 to \$250.00 for an individual and from \$30.00 to \$375.00 for couples, based on net countable income. To be eligible for this program an individual must:

- Meet the federal definition of disability as defined for Supplemental Security Income/State Supplemental Payment (SSI/SSP) except that Substantial Gainful Activity rules do not apply.
- Meet all non-financial Medi-Cal program eligibility requirements except where those requirements are superseded by special provisions of the program.
- Have net earned income that is less than the federal poverty level times 250%.
- Have countable resources less than or equal to \$2,000 for an individual and \$3,000 for a couple and be working.

The 250% Working Disabled Program cases are processed through district Medi-Cal offices. They will not be processed through the IHSS SOC unit.

- The applicants/recipients *of this program do not pay a share-of-cost*. (These cases are considered status eligible, similar to Pickle cases.)
- The monthly premium is paid directly to the California Department of Health Services (CDHS) by mail.
- Recipients are provided with special envelopes with which to make premium payments and are discontinued from the program by CDHS if they fail to pay full premiums for two consecutive months. The Medi-Cal office is informed of the discontinuance through an alert and must go through a re-determination of eligibility to other Medi-Cal programs.

IHSS applicants/recipients whose Medi-Cal eligibility is based on the 250% WD Program are eligible for full-scope Medi-Cal services, including zero share-of-cost Personal Care Services Program (PCSP) services. The applicants/recipients must be assessed as having a need for PCSP services and meet PCSP eligibility requirements (except for income and resources). The 250% WD Program does not change the scope of PCSP services or the requirement that these services be provided in the applicant’s/recipient’s home.

IHSS Residual Program applicants/recipients who become employed may benefit from the 250% Working Disabled Program. An individual’s employment will most likely cause an increase in the IHSS share-of-cost; therefore these applicants/recipients may want to be evaluated by Medi-Cal for the 250% WD program. Please see the IHSS Policy and Procedures Handbook Chapter 2 for IHSS procedures.

IHSS in the Workplace

Effective January 1, 2003 Assembly Bill (AB) 925, Chapter 1088, Statutes of 2002, amended the Federal Medicaid State Plan and California legislation affecting both the IHSS Program and the Personal Care Services Program (PCSP). Welfare and Institutions Code section 12300 was amended to allow IHSS and PCSP applicants/recipients to transfer service hours authorized for use in the applicant’s/recipient’s home to a workplace in order to support employment. The law

specifically allows the applicant/recipient to transfer service hours to a work place setting in order to obtain, retain, or return to work.

Only authorized services that are relevant and necessary in supporting and maintaining employment may be transferred. Applicants/recipients *cannot* receive additional service hours in the workplace beyond what is authorized to be provided in the home. The Social Worker is not required to complete a reassessment solely because an applicant/recipient wants to transfer IHSS hours to the workplace.

Activities directly related to securing employment, such as going to a job interview or complying with pre-employment activities such as training required by the employer in the workplace are allowed. Services required by an applicant/recipient to attend college courses or vocational training is *not* considered directly related to securing employment.

IHSS in the workplace is not an alternative resource that reduces or substitutes for support and services that are an employer's responsibility under the Americans with Disabilities Act (ADA). Any workplace arrangements are the responsibility of the applicant/recipient and the employer. Neither the State nor the County is responsible for workplace arrangements when an IHSS applicant/recipient enters into employment.

In order for an applicant/recipient to utilize program service hours in a workplace, the applicant/recipient must request county approval. The applicant/recipient must specify the number of hours to be transferred for each of the services considered relevant and necessary in the workplace. Services that could be considered relevant and could be transferred to the workplace if necessary are:

- Related Services, consisting of meal preparation, meal clean-up, menu planning and Restaurant Meal Allowance.
- Personal care services with the exception of routine bed baths.
- Paramedical services.

IHSS program services not listed are not considered relevant and necessary for supporting employment and are not available for transfer to the workplace.

Social Worker Responsibilities

The Social Worker will evaluate the applicant's/recipient's request for the use of IHSS in the workplace. Prior to receiving approval, the applicant/recipient must specify the number of hours that they are requesting be transferred for each specific service. The Social Worker must verify the specified number of hours to be transferred and that the applicant/recipient has authorized service hours from the approved list of transferable services. The Social Worker will ensure that the applicant/recipient has not requested to transfer more hours to the workplace than are authorized to be provided in the home.

The Social Worker must notify the applicant/recipient of the determination regarding the request for the use of IHSS in the workplace. If the request is approved, form HHS 12-95 must be sent

to inform the applicant/recipient of the total number of hours in each service category that the applicant/recipient will be allowed to transfer to the workplace.

For data collection purposes, the Social Worker will document and retain the specified case details for any applicant/recipient who chooses to utilize IHSS in the workplace. The Social Worker shall record the total number of hours that a applicant/recipient has been approved for transferring to the workplace, as well as a breakdown of those hours by service type on the case narrative (12-43 HHSA) and the IHSS worksheet (12-42 HHSA).

IHSS applicants/recipients who are employed must be evaluated for the Medi-Cal 250% Working Disabled Program (WDP) in any of the following circumstances:

- Application.
- Annual case renewal/reassessment.
- Changes in applicant's/recipient's income and resources.
- Changes in Federal Poverty Level.

The applicant's/recipient's earned income could affect program eligibility. Please note that income and resource limits for IHSS applicants/recipients have not changed and are based on Medi-Cal eligibility rules.

Medi-Cal Eligibility Determination

The IHSS Medi-Cal Share-of-Cost (SOC) Unit at Southeast Family Resource Center (SEFRC) is responsible for determining the Medi-Cal eligibility of all income eligible applicants/recipients. (Please see the IHSS Policy and Procedures Handbook, Chapter 2 for referral procedures.) Individuals not receiving SSI/SSP must have an eligibility determination completed for federally funded Medi-Cal by a Medi-Cal worker. Income eligible applicants/recipients who are not Medi-Cal linked through a cash-based program (e.g. CalWORKS, Refugee Cash Assistance, or Adoptions Assistance Program) must also have a Medi-Cal determination completed.

- To qualify for PCSP, an applicant/recipient must be determined eligible to Federally Funded Medi-Cal and have been assessed a need for personal care services.
- The IHSS Plus Waiver is now available to former IHSS Residual Program applicants/recipients eligible to FFP Medi-Cal. (Please see "Funding Sources" this chapter for additional information on IPW eligibility.)
- IHSS Residual Program services are available to individuals who are *not* eligible to Federal Financial Participation (FFP) Medi-Cal, meet eligibility requirements for IHSS regulations, and who do not meet eligibility requirements for the IHSS Plus Waiver.

Share-of-Cost Comparison

Welfare and Institutions Code Section 12305.1 limits the SOC for PCSP income-eligible applicants/recipients to the lesser of the Medi-Cal or IHSS SOC. When the IHSS SOC is less than the Medi-Cal SOC CDSS will pay the difference to DHS. CDSS is responsible for calculating the dollar amount of the difference based on Medi-Cal recognized expenses. The following two terms are used when describing the SOC comparison:

Buy-Out – The amount of Medi-Cal Recognized Expenses that CDSS will pay on behalf of the IHSS applicant/recipient. A Buy-Out occurs when the Medi-Cal SOC is higher than the IHSS SOC and is equal to the difference between the two SOC's.

EXAMPLE: An IHSS applicant/recipient has been determined to have a Medi-Cal SOC of \$500.00 and an IHSS SOC of \$300.00; the difference is \$200.00. This \$200.00 will be paid by CDSS to compensate providers for care delivered to the applicant/recipient or members of the Family Budget Unit (FBU). The remaining \$300.00 will be the amount the applicant/recipient pays for the Medi-Cal SOC.

Spend down - The Spend down refers to the medical services equal in value to the IHSS SOC. This amount will be paid by CDSS to DHS on behalf of the IHSS applicant/recipient. Using the example provided above, CDSS will pay for services equal to the \$300.00 by paying for services equal to the IHSS SOC.

The sum of the Buy-Out and Spend down amounts will equal the total of the Medi-Cal SOC. CDSS will pay this amount to DHS on the first of the month. Upon receipt, DHS will apply the amount to the applicant's/recipient's Medi-Cal SOC obligation. MEDS will indicate that the applicant/recipient has met his/her Medi-Cal SOC as of the first of the month.

Information to the IHSS Share-of-Cost Medi-Cal Unit

Please see the IHSS Policy and Procedures Handbook Chapter 2, for details of the Share-of-Cost Referral process. To expedite the eligibility determination process, each IHSS office will maintain a supply of Medi-Cal application packets to provide to the applicant/recipient if necessary. When making the initial home visit the Social Worker will instruct the applicant/recipient that verification of income and resources are required. If verifications are provided by the applicant/recipient to the Social Worker they will be forwarded to the assigned Medi-Cal worker as soon as possible to aid in the eligibility determination process.

Grantings/Denials

Information on all IHSS grantings and/or denials must be emailed to the assigned SEFRC IHSS Medi-Cal worker. If the case is unassigned and active on Medi-Cal, the information is emailed to the SEFRC IHSS Medi-Cal Intake Clerk. If the case is unassigned and not active on Medi-Cal, the information is emailed to the assigned SEFRC Medi-Cal intake clerk.

Note: The SE FRC cannot request an active Medi-Cal case from another district office until they receive confirmation that the IHSS service case has actually been granted.

Closings/Changes

Information on closings and/or any other case changes will be directly emailed to the assigned SEFRC IHSS Medi-Cal worker.

- If the case is unassigned and *active* on Medi-Cal the information is emailed to the SEFRC IHSS Medi-Cal Intake Clerk.
- If the case is unassigned and *not active* on Medi-Cal, the information is e-mailed to the designated SEFRC IHSS Medi-Cal Clerk.

The Social Worker is responsible for sending a NOA and for notifying the Medi-Cal Worker by email when any of the following circumstances occur:

- An applicant/recipient withdraws or otherwise cancels the IHSS application.
- An applicant/recipient moves out of the county or enters long-term care.
- Services are suspended for more than two weeks (hospitalized, provider quit, etc.).
- Whenever additional income or property is identified.

Information from the IHSS Share-of-Cost Medi-Cal Unit

SEFRC IHSS Medi-Cal workers will continue to email Medi-Cal and IHSS SOC information to IHSS staff using the IHSS/Medi-Cal Communication form. Other changes or information may also be transmitted via e-mail.

Grantings/Denials

Information on Medi-Cal grantings and/or denials will be emailed to the assigned IHSS Social Worker and to the Social Work Supervisor. This process may be revisited at the request of IHSS or Medi-Cal Program Managers.

Closing/Changes

Information on closings and/or any other case changes will be emailed directly to the IHSS Social Worker.

Determination of Disability/Blindness

Income eligible applicant's/recipients' blindness or disability can be verified by one of the following methods.

Verification

Verification that a prior determination of blindness or disability is still valid can be obtained by reviewing any of the following or similar items:

- A Social Security or SSI/SSP award letter indicating receipt of disability benefits for more than 30 months.
- A Social Security Administration notification that benefits for a permanent disability have been increased or decreased.
- A Railroad Retirement Board notification of a permanent disability award.
- A statement from the Social Security Administration (SSA) that states that the person is eligible for SSA benefits on the basis of a disability.
- Documentation of a prior or current determination of disability under IHSS or the Medically Needy program.
- A Social Security check that states the payment is on the basis of disability. In this case, the disability will be further verified within 60 days by one of the methods specified above.

Disability Evaluation

When an applicant's/recipient's disability or blindness cannot be verified by one of the methods specified above, a Disability Evaluation Packet will be completed and forwarded to the State Programs-Disability and Adult Programs Division (SP-DAPD).

California Department of Social Services
Disability and Adult programs Division
Los Angeles State Programs Branch
P.O. Box 30541, Terminal Annex
Los Angeles, CA 90030
(213) 480-6400/ 800-677-6400 CALNET
FAX: (800) 869-0188

Applicants/Recipients with no CDS/MEDS History

As part of the initial Medi-Cal determination, the Medi-Cal worker will be responsible for the processing a DAPD Packet when an income eligible applicant's/recipient's disability or blindness has not been verified.

Applicants/Recipients with Full Scope CDS/MEDS History

For applicants/recipients receiving full-scope Medi-Cal through a cash-based program, the Social Worker will be responsible for following the DAPD referral procedure. The DAPD packet will be mailed within 10 days of the face-to-face interview. Occasionally, an IHSS applicant/recipient will have recently applied for Medi-Cal and the Medi-Cal worker will have already submitted a DAPD packet. A duplicate DAPD packet is not necessary for IHSS eligibility. A copy of the DAPD disposition, however, must be retained in the case file.

Additional Medical Examination Needed

- DAPD will take whatever actions are required to obtain medical evidence when a disability determination cannot be made from available medical evidence.
- When a medical examination is necessary, DAPD will contact the physician's office or medical clinic closest to the applicant/recipient for an appointment and will notify the applicant/recipient. DAPD will assist with the transportation arrangements as necessary.
- If a determination is made by the Medi-Cal worker that the case will be denied based on non-medical information, the Medi-Cal worker will notify the Social Worker. The Social Worker will notify DAPD by telephone immediately and follow-up with written confirmation. DAPD will immediately stop processing the disability determination and return the MC 221 to the Medi-Cal worker.
- After a disability determination has been made, the completed original MC 221 will be returned to the Medi-Cal worker by DAPD. The determination can be expected within 50 days after receipt by DAPD, except when there is a concurrent Social Security or SSI/SSP application pending. The Medi-Cal worker will forward a copy of the final determination (MC 221) to the Social Worker.

Social Security or SSI/SSP Disability Evaluation Pending

- If an SSI/SSP application is pending, a complete DAPD packet is not needed. The Social Worker should send only the completed MC 221. DAPD will hold the MC 221 until the

final disability determination is made. The Medi-Cal worker will call DAPD monthly to determine the status of a pending evaluation.

- When the final disability determination is made, DAPD will return the MC 221 to the Medi-Cal worker with the onset date, re-examination date (if applicable), or the original date of the denial.
- If DAPD finds there is no pending application, the MC 221 will be returned to the Medi-Cal worker with a request for submission of a completed DAPD application packet.

Presumptive Disability

Pending a DAPD determination a person may be considered presumptively disabled or blind under the following conditions (MPP30-759.3):

- For a disabled applicant/recipient, eligibility may be presumed if the applicant/recipient is not employed, has no expectation of employment within the next 45 days, *and* if the person appears to have a mental or physical impairment that will last for at least one year or end in death. *A written medical statement is required.*
- Presumptive eligibility may be granted for persons diagnosed as having AIDS.
- For a blind applicant/recipient, eligibility may be presumed if:
 - They have a central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees will be considered as having central visual acuity of 20/200 or less.
 - Medical verification of the central visual acuity limitation is obtained.
- Presumptive eligibility for IHSS *may not be granted* when an applicant/recipient has been denied SSI/SSP, even if the applicant/recipient appeals the SSI/SSP denial.
- Financial eligibility must be determined (income, property, etc.) *before granting* presumptive eligibility on the basis of disability/blindness.
- A DAPD packet must be forwarded to the State as outlined above.
- If disability/blindness is not approved by DAPD, a 10-day discontinuance NOA must be issued immediately.
- IHSS Purchased during a presumptive granting is not considered an overpayment if DAPD determines that the applicant/recipient is not disabled.

Guidelines for Disability Interviews

Because of direct applicant/recipient contact, IHSS staff is in a position to provide valuable observations about the physical and/or mental status of applicants/recipients seeking IHSS benefits on the basis of disability. Item 9 of the MC 221 should be used to present *relevant* details; these can make the determination of disability more effective, economical, and realistic.

The following are guidelines to assist Social Workers in the completion of Item 9 and are to be used only as reference; they are not all-inclusive nor do they exclude any other pertinent observations. This guide includes some of the more frequently occurring items that may be observed and should be reported. The sample descriptive statements may also be helpful. The Social Worker will be alert to the type of disability alleged and use common sense in the type of

observations made. Any indication that the disability may be other than the alleged one(s) should be reported.

Physical Mobility

Observe the applicant/recipient walking, standing, and sitting. Record if any assistance is required either by another person or through the use of devices such as braces, canes, or crutches. Difficulty with walking, difficulty in standing up, and problems with sitting for prolonged periods of time are examples of details that should be reported.

Observe the applicant's/recipient's use of hands and arms. Difficulties with stiffness or lack of control in the use of extremities need to be noted, along with such things as joint swelling, shaking, trembling, and inability to flex fingers. Be attentive to difficulties in writing.

Physical Appearance

Height and weight should always be noted. The applicant/recipient will be asked when they were last weighed and if there have been any recent major weight changes. Note if the applicant/recipient appears unusually thin, overweight, short, tall, or malnourished.

Any unusual skin condition warrants attention such as scaling, peeling, or unusual color. For example, is the applicant/recipient especially red of face or is the applicant's/recipient's appearance colorless? Report the presence of scars and signs of disfigurement or deformity, the absence of any extremities, and the use of prosthetic devices such as artificial legs, eyes, etc.

Other Physical Problems

Other observations might include any breathing difficulties such as frequent coughing and rapid respiration. Any indication that the applicant/recipient is under the influence of drugs, alcohol, or medication that might affect physical or mental functioning should also be noted.

Special Senses

Observe any problems with hearing, seeing, and speaking. Mention any use of hearing aids or glasses. The interviewer will note if the applicant/recipient can only hear speech at high volume levels, if the applicant/recipient has to take special measures to read the printed forms, and if the applicant's/recipient's speech is difficult to understand, slurred, or impeded in any way. Can the applicant/recipient read the MC 223 or is their sight so poor or impaired that the form cannot be read without difficulty?

Mental and Emotional Status

Observe any signs of disorientation to time, place, or person as well as any indications of emotional distress. Attention should be paid to unusual mannerisms, inappropriate dress, signs of restlessness, and unusual laughter or crying. Any difficulties in comprehension not due to a language barrier will be mentioned, as well as wandering conversation, limited attention span, and poor memory. Also worth noting are signs of deterioration of personal habits such as poor hygiene or grooming.

Examples of Useful Comments

- Mr. D had noticeable difficulty walking and sitting. He wore a brace on the right leg. This leg appeared to be shorter and smaller than the other leg. He walked with a limp and braced himself as he sat down. The claimant had full use of his upper extremities.
- Mrs. L arrived for her appointment at the correct time but on the wrong day. She stated that she could only come today but gave no reason. It was difficult to obtain information from her as she rambled on about various subjects. She seemed confused and disoriented and her memory was poor. She was very vague when discussing her stated illness.

Substantial Gainful Activity

Substantial gainful activity refers to earnings of an individual who has started working after previously being determined disabled by SSI/SSP (30-753.5[8]). Substantial gainful activity is also referred to as AB922.

Eligibility Determination

Eligibility determination for applicants/recipients with substantial gainful activity is completed in the following manner:

- Verify with SSA that the applicant/recipient was previously eligible for SSI/SSP on the basis of disability and that the reason SSI/SSP was terminated was because the person was engaged in substantial gainful activity.
- If the Social Worker believes that documentation is necessary to verify that the applicant/recipient continues to suffer from the same physical or mental impairment, follow these steps:
 - Process the application and authorize needed services if the Social Work Supervisor believes the person could be considered disabled.
 - Forward the MC 221 (fully completed and showing current status) to DAPD.
 - If DAPD does not approve the disability, discontinue IHSS or deny the application.

Prior Denial of Disability

When the Social Worker/Medi-Cal worker knows that an applicant/recipient has been denied Social Security or SSI/SSP disability benefits based on denial of a disability determination within 90 days prior to the IHSS application, the Social Worker /Medi-Cal worker will:

- Advise the applicant/recipient of SSI/SSP appeal rights and responsibilities.
- Explain to the applicant/recipient that the definition of disability for SSA, SSI/SSP, and IHSS are the same.
- Not process the application unless:
 - A physical and/or mental condition has deteriorated. In such cases, the Social Worker will include a remark in Section 9 of the MC 221 that the applicant's/recipient's condition is alleged to have deteriorated since the Social Security or SSI/SSP denial.
 - A physical and/or mental condition has not deteriorated, but the applicant/recipient insists upon a disability determination. DAPD will automatically deny and the applicant/recipient will have the right to request a fair hearing.

- *Not make a presumptive determination of disability/blindness.*

Prior Discontinuance of SSI/SSP Solely Due To Immigrant Status

Some immigrants, who formerly received SSI/SSP, were discontinued from that program as a result of provisions in the federal Welfare Reform Act, enacted in 1996. These individuals were discontinued solely due to their immigrant status.

- These aged, blind and/or disabled immigrants are eligible for cash benefits through a state program called Cash Assistance Program for Immigrants (CAPI).
- CAPI benefit levels for an individual are \$10 less than the respective SSI/SSP rate for a minor child or an aged, blind, or disabled adult.
- CAPI benefit levels for a couple are \$20 less than the respective SSI/SSP benefit rate for an aged, blind, or disabled couple.
- There is no IHSS or Medi-Cal categorical linkage for individuals receiving CAPI benefits.
- CAPI eligibility staff will obtain a determination of blindness or disability from the state DED to satisfy CAPI eligibility requirements. IHSS staff may obtain a copy of the DED evaluation, Form MC 221, originally requested by the CAPI worker, to use as verification of blindness or disability for the IHSS Program.
- If for any reason the CAPI worker does not have a copy of the MC 221 for the CAPI applicant/recipient applying for IHSS, the IHSS Social Worker will follow IHSS procedures for obtaining a DAPD evaluation.
- The Social Worker will also inform their supervisor that the MC 221 was not available from CAPI.

Cash Assistance Program for Immigrants (CAPI)

CAPI is a state-mandated program that provides cash assistance to aged, blind and disabled immigrants not eligible for Supplemental Security Income/State Supplemental Payments (SSI/SSP) solely because of their immigration status. The potential SSI/SSP eligibility that this group of immigrants formerly had was removed with the enactment of the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (HR 3734).

CAPI Aid Codes

There are four CAPI aid codes used for caseload tracking. The aid codes reflect four broad non-citizen categories. They are not true Medi-Cal aid codes in that they do not reflect a type of Medi-Cal eligibility; they are used for tracking purposes only. Medi-Cal eligibility and Medi-Cal aid codes should not be changed. The four CAPI aid codes are:

- 1A - Non-citizens who entered the United States prior to August 22, 1996, who meet the federal definition of Qualified Alien, and who are age 65 or older.
- 6K - Non-citizens who entered the United States prior to August 22, 1996 and meet the previous federal Permanent Residence Under Color of Law requirements, but not the Qualified Alien requirements.
- 6M - Sponsored immigrants who entered the United States on or after August 22, 1996 and the sponsor is deceased or disabled or the immigrant is a victim of abuse by either the sponsor or the sponsor's spouse.

- **6T** - Previously time-limited, but now extended CAPI. Non-citizens who entered the United States on or after August 22, 1996 who do not meet the sponsor restrictions in the definition of aid code 6M and who meet either the federal definition of Qualified Alien or the previous federal definition of Permanent Residence Under Color of Law.

CAPI Eligibility

In general, any aged, blind or disabled adult or minor, who is not eligible for SSI/SSP solely due to immigration status, might be eligible for CAPI. Eligibility for CAPI is determined by CAPI Eligibility staff. Currently, all CAPI cases are centralized in the Health & Human Services Agency, Mission Valley District Office at:

Mission Valley Family Resource Center
7947-49 Mission Center Court
San Diego CA 92108

For information and screening, applicants/recipients may call (860) 262-9881.

CAPI Linkages

Eligibility for CAPI does not result in automatic eligibility or referral for food stamps, Medi-Cal, or IHSS. A separate application must be submitted to each program for which the CAPI applicant/recipient wants to apply. Some CAPI applicants/recipients may also be receiving Medi-Cal under the Medically Needy Only (MNO) program at the time of the IHSS application.

IHSS Eligibility - CAPI Disability Evaluation

The State Programs- Disability and Adult Programs Division (SP-DAPD) process is used by the CAPI District Office staff to determine disability. Presumptive Disability may apply for up to 6 months.

IHSS Eligibility - CAPI PCSP or IHSS-R Requirements

CAPI applicants/recipients do not have categorical linkage and therefore are not eligible for the IHSS Personal Care Services Program (PCSP) or the IHSS Plus Waiver (IPW) Program. CAPI applicants/recipients are eligible only for the IHSS Residual (IHSS-R) Program.

IHSS Eligibility - CAPI Citizenship Requirements

The State Department of Health Services has determined that CAPI applicants/recipients meet their definition of Qualified Alien, and CDSS has determined that this meets the IHSS Citizenship requirement.

Family Resource Center staff will make all “Qualified Alien” determinations.

IHSS Eligibility - CAPI Residence Requirements

Residence requirements remain the same as for any other IHSS applicant/recipient. Please refer to pages 2-2 through 2-5 for a complete discussion of residence requirements.

IHSS Eligibility - CAPI “Own Home” Requirements

“Own Home” requirements remain the same as for any other IHSS applicant/recipient. Please refer to pages 2-5 for a complete discussion of “Own Home” requirements.

IHSS Eligibility - CAPI Need for IHSS Requirement

The “Need for IHSS” requirement remains the same as for any other IHSS applicant/recipient. Please refer to page 2-12 “**Health/Safety Risk**” for a complete discussion of the “Need for IHSS” requirement.

IHSS Eligibility - Status Eligible

CAPI recipients are not eligible for SSI/SSP and therefore are not “status eligible” for IHSS purposes. All IHSS cases granted to CAPI recipients will be “income eligible” cases.

SSI/SSP Conversion

Occasionally, a status eligible IHSS applicant/recipient will receive income above the limits established by SSI/SSP, and the SSI/SSP case will be discontinued. As a result, the IHSS case must be converted to an income eligible case. Case conversions are referred in a manner similar to the IHSS intake referral process. Status eligibility will continue while the conversion is being processed. Please see The IHSS Policy and Procedure Handbook Chapter 2 for referral procedures.

Applications Received When a Social Security or SSI/SSP Disability Evaluation Is Pending

- Verify income and any other points of eligibility. (See referral process for income eligible Policy and Procedures Manual, chapter 2.)
- Authorize needed services, if the Social Worker believes that the person can be considered disabled in accordance with presumptive eligibility criteria.
- Send an MC 221 to DED (items 8 and 9 do not need to be completed).
- When the SSI determination is made and the MC 221 is returned by DED, the Social Worker will:
 - Discontinue or deny IHSS if the disability is not approved.
 - If the disability is approved for Social Security benefits, begin or continue IHSS.
- Determine if there is a potential eligibility for SSI/SSP, if so, refer the person to SSA.
- Begin or continue IHSS if the person is eligible for a SSI/SSP cash grant or if the person provides evidence of the effective date of cash grant eligibility under SSI/SSP.

Disability Re-Examination

- Obtain a new MC 223, new MC 220s for all medical references listed on the MC 223, and a complete new MC 221, indicating in section 9 that this is for a re-examination.
- Submit the original MC 223 and MC 220s along with the original and one copy of the new MC 221, and a photocopy of the previous MC 221 to the Disability Evaluation Division.
- Send the goldenrod copy of the MC 221 to the SOC Medi-Cal worker. If the applicant/recipient is in “substantial gainful activity” the Social Worker must also submit an MC 272.