

CHAPTER 3

ASSESSMENT STANDARDS & AUTHORIZED SERVICES

SERVICE AUTHORIZATION

Introduction

In-Home Supportive Services will be authorized based on the needs assessment conducted by the Social Worker. Refer to Chapter 2 for policy and eligibility requirements. (30-763.1)

Determining Needs for the Functionally Impaired

The Social Worker will determine the need for only those tasks in which the recipient has functional impairments with a ranking of at least 2. (30-763.1)

Applicant/Recipient Cooperation Requirement

If requested by the Social Worker, the applicant/recipient will be required to cooperate to the best of his/her ability in the securing of medical verification which evaluates the following:

- Present condition.
- Ability to remain safely in own home without IHSS services.
- Need for either medical or non-medical out-of-home care placement if IHSS were not provided.
- The level of out-of-home care necessary if IHSS were not provided.

The applicant's/recipient's failure to cooperate as required above will result in denial or termination of IHSS. (30-763.11)

Determining Total Need for IHSS

Using the IHSS Assessment Worksheet (HHS12-42), the Social Worker will determine the total need for IHSS by:

- Reviewing the list of services available.
- Eliminating services the recipient can perform safely.
- Eliminating services which are not needed.

The Social Worker will then calculate the number of hours per week for each of the services assessed as necessary for the client to remain safely in his/her home. (30-763.2)

Limitations to Authorized Services

Services authorized will be justified by, and consistent with, the most recent needs assessment, but will be limited by the following provisions.

- The maximum hours per month for services under IHSS to any recipient determined to be severely impaired or PCSP eligible will be 283. (30-780.2[b])
- The maximum hours per month for services under IHSS to any recipient determined not to be severely impaired will be 195. The only exception occurs if a non-severely impaired individual receives both PCSP and protective supervision. (30-765.1) (Please refer to page 3-52 for a complete discussion of this topic.)

If A Recipient Becomes PCSP Eligible

When a non-severely impaired recipient with unmet needs becomes PCSP eligible, any unmet needs will be added to the individual's authorized services, up to the allowable maximum of 283 hours.

AB 1862, signed into law in August 1999, eliminated unmet need for all IHSS Residual recipients.

Shared Living Arrangements

The following steps apply to assessing need for recipients who live with another person(s). The need for IHSS will be determined in the following manner, except when an able and available spouse or parent of a minor is the provider. These exceptions are discussed immediately following this section. (30-763.3)

Domestic Services and Heavy Cleaning

- The living area in the house will be divided into areas used solely by the recipient, areas used in common with others, and areas not used by the recipient.
- No need will be assessed for areas not used by the recipient.
- The need for services in common living areas will be prorated to all the housemates 14 years of age and older. The recipient's need is the prorated share.
- For areas used solely by the recipient, the assessment will be based on the recipient's individual need and will not be prorated.

***EXAMPLE:**

- A client lives in a six (6) room house with three other people. The client has sole use of two of the rooms, which is 2/6, or 1/3 of the total living space.
- The total monthly domestic allocation is 6 hours. The client is entitled to 1/3 of that allocation un-prorated due to the unshared use of 1/3 of the space.
- Of the total living space, the client shares the use of two of the rooms with the other three housemates. These two rooms represent 1/3 of the total living space, and therefore, 1/3 of the 6 hours of monthly domestic services which equals two hours.
- This two hours of service for shared living space is then divided by the number of persons in the household, $2.00/4 = .50$ per person.
- The client's monthly share of domestic services is therefore, 2.00 hours (non-prorated share) + .50 hours (prorated share) = 2.50 per month.

*Please see attachments for sample SOC 293's using this scenario and various providers.

Related Services Need

Related Services need (meal preparation; meal clean-up; routine mending, laundry; and reasonable shopping and errands) will be assessed as follows:

- When the need is being met in common with those of other housemates, the need will be prorated to all the housemates 14 years of age or older. The recipient's need is the prorated share.

- When the service is not being provided by a housemate, and is being provided solely to the recipient, the assessment will be based on the recipient's individual need. (30-763.32)

Protective Supervision

The subject of protective supervision is discussed earlier in this chapter. The need for protection supervision will be assessed based on the recipient's individual need provided that:

- When two (or more) IHSS recipients are living together and both require protective supervision, the need will be treated as a common need and prorated accordingly. In the event that proration results in one recipient's assessed need exceeding the hourly maximums, the apportionment of need will be adjusted between the recipients so that all, or as much as possible of the total common need for protective supervision may be met within the hourly maximums.
- For service authorization purposes, no need for protective supervision exists during periods when a provider is in the home to provide other services. (30-763.33)

Other IHSS Services

The recipient's need for transportation services, Paramedical services, and personal care services will be assessed based on the recipient's individual need. (30-763.35)

The need for yard hazard abatement will not be assessed in shared living arrangements, except when all housemates fall into one or more of the following categories:

- Other IHSS recipients unable to provide such services.
- Other persons physically or mentally unable to provide such services.
- Children under the age of 14 years.

Exceptions When Assessing Needs in Shared Living Arrangements

Able and Available Spouse

When an IHSS recipient has a spouse living in the home who does not receive IHSS, the spouse will be presumed able to perform certain specified tasks unless he/she provides medical verification of the inability to do so.

- An able spouse of an IHSS recipient will be presumed available to perform certain specified tasks *except* during those times he/she is out of the home for employment, health, or other unavoidable reasons and the service must be provided during his/her absence.
- When the recipient has an able and available spouse, there will be no payment to the spouse or any other provider for the following services:
 - Domestic
 - Related Services
 - Yard Hazard Abatement
 - Teaching and Demonstration
 - Heavy Cleaning

(30-763.4.41)

An able and available spouse or other provider may be paid for providing:

- Personal Care Services
- Paramedical Services

In addition to those services listed in Section 30-763.445, a spouse may be paid to provide the following services *when he/she leaves full-time employment or wishes to seek employment but is prevented from doing so because no other suitable provider is available:*

- Transportation
- Protective Supervision

Able Spouse/Not Available

When an able spouse is not available because of employment, health, or other unavoidable reasons, a provider may be paid for the following services only if they must be provided during the spouse's absence:

- Meal Preparation
- Transportation
- Protective Supervision

Recipient with Child Under 14

When the recipient is a parent living with his/her natural or adopted child under 14 years of age and the child is not eligible or does not need IHSS:

- The recipient's needs for domestic and heavy cleaning services in common living areas and for related services are assessed as if the child did not live in the home.
- When a child other than a natural or adopted child of an applicant/recipient (e.g., stepchild, grandchild, niece, nephew, etc.) is in the home, the child will be included in all domestic and heavy cleaning proration calculations, regardless of the child's age(s).

The child's needs are not included when assessing the need for services, including domestic or heavy cleaning in areas used solely by the child. (30-763.4.46)

Landlord/Tenant Arrangement

When the recipient is the tenant - The need for domestic and heavy cleaning services will be based on the living area used solely by the recipient. No need for yard hazard abatement will be assessed. The needs assessment will take into account any services the landlord is obligated to perform under the rental agreement.

When the recipient is the landlord - The need for domestic and heavy cleaning services will be assessed for all living areas not used solely by the tenant. The needs assessment will take into account any services the tenant is obligated to perform under the rental agreement. (30-763.42)

Living in Relative's Home

If the recipient has moved into a relative's home primarily for the purpose of receiving services, the need for domestic and heavy cleaning services will be assessed only for living areas used solely by the recipient. Yard hazard abatement services will not be provided. (30-763.4.43)

Recipient Under 18/Parent Unable to Help

When the recipient is under 18 years of age and is living with the recipient's parent(s), IHSS may be purchased from a provider other than the parent(s) when no parent is able to provide the services for any of the following reasons:

- When the parent(s) is absent because of employment or education or training for vocational purposes.
- If the parent(s) is physically or mentally unable to perform the needed services.
- When the parent(s) is absent because of ongoing medical, dental, or other health-related treatment.
- Up to eight (8) hours per week may be authorized for periods when the parent(s) must be absent from the home in order to perform shopping and errands essential to the family, or for essential purposes related to the care of the recipient's siblings who are minors. (30-763.4.44)

Recipient Under 18/Parents Able to Help

When the recipient is under 18 years of age and is living with the recipient's parent(s), IHSS may be purchased from a parent, when *all* of the following conditions are met:

- There is no other suitable provider available;
- The parent has left full-time employment or is prevented from obtaining full-time employment because of the need to provide IHSS to the child;
- If the child does not receive the listed services, the child may inappropriately require out-of-home placement or may receive inadequate care.

A suitable provider is any person, other than the recipient's parent(s), who is able and willing to provide the needed IHSS services.

Needs Of A Child***Service Limitations***

Children's needs are assessed to determine the extraordinary care required by a disabled child, using age appropriate guidelines. IHSS is provided for impaired persons to establish a safe environment in lieu of institutionalization. A child's needs for IHSS exist only to the extent that they are extraordinary for the age of the child regardless of the relationship of the custodian, the capabilities to provide care or presence at the time the care must be provided.

- Domestic Services are not authorized for any minor, regardless of assessed needs, unless an exception is indicated. The following is only one example where domestic services would be authorized for a minor child.

EXAMPLE:

IHSS applicant/recipient is a minor child, age 14-18 of an IHSS recipient, who is unable to safely perform domestic services. Services for any areas that are the sole use of the minor child would be included in the minor's IHSS needs assessment.

- The IHSS provided by a parent will be limited to:

- Related Services.
- Personal Care Services.
- Assistance with Travel – Hours not allowable for routine health care. Hours are allowable for health care specific to the child’s disability.
- Paramedical Services.
- Protective Supervision, limited to that needed because of the functional limitations of the recipient. This service will not include routine childcare or supervision. (30-763.454)
- Please review the section in this Chapter on Alternative Resources (page 3-35) for additional information on IHSS eligibility for minor children that are also Regional Center participants, and minor children also receiving services from the Medi-Cal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

Recipient Under 18/Not Living With His/Her Parents

When the recipient is under 18 years of age and is not living with his/her parent, the recipient is eligible for IHSS based on age-appropriate ability, when all other IHSS eligibility requirements (e.g., financial, own home, etc.) have been met.

Live-in Providers

Definition: A live-in provider means a provider who is not related to the recipient and lives in the home expressly for the purpose of providing IHSS-funded Services. (MPP 30-701(1)(3))

- Domestic and heavy cleaning services will not be provided in areas used solely by the provider. The need for related services may be prorated between the provider and the recipient, if the provider and the recipient agree.

EXAMPLE:

A live-in provider shares meals with a recipient. The total need for meal preparation will be prorated between the two.

- All other services will be assessed based on the recipient’s individual need, except as provided under the discussion on protective supervision and teaching and demonstration.

After assessing the need, and after making the appropriate adjustments, the remaining list of services and hours per service is the total need for IHSS services. (30-763.4.47)

Voluntary Services

Voluntary services are those IHSS or PCSP compensable services provided to an IHSS recipient by the IHSS provider(s) of record or any other person voluntarily.

Individuals Providing Voluntary Services

Any individual who could legally be paid to provide IHSS Program services can volunteer not to be paid to provide those services. If a need for services is assessed and authorized, then with

certain exceptions, an individual can legally be paid to perform the services. Any individual willing to perform authorized services without compensation must complete and sign the Voluntary Services Certification Form (SOC 450). All voluntary service hours are to be shown on the applicant's/recipient's SOC 293 form as Alternative Resource hours.

Organizations Providing Voluntary Services

The IHSS Program can legally pay only Individual Providers, County Contract Providers, and County Homemakers as compensable service providers. San Diego County currently uses only the Individual Provider Mode. Organizations are funded by other sources and therefore cannot be legally paid via the receipt of IHSS funds.

Any services (that are identical to services also provided by IHSS) provided by an organization to an IHSS applicant/recipient will be viewed as an alternative resource. There is no need for an organization providing an alternative resource to sign a Voluntary Services Certification Form (SOC 450).

NOTE:

Not all agencies are automatically considered an alternative resource. EPSDT and Regional Center are examples of programs that do not reduce the IHSS assessed hours and are viewed as supplemental to the IHSS program.

Determining If Voluntary Services Are Compensable

The key to determining if voluntary services provided to an applicant/recipient are compensable or not is the total need on the SOC 293. If the total need on the SOC 293 is reduced by an alternative resource provided by an individual, that individual must sign a Voluntary Services Certification (SOC 450).

- If the individuals providing the services are *incidentally* members of the same church or a similar group, and the services provided are identified on the SOC 293 as alternative resources, all the individuals must each sign a SOC 450.
- However, if the church or other *group or organization* has agreed to provide these services via various members (like Meals on Wheels), the individuals would not be compensated and would not sign a SOC 450.
- Voluntary services may be provided at no cost to the recipient or at a rate less than the current minimum wage.
- If an IHSS paid provider is providing some IHSS services voluntarily, and the services are considered an alternative resource, a Voluntary Services Certification Form will be signed.

An IHSS paid provider may perform voluntary services above and beyond the service hours they are authorized by IHSS to perform. If the Social Worker is aware of this type of situation, they will evaluate the need to increase service authorization levels, up to the maximum allowable, as appropriate. If the Social Worker's evaluation results in an increased authorization, the provider may then choose to receive payment or provide those services voluntarily. If provided

voluntarily, a Certification form would be signed, and the services would be treated as an alternative resource.

Completion of the Voluntary Services Certification Form

The Social Worker will determine if any individual is providing any voluntary services that could be authorized and paid for by IHSS, to the IHSS applicant/recipient at the time of the in-home assessment.

The Social Worker will:

- Provide the applicant/recipient with a Voluntary Services Certification form (SOC 450), obtain the name and telephone number of the provider and the relationship of the provider to the recipient.
- Provide the recipient with the Social Worker's name and telephone number, to be given to the provider for contact purposes if the provider has any questions.
- Document in the case file that a Certification form was left with the applicant/recipient and document the follow-up attempts to receive the completed Certification form. If the form has not been returned to the Social Worker within 15 days, the Social Worker will follow-up with the recipient and/or the provider.
- If a provider does not submit, or refuses to complete the Certification form, the services may still be reflected as an Alternative Resource, as long as the recipient continues to indicate no desire to have IHSS provide the service and the provider wishes to continue the arrangement. This must be documented in the case file.

If a provider indicates he or she would like to receive payment for compensable services, the Social Worker must immediately discontinue showing the services as voluntary services and alternative resources. The provider will then be enrolled as an IHSS provider.

Regional Centers For The Developmentally Disabled

Services provided by local Regional Centers for the Developmentally Disabled may *not* be considered "alternative resources" when assessing an individual's need for IHSS. Assessments must be conducted as though no services were being provided.

Under the Lanterman Developmental Disabilities Services Act in Welfare & Institutions Code (W&IC) section 4500 et. seq., Regional Centers are prevented from purchasing services for their clients when these services can be provided by an agency which has a legal responsibility to serve members of the general public and receives public funds for providing such services. This is the so-called "generic services rule". The IHSS program provides such "generic services". IHSS and PCSP must be utilized first under this W&IC requirement.

All Regional Center services are excluded from consideration as an alternative resource for IHSS purposes including:

- Respite care
- Interim emergency services provided pending IHSS/PCSP case granting
- Services provided by any agency contracting with Regional Center, such as *Towards Maximum Independence (TMI)*, etc.

Determination of services to be provided by IHSS to Regional Center participants will be based on the IHSS Social Worker’s assessment of the developmentally disabled applicant/recipient, as well as all other IHSS eligibility criteria. The assessment will be conducted as though no services are being provided by the Regional Center. Regional Centers may be apprised by IHSS staff of PCSP/IHSS authorized services *if* consent from the IHSS applicant/recipient or his/her legal representative is obtained. Regional Center Staff are responsible for evaluating duplication of services.

EPSDT Program

The California Department of Social Services has determined that services provided by the Medi-Cal Program “Early and Periodic Screening, Diagnosis and Treatment” (EPSDT) are also excluded from consideration as alternative resources for IHSS purposes.

Determination of services to be provided by IHSS to EPSDT participants will be based on the IHSS Social Worker’s assessment of the disabled applicant/recipient, as well as all other IHSS eligibility criteria. *The assessment will be conducted as though no services are being provided by EPSDT.*

Identifying Outside Agencies/Services

Social Worker Procedures

1. At each initial application and reassessment interview ask the recipient (or authorized representative) if there are other agencies or programs providing services to the client.
2. Document the information on the form SOC 293A under the section “Alternative Resources Used”. As indicated, list the source as well as the services provided.
3. Using the attached chart as a guide, document the information in CMIPS by entering the “CMIPS ID” on the SOC 293, Line P section (4).
4. The information entered must be the *first* information on the county use line unless “18 Month Recertification” information is in place and reflects current status.
5. Any data entry documentation must be entered *after* the information that documents outside services.
6. The Social Worker will verify whether or not the program is considered an alternative resource.
7. It must be noted in the narrative and the 12-42 HHSa if the IHSS hours are, or are not affected by the resource listed.

AGENCY	PROGRAM	MEDS AID CODES	CMIPS ID
AIS	Linkages		Linkages
AIS	MSSP		MSSP
AIS	APS		APS
DDS	Regional Center		RC
VA	Aide and Attendant Care		AAC
WAIVERS			
IHO	In Home Medical Care (IHMC) Waiver	6X/6Y	WIHMC

IHO	Nursing Facility (N/F) A/B Waiver	6X/6Y	WNF
IHO	Nursing Facility (N/F) Subacute Waiver	6X/6Y	WNF
IHO	Early and Periodic Screening, Diagnosis, & Treatment (EPSDT) Private Duty Nursing	6X/6Y	WEPSDT
IHO	EPSDT Pediatric Day Health Care (PDHC)	6X/6Y	WEPSDT
DDS	Institutional Deeming	6V/6W	WID
CDA/DHS	MSSP Waiver	1X/1Y	WMSSP

AIS - Aging and Independence Services

IHO - In Home Operations

DDS - Department of Developmental Services

CDA/DHS - California Department of Aging/Department of Health Services

CMIPS - Case Management Information and Payrolling System

VA - Veterans Affairs

Identification Of Available Alternative Resources

The Social Worker will explore alternatives to In-Home Supportive Services that may be available from other agencies or programs to meet the needs of the recipient.

The IHSS Program will not deliver services that have been made available to the recipient through such alternative resources.

Delivery Of Alternative Resources

The Social Worker will arrange for the delivery of such alternative resources as necessary in lieu of IHSS program-funded services when they are available and result in no cost to the IHSS Program or the recipient except when the recipient has a share of cost obligation which *will be reduced by the amount necessary for the purchase of the alternative resource.*

- In no event will an alternative resource be used at the financial expense of the recipient, except at the recipient’s option.
- The Social Worker will explore with the recipient the willingness of relatives, housemates, friends, or other appropriate persons to provide voluntarily some or all of the services required by the recipient.
- The Social Worker will obtain from the recipient a signed statement authorizing discussion of the case with any persons specified above *before* actually discussing the case.
- The Social Worker will not compel any such volunteer to provide services.
- The Social Worker will obtain the volunteer’s signature on the Voluntary Services Certification form (SOC 450).

Acceptance/Rejection Of Service Providers

- A minor child under 18 years of age, or mentally incompetent recipient may not reject services by his/her parent(s), guardian or conservator.
- A recipient may not be compelled to accept services from any provider, voluntary or paid, except as outlined above. (30-763.6)

Documentation

The Social Worker will document on the needs assessment form (SOC 293) the total need for a specific service, which will then be reduced by any service available from an alternative resource. The remaining need for IHSS is the adjusted need.

- The IHSS worksheet (12-42 HHSA) and the narrative must document that available alternative resources were explored.
- The determination of services that will be purchased by IHSS
- Services will be authorized to meet all of the adjusted need for IHSS up to the appropriate service maximum identified in Section 30-765.
- These services will not be authorized concurrently with the SSI/SSP non-medical out-of-home care living arrangement. (30-763.7)

Utilization of Community Alternative Resources***Home/Health Agencies***

IHSS recipients or applicants who have Medicare coverage may be eligible to skilled nursing, Paramedical, therapeutic and home/health aid services upon release from a hospital or nursing home. The Social Worker is responsible for exploring these resources by contacting the hospital discharge planner to see that a referral has been made to the home health agency.

Aide and Attendant Care

All veterans should be referred to the Veteran's Administration for exploration of this benefit. This benefit is not considered as income in determining basic eligibility. Neither is it counted as an alternative resource in determining total need for IHSS. ([Clift v. McMahon 2/1/91] CDSS ACL 91-31)

Non-Medical Out-of-Home Care (NMOHC)

An SSI/SSP eligible IHSS applicant or recipient who lives in the home of a relative who is providing the applicant/recipient's in home care must be assessed for NMOHC as an alternate resource to IHSS. If the applicant/recipient meets the criteria for NMOHC (see IHSS Policy and Procedure Handbook, Chapter 3) and there is no financial disadvantage to the client in applying for NMOHC instead of IHSS, the Social Worker refers the client to the SSI Field Office to apply for NMOHC. The applicant/recipient is not eligible for IHSS because he/she is eligible to receive NMOHC.

Notice of Action

Whenever an IHSS needs assessment is completed, the recipient will be sent a Notice of Action (NOA). The NOA will include:

- A description of each task for which need is assessed.
- The number of hours authorized for the completion of the task.
- Identification of hours for tasks increased or decreased and the difference from previous hours authorized. (30-763.8)
- Any Notice of Action with an adverse impact upon the IHSS recipient must be mailed a minimum of 12 calendar days prior to the effective date of the adverse action.