

**IN-HOME SUPPORTIVE
SERVICES
SPECIAL NOTICE
ARCHIVES
2006**



IHSS SPECIAL NOTICES 2006

YEAR	NUMBER	SUBJECT (ABBREVIATED)	REMARKS
2006	06-01	CAPI COLA	Expired
	06-02	CMIPS POS – SOC Phase 2 Reports	Issue Date: 04/06/06
	06-03	Protective Supervision Form (SOC 821)	Issue Date: 04/13/06
	06-04	New A&D FPL Limits/Disregards 2006	Expired
	06-05	IHSS Q&A re Eligibility & Assessment	Issue Date: 05/10/06
	06-06	Removal of SOC Indicator “E”	Expired
	06-07	New NOA #350	Issue Date: 06/12/06
	06-08	Assessment of Hospitalized Applicants	Issue Date: 07/06/06
	06-09	Hourly Task Guidelines	Superseded
	03-09Add	Nursing Facility A/B & Sub - Acute Waivers	Issue Date: 11/1/06
	06-10	Documenting Outside Services & Agencies	Issue Date: 11/30/06
	06-11	CAPI COLA - 2007	Expired
	06-12	SSI/SSP COLA	Expired

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 06-12**

December 22, 2006

SUBJECT- JANUARY 2007 SOCIAL SECURITY TITLE XVI (SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT [SSI/SSP] PROGRAM) COST OF LIVING ADJUSTMENTS (COLA)

EFFECTIVE DATE: January 1, 2007

EXPIRATION DATE: When Incorporated into the IHSS Program Guide

REFERENCE: EBB 06029

I. PURPOSE

The purpose of this Special Notice is to inform staff of the increase in Social Security benefit levels effective January 1, 2007.

II. INFORMATION

The 2007 COLA Conversion will take place on Friday, December 15, 2006. CMIPS is scheduled to run a batch process for recipients of Social Security which includes printing of SOC 293s, SOC 311s, and Notices of Action (NOAs) for those cases which will have a change in the amount of the Share-of-Cost.

The batch process will update the following SOC 293 fields:

- Field (I1), SOC Begin Date to 01/01/2007
- Field (J3), Benefit Level to the new values
- Field (K3), Share of Cost recomputed based on the new benefit level
- Cases with an M Line End Date of 12/31/2006 or less will be updated with a one-month segment, with a new M Line Begin Date of 01/01/2007 and End Date of 01/31/2007. Cases with an M Line End Date greater than 01/01/2007 will be updated with a new eligibility segment, with an M Line Begin Date of 01/01/2007 and the End Date that was previously assigned.

IHSS District Offices/Clerical

Each IHSS District Office prints the turnaround documents, which includes SOC 293s, SOC 311s and NOAs.

IV. REVIEW STATEMENT

Due to the immediacy of this notice, the standard review committee was not utilized.

V. FILING STATEMENT

File this Special Notice in the Special Notice section of the IHSS Program Guide.



RICHARD WANNE
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

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**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 06-11**

December 20, 2006

**SUBJECT- JANUARY 2007 COST-OF-LIVING ADJUSTMENTS THAT AFFECT
THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)**

**EFFECTIVE DATE: January 1, 2007 EXPIRATION DATE: When
incorporated into the IHSS Program
Guide**

REFERENCE: All-County Information Notice No. 1-85-06

I. PURPOSE

The purpose of this Special Notice is to inform staff of changes in the payment standards for the Cash Assistance Program for Immigrants (CAPI). The attached Estimated CAPI Payment Standards chart (Attachment A) details the payment standards that will be effective on January 1, 2007 and includes the 2007 SSI/SSP Standards.

II. BACKGROUND

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 immigrant status. The CAPI payment standards are based on SSI/SSP standards, minus \$10.00 for an individual and \$20.00 for a couple. Under the provisions of Senate Bill (SB) 68 the State SSP Cost-of-Living Adjustment (COLA) is suspended for all of 2007. The pass-through of the federal SSI COLA was reinstated effective January 1, 2007 under Assembly Bill 1808 (Chapter 75, Statutes of 2006). Consequently, there will be an increase for most CAPI payment standards in January 2007. The one exception is the Title XIX medical facility standard. This will not increase because there is no federal SSI COLA for this living arrangement. The CAPI Payment Standards that will become effective on January 1, 2007 are the results of the federal COLA for SSI and are reflected on the attached chart.

III. POLICY

The CAPI payment standards, effective January 1, 2007, must be implemented as reflected on the attached Estimated CAPI Payment Standard Chart. All other eligibility requirements for CAPI remain the same.

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATED CAPI PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2007
BASED ON JANUARY 2007 SSI/SSP STANDARDS

ESTIMATES BRANCH
NOVEMBER 2006

	INDEPENDENT LIVING		REDUCED NEEDS		NON-MEDICAL OUT-OF-HOME CARE (NMOHC)			
	RESIDING IN OWN HOUSEHOLD		HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD		HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC		IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD	
	TOTAL CAPI	TOTAL SSI/SSP	TOTAL CAPI	TOTAL SSI/SSP	TOTAL CAPI	TOTAL SSI/SSP	TOTAL CAPI	TOTAL SSI/SSP
INDIVIDUAL:								
AGED OR DISABLED - without cooking facilities (RMA) 1/	846.00	856.00	639.34	649.34	812.34	822.34	1,025.00	1,035.00
BLIND	930.00	940.00	N/A	N/A	N/A	N/A	N/A	N/A
DISABLED MINOR	911.00	921.00	720.34	730.34	812.34	822.34	1,025.00	1,035.00
- living with parent(s)	732.00	742.00	513.34	523.34	812.34	822.34	1,025.00	1,035.00
- living with non-parent relative or non-relative guardian	732.00	742.00	513.34	523.34	812.34	822.34	1,025.00	1,035.00
COUPLE:								
AGED OR DISABLED								
- per couple	1,482.00	1,492.00	1,198.33	1,208.33	1,648.33	1,658.33	2,050.00	2,060.00
- without cooking facilities (RMA) 1/	1,650.00	1,660.00	N/A	N/A	N/A	N/A	N/A	N/A
BLIND								
- per couple	1,709.00	1,719.00	1,425.33	1,435.33	1,648.33	1,658.33	2,050.00	2,060.00
BLIND/AGED OR DISABLED								
- per couple	1,624.00	1,634.00	1,339.33	1,349.33	1,648.33	1,658.33	2,050.00	2,060.00

TITLE XIX MEDICAL FACILITY

Total CAPI	Individual	Couple
.....	\$40	\$80
SSI/SSP	50	100
.....		

1/ RMA - Restaurant Meals Allowance - \$84 Individual; \$168 Couple

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 06-10**

November 30, 2006

SUBJECT: DOCUMENTING OUTSIDE SERVICES AND AGENCIES IN CMIPS

EFFECTIVE DATE: Immediately

EXPIRATION DATE: When incorporated in the IHSS Policy and Procedures Handbook

REFERENCE: MPP 30-763 .6, IHSS Program Guide Chapter 3, page 42-45 Service Authorization

I. PURPOSE

The purpose of this Special Notice is to provide staff with standardized procedures to identify and document in CMIPS AIS Case Management Programs, Waiver Programs, Regional Center Services, and other outside agencies and services active with IHSS recipients.

II. BACKGROUND

SOC 293 Line P (4) COUNTY USE has been used to identify MSSP, Linkages, Companion Cases, etc. Use of the following procedures will allow for consistent tracking of these programs within the IHSS caseloads.

III. POLICY

California Department of Social Services Manual Section 30-763.61 states: "Social Services Staff shall explore alternative in-home services which may be available from other agencies or programs to meet the needs of the recipient as assessed in accordance with Section 30-761.26".

IV. DEFINITIONS

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

V. SOCIAL WORKER PROCEDURES

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 06-09**

September 18, 2006

SUBJECT: Hourly Task Guidelines

EFFECTIVE DATE: September 1, 2006

EXPIRATION DATE: When incorporated in the IHSS Program Guide Chapter 3

REFERENCE: ALL -COUNTY LETTER NO. 06-34 and 06-34 Errata, Welfare and Institutions Code (Wic) Section 12301.2

I. PURPOSE

The purpose of this Special Notice is to distribute new Hourly Task Guidelines (HTG's) required by Welfare and Institutions Code (WIC) Section 12301.2 for In-Home Supportive Services (IHSS). The attached regulations are effective September 1, 2006 and are to be implemented from September 1, 2006 for all assessments and reassessments.

II. BACKGROUND

In order to improve the quality of IHSS/PCSP assessments, enhance program integrity, detect and prevent program fraud and abuse, WIC Section 12301.2 required the California Department of Social Services (CDSS) to develop Hourly Task Guidelines (HTG's). These guidelines (with the exception criteria) are to provide a standard guide for staff to accurately and consistently assess service needs, allowing for a more equitable authorization of services statewide.

III. SUMMARY

- Time guidelines already in place for four service categories (Domestic, Laundry, Shopping, and Other Errands) will remain the same.
- The new HTG's establish a normal range of time for specific tasks.
- The HTG's also establish a guide for granting time inside and outside the time guidelines to meet the individual needs of IHSS recipients.
- Included are factors to consider when assigning time and examples of common reasons for exceptions to the new time ranges.
- The Manual of Policies and Procedures (MPP) Section 30-757 has been amended to implement the use of the State's new time guidelines when conducting an individual assessment or reassessment.
- MPP Section 30-758 which addressed existing time guidelines has been deleted.

IV. POLICY

General (MPP Section 30-757.1): This section introduces time guidelines for service categories which should apply, if there is no reason for an exception (based on the guidelines). The time guidelines can only be applied based on the recipient's *individual level of need* and to the extent

- Factors to Be Considered: Each service category identifies some circumstances for consideration of time. These are examples and are not intended to limit the factors considered to the examples.
- Identification of Exceptions (MPP 30-757.1): Exceptions are circumstances where needs *would not* typically fit within the time guidelines.
 - Exceptions only apply to time allowed, not to adding any new tasks under the service.
 - Exceptions apply when the recipient's total (not prorated) needs for a service were determined to require some time, but not the time within the time guideline.
 - (Note: Rank 2 [verbal reminding or encouragement without hands-on help] does not require authorized time in most cases. You would only document an exception if some time was required, and it is outside the time guideline.)
 - Each service identifies examples of common circumstances where more or less time may be necessary. These examples are not an exhaustive list. Exceptions are a natural part of the time guidelines necessary to ensure the health and safety of individuals with needs outside the time guidelines. It should be a seamless process to the recipient.
- Documentation: The basis of need for all services must be documented. That documentation must include the basis of an exception when appropriate to meet the recipient's needs. The documentation can be as simple as a few words explaining the need and, when appropriate, the reason for an exception.
- Time Ranges by Functional Index Rank: Time ranges reflect a normal range of time linked to the individual's functional level of impairment limiting their ability to perform the task (H Line Functional Index Ranking 2 through 5). Menstrual Care, Rubbing Skin, and Repositioning are exceptions. Functional ranking is not applicable to those tasks.

V. PROCEDURES

Assessments

The Hourly Task Guidelines do not replace the individualized assessment process. It is important that staff continue to conduct assessments that ensure the health and safety of each recipient allowing them to remain safely in their own home instead of being institutionalized. Staff will continue to assess needs based in part on each individual's functional level of impairment (as specified in MPP Section 30-756) prior to assigning any time based on the new State HTG's and exceptions.

Utilization of New HTG's Process Flow Chart (Attachment A)

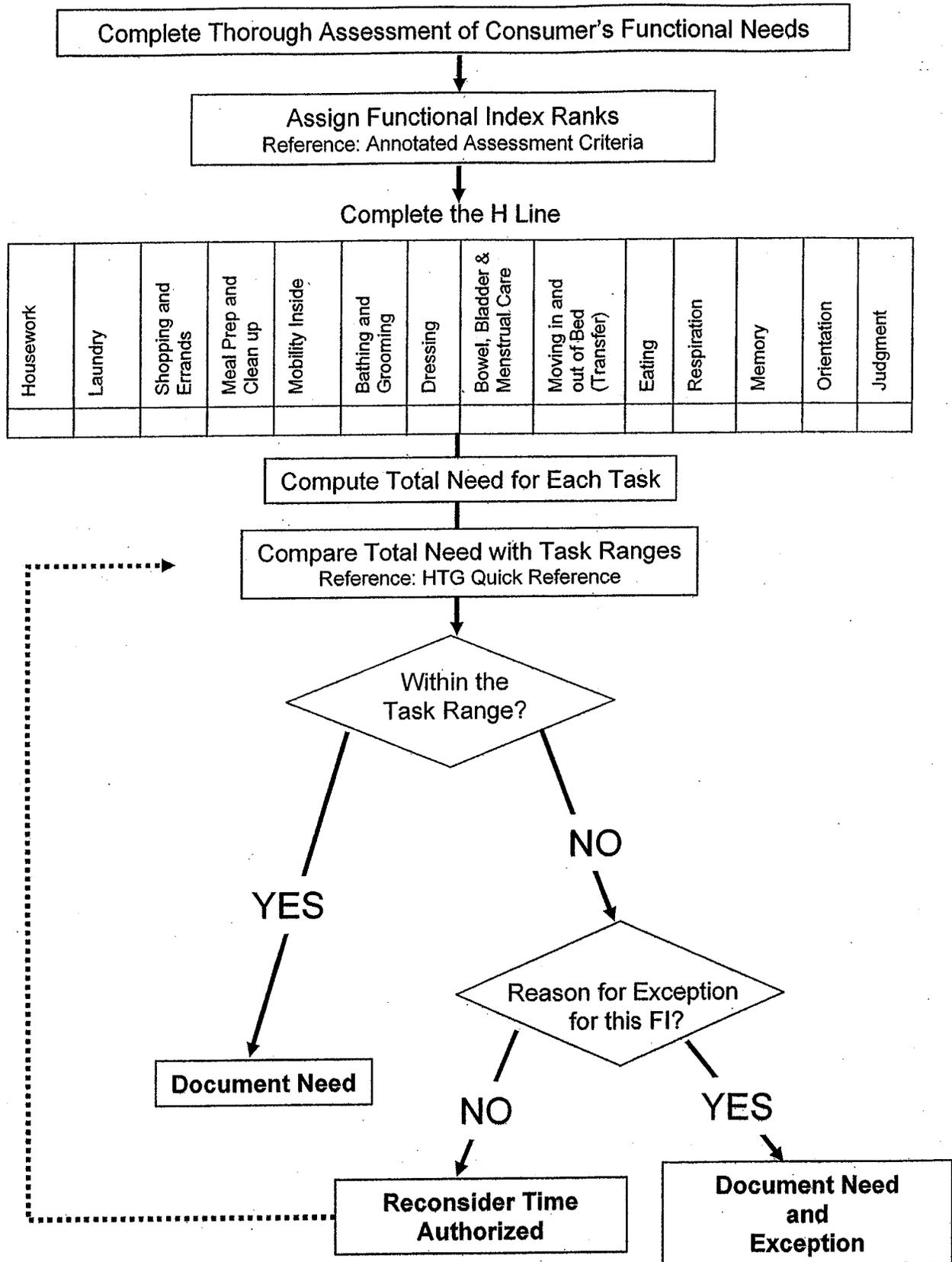
To illustrate the HTG's process, CDSS has attached a flow chart "Utilization of New HTG's Process" to be used by staff.

Changes to the Annotated Assessment Criteria (Attachment B)

The Annotated Assessment Criteria provides supplemental information in assessing needs based on the specifications in MPP Section 30-756. The Annotated Assessment Criteria has been updated for consistency with the above regulations and replaces the previous version.

ATTACHMENT A

Utilization of New HTGs – Process



ATTACHMENT B

observed by noting how the recipient admitted you into the housing unit and shaking his/her hand when arriving; asking the recipient to show you the housing unit; asking the recipient to show you all his/her medications; asking him/her to get his/her Medi-Cal card for you; and asking him/her to sign the application. If the above-listed functions have not been adequately demonstrated in the course of the interview, it is sometimes helpful to ask the recipient for a glass of water. Since the ranking of functioning is hierarchical, observations and questions in a lower rank are likely to apply to a higher one. Observations lead to a general assumption as to the appropriate level of functioning, and follow-up questions elicit information as to what assistance is necessary for the level of functioning observed. This listing is not all-inclusive, nor does the presence of one behavior on the list necessarily create the basis for the ranking. All your senses are involved in gaining cues to determine the recipient's functioning as a whole. Quite often, it is important to get a medical report to verify that there is a basis for observed behaviors.

General

The following are general regulatory standards that apply to all functions. The standards for each function are defined in more detail in individual scales that follow.

Rank 1: Independent: Able to perform function without human assistance although the recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his/her safety. A recipient who ranks a "1" in any function shall not be authorized the correlated service activity.

Rank 2: Able to perform a function but needs verbal assistance such as reminding, guidance, or encouragement.

Rank 3: Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.

Rank 4: Can perform a function but only with substantial human assistance.

Rank 5: Cannot perform the function with or without human assistance.

Rank 6: Paramedical Services needed.

Variable Functioning

If the recipient's functioning varies throughout the month, the functional rank should reflect the functioning on reoccurring bad days. It is not solely based on a "worst" day scenario (e.g., a recipient who suffers from arthritis will have days when pain is significant and days when pain is mild; therefore, in this case you would rank a recipient based on the reoccurring days where the frequency of pain is significant).

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- * **Questions:** Have you been doing the housework yourself? What have you been doing about getting your housework done up until now?

Rank 4: Although able to perform a few chores (e.g., dust furniture or wipe counters) help from another person is needed for most chores.

- * **Observations:** Observe if the recipient has limited strength and impaired range of motion. Observe if the house needs heavy cleaning.
- * **Example:** Recipient walking with a cane is breathing heavily in cluttered living room. The bathtub and toilet are in need of cleansing. The recipient's activities are limited because of shortness of breath and dizziness.
- * **Questions:** What household tasks are you able to perform? Has your doctor limited your activities?

Rank 5: Totally dependent upon others for all domestic chores.

- * **Observations:** Observe if dust/debris is apparent; if there is garbage can odor; if the bathroom needs scouring; if household chores have obviously been unattended for some time. Observe if the recipient has obviously very limited mobility or mental capacity.
- * **Examples:** Bed-bound recipient is able to respond to questions and has no movement in arms or legs. Frail elderly man is recovering from heart surgery and forbidden by doctor to perform any household chores.
- * **Questions:** Are there any household tasks you are able to perform? What is limiting your activities? Who has been helping you to this point?

Laundry

Gaining access to machines, sorting laundry, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry, folding and sorting laundry, mending and ironing. (Note: Ranks 2 and 3 are not applicable to determining functionality for this task.)

The following is the application of functional rank specific to Laundry with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to perform all chores.

- * **Observations:** Observe if the recipient's movement seems unimpaired; if s/he seems able to ambulate, grasp, bend, lift, and stand adequately; if s/he is wearing clean clothes.
- * **Example:** Recipient is apparently physically fit. The recipient's movements during interview indicate that s/he has no difficulty with reaching, bending, or lifting.
- * **Questions:** Are you able to wash and dry your own clothes? Are you also able to fold and put them away?

Rank 4: Requires assistance with most tasks. May be able to do some laundry tasks (e.g., hand wash underwear, fold and/or store clothing by self or under supervision).

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- * **Questions:** Do you have difficulty shopping? What are the heaviest items you are able to lift? Do you usually buy the items you planned to purchase? Do you have any difficulty remembering what you wanted to purchase or making decisions on what to buy? (Ask recipient's significant other whether the recipient has difficulty making decision on what to buy or if recipient's mental functioning seems impaired.)

Rank 5: Unable to perform any tasks for self.

- * **Observations:** Observe if movement or mental functioning is severely limited.
- * **Example:** Neighbors help when they can. Teenaged boy comes to recipient's door and receives money and list from recipient to purchase a few groceries.
- * **Questions:** Has someone been shopping for you? How do you get your medications?

Meal Preparation/Meal Cleanup

Meal Preparation includes such tasks as planning menus; removing food from refrigerator or pantry; washing/drying hands before and after meal preparation; washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-size pieces.

Meal Cleanup includes loading and unloading dishwasher; washing, rinsing, and drying dishes, pots, pans, utensils, and culinary appliances and putting them away; storing/putting away leftover foods/liquids; wiping up tables, counters, stoves/ovens, and sinks; and washing/drying hands.

Note: Meal Cleanup does not include general cleaning of the refrigerator, stove/oven, or counters and sinks. These services are assessed under "domestic services."

The following is the application of functional rank specific to Meal Preparation/Meal Cleanup with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Can plan, prepare, serve, and cleanup meals.

- * **Observations:** Observe if the recipient's movement seems unimpaired.
- * **Example:** Recipient cooks and freezes leftovers for reheating.
- * **Questions:** Are you able to cook your own meals and cleanup afterwards? Are you on a special diet? If yes, describe.

Rank 2: Needs only reminding or guidance in menu planning, meal preparation, and/or cleanup.

- * **Observations:** Recipient seems forgetful. There is rotten food, no food in refrigerator, or a stockpile of Twinkies®, only. Recipient's clothes are too large, indicating probable weight loss. There are no signs of cooking.

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Ambulation

Assisting the recipient with walking or moving from place to place inside the home, including to and from the bathroom; climbing or descending stairs; moving and retrieving assistive devices, such as a cane, walker, or wheelchair, etc.; and washing/drying hands before and after performing these tasks. Ambulation also includes assistance to/from the front door to the car **(including getting in and out of the car)** for medical accompaniment and/or alternative resource travel.

The following is the application of functional rank specific to Ambulation with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Requires no physical assistance though recipient may experience some difficulty or discomfort. Completion of the task poses no risk to his/her safety.

- * **Observations:** Observe if the recipient is steady on feet, able to maneuver around furniture, etc. Observe if the recipient needs to grab furniture or walls for support. Have the recipient show you the home and observe ambulation.
- * **Questions:** Do you ever have any difficulty moving around? Have you ever had to use a cane or walker? Do you feel safe walking alone in your home?

Rank 2: Can move independently with only reminding or encouragement (e.g., needs reminding to lock a brace, unlock a wheelchair or to use a cane or walker).

- * **Observations:** Observe if the recipient can use his/her walker or cane of his/her own volition; if recipient can rely appropriately on an appliance; if there is an assistive device visible in a corner rather than right beside the recipient when s/he is sitting; how well the recipient is able to move about with an assistive device; if there are any modifications observable in the home such as grab bars, etc.
- * **Questions:** Do you ever have trouble handling your device? Are there times when you forget and get somewhere and need help getting back or do not wish to use your device? What happens then? Have you experienced any falls lately? Describe.

Rank 3: Requires physical assistance from another person for specific maneuvers (e.g., pushing wheelchair around sharp corner, negotiating stairs or moving on certain surfaces).

- * **Observations:** Observe if the recipient needs to ask you for assistance; if the recipient appears to be struggling with a maneuver that could put her/him at risk if unattended; if recipient appears strong enough to handle the device; if there are architectural barriers in the home.
- * **Questions:** Are there times when you need to rely on someone else to help you get around the house? What kind of help do you need and when? What happens when there is no one to help you? Are there certain times of day or night when movement is more difficult for you? Are all areas of your home accessible to you?

ATTACHMENT B

Rank 2: Able to bathe, brush teeth, and groom self with direction or intermittent monitoring. May need reminding to maintain personal hygiene.

- * **Observations:** Observe if the recipient has body odors, unwashed hair, dirt or grime on body, un-manicured fingernails; if the recipient is unshaven, displays a lack of oral hygiene or general poor grooming habits; if the recipient is unaware of his/her appearance.
- * **Questions:** Are there times when you forget to bathe, brush your teeth, and groom yourself, or it seems just too much bother? Does anyone help you organize your bath or shower?

Rank 3: Generally able to bathe and groom self, but needs assistance with some areas of body care (e.g., getting in and out of shower or tub, shampooing hair, or brushing teeth).

- * **Observations:** Observe if the recipient has weakness or pain in limbs or joints; difficulty raising arms over head, frailty, general weakness, unsteady gait indicating a safety risk; if the bathroom is not set up to meet the recipient's safety needs (e.g., grab bars, tub bench); if recipient's grooming indicates an unaddressed need.
- * **Example:** Recipient has fear associated with lack of movement.
- * **Questions:** Are there areas of bathing, oral hygiene, or grooming that you feel you need help with? What? When? How do you get into the shower or tub? Do you ever feel unsafe in the bathroom? Have you ever had an accident when bathing? What would you do if you did fall?

Rank 4: Requires direct assistance with most aspects of bathing, oral hygiene, and grooming. Would be at risk if left alone.

- * **Observations:** Observe if the recipient requires assistance with transfer; has poor range of motion, weakness, poor balance, fatigue; skin problems (e.g., indications of a safety risk). Determine how accessible and modified the bathroom is to meet the recipient's needs.
- * **Questions:** How much help do you need in taking a bath and washing your hair? If there were no one to help you, what would be left undone? Do you experience any loss of sensation to your body? Do you have any fears related to bathing? Have you fallen when getting into or out of the tub or shower? What would you do if you did fall?

Rank 5: Totally dependent on others for bathing, oral hygiene, and grooming.

- * **Observations:** Observe if there is any voluntary movement and where; if the recipient exhibits good skin color, healthy, clean skin and hair; if bathing schedules/activities are appropriate for the recipient's specific disability/limitations.
- * **Questions:** Are you satisfied with your bathing, oral hygiene, and grooming routines? Does anything frighten or scare you when you are bathed?

Dressing/Care and Assistance with Prosthetic Devices

Dressing: Washing/drying of hands; putting on/taking off, fastening/unfastening,

ATTACHMENT B

self. Without assistance the recipient would be inappropriately or inadequately clothed.

- * **Observations:** Observe the recipient's range of motion and other movements impaired. Observe if the recipient has a hard time hearing; is dressed in bed clothes, robe and slippers rather than street clothes; if the recipient appears too cold or too warm for the room temperature; if the recipient seems willing to try to adapt to alternate methods of dressing; if medication bottles are full.
- * **Questions:** Do you feel unable to get out, or have people visit because you are unable to get adequately dressed? Do you ever feel too hot or too cold because you cannot put on or take off the necessary clothing to make you feel more comfortable? Has your health ever been affected because you have not been able to administer medication or dress appropriately for the weather or temperature?

Rank 5: Unable to dress self at all, requires complete assistance from another.

- * **Observations:** Observe if the recipient is capable of voluntary movement? If the recipient's clothing appears comfortable and clean; if the recipient appears satisfied with the degree of dress. Determine if the recipient would prefer a dress and shoes rather than a robe and slippers all of the time; if the recipient can support self without a body support/device.
- * **Questions:** How do you change your clothing? Do you ever feel too warmly or too coolly dressed? Is your clothing comfortable and clean enough? Do you get changed as often as you feel necessary?

Bowel, Bladder, and Menstrual Care

Bowel and Bladder Care: Assisting with using, emptying, and cleaning bedpans/bedside commodes, urinals, ostomy, enema, and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable barrier pads; putting on/taking off disposable gloves; wiping and cleaning recipient; assisting with getting on/off commode or toilet; and washing/drying hands.

Note: This does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program, or colostomy irrigation. These tasks are assessed as "paramedical services."

Menstrual Care: Menstrual care is limited to the external application of sanitary napkins and external cleaning and positioning for sanitary napkin changes, using and/or disposing of barrier pads, managing clothing, wiping and cleaning, and washing/drying hands.

Note: In assessing "menstrual care," it may be necessary to assess additional time in other service categories such as "laundry," "dressing," "domestic," "bathing, oral hygiene, and grooming." Also, if a recipient wears diapers, time for menstrual care should not be necessary. This would be assessed as part of "bowel and bladder care."

The following is the application of functional rank specific to Bowel, Bladder, and Menstrual Care with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to manage Bowel, Bladder, and Menstrual Care with no assistance from another person.

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- * **Questions:** Who helps you? What is your daily routine? Do you also need assistance with activities we classify as "paramedical services"?

Transfer, Repositioning/Rubbing Skin

Transfer: Assisting from standing, sitting, or prone position to another position and/or from one piece of equipment or furniture to another. This includes transfer from a bed, chair, coach, wheelchair, walker, or other assistive device generally occurring within the same room.

Note: Transfer does not include:

- Assistance on/off toilet. This task is assessed as part of "bowel and bladder care."
- Changing position to prevent breakdown and promote circulation. This task is assessed as "repositioning/rubbing skin."

Repositioning/Rubbing Skin: Rubbing skin to promote circulation and/or prevent skin breakdown; turning in bed and other types of repositioning; and range of motion exercises which meet the criteria of MPP 30-757.14(g)(1)(2)(A).

Note: Repositioning and Rubbing Skin does not include:

- Care of pressure sores (skin and wound care). This task is assessed as part of "paramedical services."
- Ultraviolet treatment (set up and monitor equipment) for pressure sores and/or application of medicated creams to the skin is assessed as part of "care and assistance with prosthetic devices."

The following is the application of functional rank specific to Transfer, Repositioning/Rubbing Skin with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to do all transfers safely without assistance from another person though recipient may experience some difficulty or discomfort. Completion of task poses no risk to his/her safety.

- * **Observations:** Observe if the recipient's movement is unimpaired; if s/he is able to get out of a chair unassisted when s/he shows you the house; if s/he shifts weight while sitting.
- * **Questions:** Do you ever need a boost to get out of bed or out of the chair? When? How often? Do you ever have difficulty moving around?

Rank 2: Able to transfer and reposition, but needs encouragement or direction.

- * **Observations:** Observe if the recipient seems confused and has trouble getting out of a chair (probably more problematic in getting out of bed). Determine if the recipient is bed bound on bad days; if without prompting, s/he lies in bed without turning over or otherwise moving but will turn over if reminded every two or three hours during the day.
- * **Questions:** Does anyone help you get out of bed in the morning? How does s/he help you?

Rank 3: Requires some help from another person (e.g., routinely requires a boost or assistance with positioning).

ATTACHMENT B

Rank 1: Independent: Able to feed self.

- * **Observations:** Observe if there is no impairment in grasp indicated when the recipient signs the application or handles medicine bottles; if there is a cup or glass next to the recipient's chair. Observe how the recipient takes a drink.
- * **Questions:** Do you need any help eating? (Since deterioration usually occurs in a hierarchical manner and feeding oneself is the last function to lose, questions may not be necessary if the recipient is able to dress self and scores 1, 2, or 3 in "bowel and bladder care" except in cases where the recipient seems mentally impaired.)

Rank 2: Able to feed self, but needs verbal assistance such as reminding or encouragement to eat.

- * **Observations:** Observe if the recipient appears depressed, despondent, or disoriented; if the recipient's clothes seem large for the recipient, indicating possible recent weight loss; if there is rotten food, no food in refrigerator, or a stockpile of Twinkies®, only; if there are not any signs of cooking.
- * **Questions:** What have you eaten today? How many meals do you eat each day? Do you have trouble with a poor appetite? What is the difficulty? Are there times you forget to eat? Does it sometimes seem like it takes too much effort to eat? Do you have trouble deciding what to eat?

Rank 3: Assistance needed during the meal (e.g., to apply assistive device, fetch beverage or push more food within reach, etc.) but constant presence of another person is not required.

- * **Observations:** Observe if manual dexterity is impaired, particularly of dominant hand; if there are straws or cups with spill-proof lids; if the recipient has difficulty shaking hands; if s/he has severely limited eyesight.
- * **Questions:** Do you need help in feeding yourself? Do you need to use special utensils to feed yourself? Do you feel that you get enough to eat? Do you have difficulty reaching food on your plate or reaching your glass?

Rank 4: Able to feed self some foods, but cannot hold utensils, cups, glasses, etc., and requires constant presence of another person.

- * **Observations:** Food stains on clothing; shakiness of hands; deformity of hands with limitation in ability to grasp or hold trays, towels, bibs.
- * **Questions:** Does someone help you eat? How? How often? Do you eat with the rest of the family? Can you feed yourself finger foods? Are you able to use a fork or spoon? Do you have difficulty chewing or swallowing? If so, how do you deal with the problem?

Rank 5: Unable to feed self at all and is totally dependent upon assistance from another person.

- * **Observations:** Observe if the recipient has no use of upper extremities; if there are trays, towels, bibs, etc., near the recipient.
- * **Questions:** What is your daily routine for eating meals?

ATTACHMENT B

MENTAL FUNCTIONING

Memory

Recalling learned behaviors and information from distant and recent past.

The following is the application of functional rank specific to Memory with suggestions that may help inform the determination as to rank:

Rank 1: No problem: Memory is clear. Recipient is able to give you accurate information about his/her medical history; is able to talk appropriately about comments made earlier in the conversation; has good recall of past events. The recipient is able to give you detailed information in response to your questions.

* **Observations:** Observe if recipient's responses to your questions indicate that s/he has good recall; knows his/her doctors' names; knows his/her own telephone number or the number of a close friend; is clear about sources of income and assets; knows who close relatives are and where they live. Observe if the recipient is mentally capable of following through on activities of daily living; if s/he has good social skills; if recipient's thought process seems clear and s/he is able to keep track during a conversation.

* **Example:** An elderly women living alone in her home responds quickly and confidently to your questions to establish her eligibility for IHSS and determine her need for services. The recipient is reasonably organized. His/her medications are in place. There are stamped bills in the mailbox. The trash appears to be picked up regularly. There is a grocery list ready for the IHSS provider.

* **Questions:** Who is your doctor? What medicine do you take regularly? What is your address and telephone number? When were you born? Where were you born? What is the date today? How long have you lived in this house? Where did you live before you lived here? What serious illnesses or surgeries have you had? How long ago was each illness or surgery?

Rank 2: Memory loss is moderate or intermittent: Recipient shows evidence of some memory impairment, but not to the extent where s/he is at risk. Recipient needs occasional reminding to do routine tasks or help recalling past events.

* **Observations:** Observe if the recipient appears forgetful and has some difficulty remembering names, dates, addresses, and telephone numbers; if the recipient's attention span and concentration are faulty; if the recipient fidgets, frowns, etc., possibly indicating a struggle to recall; if the recipient repeats statements and asks repetitive questions; if recipient occasionally forgets to take medication or cannot recall when s/he last took medication and if the problem is corrected with the use of a Medi-Set (pill distribution box) set up by someone else. Observe if the recipient may become bewildered or appears overwhelmed when asked about details; if the recipient's recall process aggravates mental confusion or causes intermittent memory loss; if the recipient becomes moderately confused when daily routine is altered.

* **Example:** Elderly man has to be prompted occasionally by his wife when he tries to respond to your questions. He apologizes for or tries to conceal memory lapses.

ATTACHMENT B

recipient is obviously in touch with reality; is aware of time and place; readily responds to questions about his/her living arrangement, family, etc.; is fully aware of the reason for your visit. Determine if the recipient is physically able to leave home unassisted and if the recipient can find his/her way back without getting lost and can get around using public transportation.

- * **Example:** Recipient is ready and waiting for your visit. S/he initiates social amenities such as offering coffee, a chair to sit on, etc. The recipient introduces family members and/or is able to identify family pictures when asked and has the documents ready that you asked him/her to locate.
- * **Questions:** Do you have relatives living close by? Why are you asking for help at this time? How have you managed to care for yourself until now? Do you have someone who helps around the home?

Rank 2: Occasional disorientation and confusion is apparent but recipient does not put self at risk: Recipient has general awareness of time of day; is able to provide limited information about family, friends, age, daily routine, etc.

- * **Observations:** Observe if the recipient appears disheveled and the surroundings are chaotic. Observe if objects are misplaced or located in inappropriate places; if there is moldy food in and out of kitchen; if the recipient does not notice that the home is over heated or under heated until you mention it; if the recipient appears to be less confused in familiar surroundings and with a few close friends; if the recipient is able to maintain only marginal or intermittent levels of social interaction; if the recipient is able to provide some information but is occasionally confused and vague; if the recipient is not always aware of time, surroundings and people; if the recipient is able to respond when redirected or reminded.
- * **Example:** Twice in the past year the recipient has called her daughter at 2:00 a.m. and was not aware that it was the middle of the night. When told what time it was, the recipient apologized and went back to bed. When you enter the recipient's apartment, the elderly woman asks, "Why are you here today? You said you'd be here Tuesday." You respond, "This is Tuesday." The recipient seems unprepared for your visit and has difficulty settling down for the interview. She participates with some difficulty. She is not comfortable outside of her immediate environment and rarely ventures out. Her mail is left unopened occasionally, and her clothing and some perishable food items are not properly stored.
- * **Questions:** What day is today? How many rooms do you have in your home? Where is the closest grocery store? Do you know who I am and why I am here? Do you go out alone? Do you ever get lost when you go out of the house alone? Do you know the name of the bus you take when you go to the store and where the bus stop is to go home? What month, year, season, holiday, etc.?

Rank 5: Severe disorientation which puts recipient at risk: Recipient wanders off; lacks awareness or concern for safety or well being; is unable to identify significant others or relate safely to environment or situation; has no sense of time of day.

- * **Observations:** Observe if the recipient shuffles aimlessly throughout house; if s/he

ATTACHMENT B

Rank 2: Judgment mildly impaired: Shows lack of ability to plan for self; has difficulty deciding between alternatives, but is amenable to advice; social judgment is poor.

- * **Observations:** Observe if the home is in disrepair (leaking faucets, broken appliances, inadequate lighting, etc.); if debris has been allowed to accumulate in walk-way areas; if food in the home is of poor nutritional value; if the recipient is unable to recognize that there are alternatives or unable to select between them and is unable to plan or foresee consequences of decisions. Observe if the recipient is not capable of making decisions without advice from another, is able to understand options when explained, makes correct choices; knows enough to turn stove and heat on and off.
- * **Example:** Recipient wastes money on useless items while allowing needed repairs to go unattended. The recipient "makes do" with the condition of home even if it is inconvenient for the recipient. The recipient appears to be a "collector," has difficulty throwing anything out even though access through home is limited. The recipient can't decide which provider s/he wants. The grocery list to provider contains mostly junk food. The recipient stopped homebound meals when s/he decided they weren't tasty rather than add salt. S/he refuses to use walker or cane.
- * **Questions:** Who would you call in case of emergency? If someone you did not know came to your door at night, what would you do? What are you able to do for yourself? Do you need anyone to help you? Who would you depend on to assist you if you needed a household repair done such as if your heater did not work?

Rank 5: Judgment severely impaired: Recipient fails to make decisions or makes decisions without regard to safety or well-being.

- * **Observations:** Observe if safety hazards are evident: clothing has burn holes; faulty wiring, leaking gas, burned cookware, etc. Observe if utilities may be shut off; food supply is inadequate or inedible. If the recipient is a pet owner, observe if there are animal feces in home. Observe if the recipient is obviously unaware of dangerous situations, not self-directing, mentally unable to engage in activities of daily living; goes outside with no clothing on; if neighbors saw smoke from apartment several times; if they entered and extinguished fires on stove; if someone from the community calls to report that the recipient is defecating or urinating on the front yard. Observe if the recipient cannot decide to eat, dress, or take medications; if the recipient seems preoccupied, confused, or frightened; if the recipient is unaware or too frail or feeble to make decisions to maintain self safely at home; if s/he takes a shower with clothes on; drinks spoiled milk, etc.
- * **Example:** Recipient has open access to home to anyone who approaches. The recipient seems unaffected by stench or odors due to garbage, feces, urine, etc; exhibits no concern over obvious safety hazards (e.g., debris piled on stove, papers scattered near heater, etc.); lets injuries such as burns go unattended. In the past year, the recipient has recurrently started dinner and fell asleep and awoke to a smoke-filled kitchen.
- * **Questions:** What would you do if you saw something on fire in your house? If you needed to get to the doctor what would you do? Ask Housemate: What happens when ___ is left alone? Can s/he recognize situations that would lead to danger? Is s/he capable of making rational decisions?

HTG QUICK REFERENCE TASK TOOL (ATTACHMENT C)

MPP 30-757.1(a):

- When assessing time for services (both within and outside the time guidelines), the time authorized shall be based on the recipient's individual level of need necessary to ensure his/her health, safety, and independence based on the scope of tasks identified for service.
- In determining the amount of time per task, the recipient's ability to perform the tasks based on his/her functional index ranking shall be a contributing factor, but not the sole factor. Other factors could include the recipient's living environment, and/or the recipient's fluctuation in needs due to daily variances in the recipient's functional capacity (e.g., "good days" and "bad days").
- In determining the amount of time per task, universal precautions should be considered. Universal precautions are protective practices necessary to ensure safety and prevent the spread of infectious diseases. Universal precautions should be followed by anyone providing a service, which may include contact with blood or body fluids such as saliva, mucus, vaginal secretions, semen, or other internal body fluids such as urine or feces. Universal precautions include the use of protective barriers such as gloves or facemask depending on the type and amount of exposure expected, and always washing hands before and after performing tasks. More information regarding universal precautions can be obtained by contacting the National Center for Disease Control.

Task Definition	Grid	Factors/Exception Examples															
<p>Meal Preparation (MPP 30-757.131) Preparation of meals which includes planning menus; removing food from refrigerator or pantry; washing/drying hands before and after meal preparation; washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-size pieces.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td>3.02</td> <td>7.00</td> </tr> <tr> <td>Rank 3</td> <td>3.50</td> <td>7.00</td> </tr> <tr> <td>Rank 4</td> <td>5.25</td> <td>7.00</td> </tr> <tr> <td>Rank 5</td> <td>7.00</td> <td>7.00</td> </tr> </tbody> </table>		Low	High	Rank 2	3.02	7.00	Rank 3	3.50	7.00	Rank 4	5.25	7.00	Rank 5	7.00	7.00	<p style="text-align: center;">Factors For Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ The extent to which the recipient can assist or perform tasks safely. ▪ Types of food the recipient usually eats for breakfast, lunch, dinner, and snacks and the amount of time needed to prepare the food (e.g., more cooked meals versus meals that do not require cooking). ▪ Whether the recipient is able to reheat meals prepared in advance and the types of food the recipient eats on days the provider does not work. ▪ The frequency the recipient eats. ▪ Time for universal precautions, as appropriate. <p style="text-align: center;">Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ If the recipient must have meals pureed or cut into bite-sized pieces. ▪ If the recipient has special dietary requirements that require longer preparation times or preparation of more frequent meals. ▪ If the recipient eats meals that require less preparation time (e.g., toast and coffee for breakfast).
	Low	High															
Rank 2	3.02	7.00															
Rank 3	3.50	7.00															
Rank 4	5.25	7.00															
Rank 5	7.00	7.00															
<p>Meal Cleanup (MPP 30-757.132) Loading and unloading dishwasher; washing, rinsing, and drying dishes, pots, pans, utensils, and culinary appliances and putting them away; storing/putting away leftover foods/liquids; wiping up tables, counters, stoves/ovens, and sinks; and washing/drying hands.</p> <p>Note: This does <u>not</u> include general cleaning of the refrigerator, stove/oven, or counters and sinks, as these IHSS services are assessed as "domestic services" (MPP 30-757.11).</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td>1.17</td> <td>3.50</td> </tr> <tr> <td>Rank 3</td> <td>1.75</td> <td>3.50</td> </tr> <tr> <td>Rank 4</td> <td>1.75</td> <td>3.50</td> </tr> <tr> <td>Rank 5</td> <td>2.33</td> <td>3.50</td> </tr> </tbody> </table>		Low	High	Rank 2	1.17	3.50	Rank 3	1.75	3.50	Rank 4	1.75	3.50	Rank 5	2.33	3.50	<p style="text-align: center;">Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ The extent to which the recipient can assist or perform tasks safely. <ul style="list-style-type: none"> ○ EX: A recipient with a Rank 3 in "meal cleanup" who has been determined able to wash breakfast/lunch dishes and utensils and only needs the provider to clean up after dinner would require time based on the provider performing cleanup for the dinner meal only. ○ EX: A recipient who has less control of utensils and/or spills food frequently may require more time for cleanup. ▪ The types of meals requiring the cleanup. <ul style="list-style-type: none"> ○ EX: A recipient who chooses to eat eggs and bacon for breakfast would require more time for cleanup than a recipient who chooses to eat toast and coffee. ▪ If the recipient can rinse the dishes and leave them in the sink until provider can wash them. ▪ The frequency that meal cleanup is necessary. ▪ If there is a dishwasher appliance available. ▪ Time for universal precautions, as appropriate. <p style="text-align: center;">Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ If the recipient must eat frequent meals which require additional time for cleanup. ▪ If the recipient eats light meals that require less time for cleanup.
	Low	High															
Rank 2	1.17	3.50															
Rank 3	1.75	3.50															
Rank 4	1.75	3.50															
Rank 5	2.33	3.50															

HTG QUICK REFERENCE TASK TOOL (ATTACHMENT C)

Task Definition	Grid	Factors/Exception Examples															
<p>Bowel and Bladder Care (MPP 30-757.14(a)) Assistance with using, emptying, and cleaning bed pans/bedside commodes, urinals, ostomy, enema and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable barrier pads; putting on/taking off disposable gloves; wiping and cleaning recipient; assistance with getting on/off commode or toilet; and washing/drying recipient's and provider's hands.</p> <p>Note: This does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program or colostomy irrigation, as these are assessed as "paramedical services" (MPP 30-757.19).</p>	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td style="text-align: center;">0.58</td> <td style="text-align: center;">2.00</td> </tr> <tr> <td>Rank 3</td> <td style="text-align: center;">1.17</td> <td style="text-align: center;">3.33</td> </tr> <tr> <td>Rank 4</td> <td style="text-align: center;">2.91</td> <td style="text-align: center;">5.83</td> </tr> <tr> <td>Rank 5</td> <td style="text-align: center;">4.08</td> <td style="text-align: center;">8.00</td> </tr> </tbody> </table>		Low	High	Rank 2	0.58	2.00	Rank 3	1.17	3.33	Rank 4	2.91	5.83	Rank 5	4.08	8.00	<p style="text-align: center;">Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ The extent to which the recipient can assist or perform tasks safely. ▪ The frequency of the recipient's urination and/or bowel movements. ▪ If there are assistive devices available which result in decreased or increased need for assistance. <ul style="list-style-type: none"> ○ EX: Situations where elevated toilet seats and/or Hoyer lifts are available may result in less time needed for "bowel and bladder" care if the use of these devices results in decreased need for assistance by the recipient. ○ EX: Situations where a bathroom door is not wide enough to allow for easy wheelchair access may result in more time needed if its use results in an increased need. ▪ Time for universal precautions, as appropriate. <p style="text-align: center;">Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ If the recipient has frequent urination or bowel movements. ▪ If the recipient has frequent bowel or bladder accidents. ▪ If the recipient has occasional bowel or bladder accidents that require assistance from another person. ▪ If the recipient's morbid obesity requires more time. ▪ If the recipient has spasticity or locked limbs. ▪ If the recipient is combative.
	Low	High															
Rank 2	0.58	2.00															
Rank 3	1.17	3.33															
Rank 4	2.91	5.83															
Rank 5	4.08	8.00															
<p>Feeding (MPP 30-757.14(c)) Includes assistance with consumption of food and assurance of adequate fluid intake consisting of feeding or related assistance to recipients who cannot feed themselves or who require other assistance with special devices in order to feed themselves or to drink adequate liquids.</p> <p>Includes assistance with reaching for, picking up, and grasping utensils and cup; cleaning recipient's face and hands; washing/drying hands before and after feeding.</p> <p>Note: This does not include cutting food into bite-sized pieces or puréeing food, as these are assessed as part of "meal preparation" (MPP 30-757.131).</p>	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td style="text-align: center;">0.70</td> <td style="text-align: center;">2.30</td> </tr> <tr> <td>Rank 3</td> <td style="text-align: center;">1.17</td> <td style="text-align: center;">3.50</td> </tr> <tr> <td>Rank 4</td> <td style="text-align: center;">3.50</td> <td style="text-align: center;">7.00</td> </tr> <tr> <td>Rank 5</td> <td style="text-align: center;">5.25</td> <td style="text-align: center;">9.33</td> </tr> </tbody> </table>		Low	High	Rank 2	0.70	2.30	Rank 3	1.17	3.50	Rank 4	3.50	7.00	Rank 5	5.25	9.33	<p style="text-align: center;">Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ The extent to which the recipient can assist or perform tasks safely. ▪ The amount of time it takes the recipient to eat meals. ▪ The type of food that will be consumed. ▪ The frequency of meals/liquids. ▪ Time for universal precautions, as appropriate. <p style="text-align: center;">Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ If the constant presence of the provider is required due to the danger of choking or other medical issues. ▪ If the recipient is mentally impaired and only requires prompting for feeding him/herself. ▪ If the recipient requires frequent meals. ▪ If the recipient prefers to eat foods that he/she can manage without assistance. ▪ If the recipient must eat in bed. ▪ If food must be placed in the recipient's mouth in a special way due to difficulty swallowing or other reasons. ▪ If the recipient is combative.
	Low	High															
Rank 2	0.70	2.30															
Rank 3	1.17	3.50															
Rank 4	3.50	7.00															
Rank 5	5.25	9.33															
<p>Routine Bed Baths (MPP 30-757.14(d)) Cleaning basin or other materials used for bed/sponge baths and putting them away; obtaining water/supplies; washing, rinsing, and drying body; applying lotion, powder, and deodorant; and washing/drying hands before and after bathing.</p>	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td style="text-align: center;">0.50</td> <td style="text-align: center;">1.75</td> </tr> <tr> <td>Rank 3</td> <td style="text-align: center;">1.00</td> <td style="text-align: center;">2.33</td> </tr> <tr> <td>Rank 4</td> <td style="text-align: center;">1.17</td> <td style="text-align: center;">3.50</td> </tr> <tr> <td>Rank 5</td> <td style="text-align: center;">1.75</td> <td style="text-align: center;">3.50</td> </tr> </tbody> </table>		Low	High	Rank 2	0.50	1.75	Rank 3	1.00	2.33	Rank 4	1.17	3.50	Rank 5	1.75	3.50	<p style="text-align: center;">Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ The extent to which the recipient can assist or perform tasks safely. ▪ If the recipient is prevented from bathing in the tub/shower. ▪ If bed baths are needed in addition to baths in the tub/shower. ▪ Time for universal precautions, as appropriate. <p style="text-align: center;">Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ If the recipient is confined to bed and sweats profusely requiring frequent bed baths. ▪ If the weight of the recipient requires more or less time. ▪ If the recipient is combative.
	Low	High															
Rank 2	0.50	1.75															
Rank 3	1.00	2.33															
Rank 4	1.17	3.50															
Rank 5	1.75	3.50															

HTG QUICK REFERENCE TASK TOOL (ATTACHMENT C)

Task Definition	Grid	Factors/Exception Examples															
<p>Dressing (MPP 30-757.14(f)) Washing/drying of hands; putting on/taking off, fastening/unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments, undergarments, corsets, elastic stockings, and braces; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td style="text-align: center;">0.56</td> <td style="text-align: center;">1.20</td> </tr> <tr> <td>Rank 3</td> <td style="text-align: center;">1.00</td> <td style="text-align: center;">1.86</td> </tr> <tr> <td>Rank 4</td> <td style="text-align: center;">1.50</td> <td style="text-align: center;">2.33</td> </tr> <tr> <td>Rank 5</td> <td style="text-align: center;">1.90</td> <td style="text-align: center;">3.50</td> </tr> </tbody> </table>		Low	High	Rank 2	0.56	1.20	Rank 3	1.00	1.86	Rank 4	1.50	2.33	Rank 5	1.90	3.50	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ The extent to which the recipient can assist or perform tasks safely. ▪ The type of clothing/garments the recipient wears. ▪ If the recipient prefers other types of clothing/garments. ▪ The weather conditions. ▪ Time for universal precautions, as appropriate. <p>Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ If the recipient frequently leaves his/her home, requiring additional dressing/undressing. ▪ If the recipient frequently bathes and requires additional dressing or soils clothing, requiring frequent changes of clothing. ▪ If the recipient has spasticity or locked limbs. ▪ If the recipient is immobile. ▪ If the recipient is combative.
	Low	High															
Rank 2	0.56	1.20															
Rank 3	1.00	1.86															
Rank 4	1.50	2.33															
Rank 5	1.90	3.50															
<p>Menstrual Care (MPP 30-757-14(j)) Menstrual care is limited to external application of sanitary napkins and external cleaning and positioning for sanitary napkin changes, using, and/or disposing of barrier pads, managing clothing, wiping and cleaning, and washing/drying hands before and after performing these tasks.</p> <p>EX: In assessing menstrual care, it may be necessary to assess additional time in other service categories such as "laundry," "dressing," "domestic," "bathing, oral hygiene, and grooming" (MPP 30-757).</p> <p>EX: In assessing menstrual care if the recipient wears diapers, time for menstrual care would not be necessary. This time would be assessed as part of "bowel and bladder" care.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>*Functional rank does not apply</td> <td style="text-align: center;">0.28</td> <td style="text-align: center;">0.80</td> </tr> </tbody> </table>		Low	High	*Functional rank does not apply	0.28	0.80	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ The extent to which the recipient can assist or perform tasks safely. ▪ If the recipient has a menstrual cycle. ▪ The duration of the recipient's menstrual cycle. ▪ If there are medical issues that necessitate additional time. ▪ Time for universal precautions, as appropriate. <p>Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ If the recipient has spasticity or locked limbs. ▪ If the recipient is combative. 									
	Low	High															
*Functional rank does not apply	0.28	0.80															
<p>Ambulation (MPP 30-757.14(k)) Assisting a recipient with walking or moving from place to place inside the home, including to and from the bathroom; climbing or descending stairs; moving/retrieving assistive devices, such as a cane, walker, or wheelchair, etc., and washing/drying hands before and after performing these tasks. "Ambulation" also includes assistance to/from the front door to the car (including getting in and out of the car) for medical accompaniment and/or alternative resource travel.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td style="text-align: center;">0.58</td> <td style="text-align: center;">1.75</td> </tr> <tr> <td>Rank 3</td> <td style="text-align: center;">1.00</td> <td style="text-align: center;">2.10</td> </tr> <tr> <td>Rank 4</td> <td style="text-align: center;">1.75</td> <td style="text-align: center;">3.50</td> </tr> <tr> <td>Rank 5</td> <td style="text-align: center;">1.75</td> <td style="text-align: center;">3.50</td> </tr> </tbody> </table>		Low	High	Rank 2	0.58	1.75	Rank 3	1.00	2.10	Rank 4	1.75	3.50	Rank 5	1.75	3.50	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ The extent to which the recipient can assist or perform tasks safely. ▪ The distance the recipient must move inside the home. ▪ The speed of the recipient's ambulation. ▪ Any barriers that impede the recipient's ambulation. ▪ Time for universal precautions, as appropriate. <p>Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ If the recipient's home is large or small. ▪ If the recipient requires frequent help getting to/from the bathroom. ▪ If the recipient has a mobility device, such as a wheelchair that results in a decreased need. ▪ If the recipient has spasticity or locked limbs. ▪ If the recipient is combative.
	Low	High															
Rank 2	0.58	1.75															
Rank 3	1.00	2.10															
Rank 4	1.75	3.50															
Rank 5	1.75	3.50															
<p>Moving in and out of Bed - Renamed to Transfer (MPP 30-757.14(h)) Assisting from standing, sitting, or prone position to another position and/or from one piece of equipment or furniture to another. This includes transfer from a bed, chair, couch, wheelchair, walker, or other assistive device generally occurring within the same room.</p> <p>Note: Transfer does not include:</p> <ul style="list-style-type: none"> ▪ Assistance on/off toilet, as this is evaluated, as "bowel and bladder" care specified at MPP 30-757.14(a). ▪ Changing the recipient's position to prevent skin breakdown and to promote circulation. This task is assessed as part of "repositioning/rubbing skin" at section MPP 30-757.14(g). 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td style="text-align: center;">0.50</td> <td style="text-align: center;">1.17</td> </tr> <tr> <td>Rank 3</td> <td style="text-align: center;">0.58</td> <td style="text-align: center;">1.40</td> </tr> <tr> <td>Rank 4</td> <td style="text-align: center;">1.10</td> <td style="text-align: center;">2.33</td> </tr> <tr> <td>Rank 5</td> <td style="text-align: center;">1.17</td> <td style="text-align: center;">3.50</td> </tr> </tbody> </table>		Low	High	Rank 2	0.50	1.17	Rank 3	0.58	1.40	Rank 4	1.10	2.33	Rank 5	1.17	3.50	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ The extent to which the recipient can assist or perform tasks safely. ▪ The amount of assistance required. ▪ The availability of equipment, such as a Hoyer lift. ▪ Time for universal precautions, as appropriate. <p>Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ If the recipient gets in and out of bed frequently during the day or night due to naps or use of the bathroom. ▪ If the weight of the recipient and/or condition of his/her bones requires more careful, slow transfer. ▪ If the recipient has spasticity or locked limbs. ▪ If the recipient is combative.
	Low	High															
Rank 2	0.50	1.17															
Rank 3	0.58	1.40															
Rank 4	1.10	2.33															
Rank 5	1.17	3.50															

HTG QUICK REFERENCE TASK TOOL (ATTACHMENT C)

Task Definition	Grid	Factors/Exception Examples															
<p>Bathing, Oral Hygiene, and Grooming (MPP 30-757.14 (e))</p> <p>Bathing (Bath/Shower) includes cleaning the body in a tub or shower; obtaining water/supplies and putting them away; turning on/off faucets and adjusting water temperature; assistance with getting in/out of a tub or shower; assistance with reaching all parts of the body for washing, rinsing, and drying and applying lotion, powder, deodorant; and washing/drying hands.</p> <p>Oral Hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands.</p> <p>Grooming includes hair combing/brushing; hair trimming when recipient cannot get to the barber/salon; shampooing, applying conditioner, and drying hair; shaving; fingernail/toenail care when these services are not assessed as "paramedical services" for the recipient; and washing/drying hands.</p> <p>Note: This does not include getting to/from the bathroom. These tasks are assessed as mobility under "ambulation" (MPP 30-757.14(k)).</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td>0.50</td> <td>1.92</td> </tr> <tr> <td>Rank 3</td> <td>1.27</td> <td>3.15</td> </tr> <tr> <td>Rank 4</td> <td>2.35</td> <td>4.08</td> </tr> <tr> <td>Rank 5</td> <td>3.00</td> <td>5.10</td> </tr> </tbody> </table>		Low	High	Rank 2	0.50	1.92	Rank 3	1.27	3.15	Rank 4	2.35	4.08	Rank 5	3.00	5.10	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ The extent to which the recipient can assist or perform tasks safely. ▪ The number of times the recipient may need help to bathe. ▪ If the recipient requires assistance in/out of tub/shower. ▪ If the recipient needs assistance with supplies. ▪ If the recipient requires assistance washing his/her body. ▪ If the provider must be present while the recipient bathes. ▪ If the recipient requires assistance drying his/her body and/or putting on lotion/powder after bathing. ▪ If the recipient showers in a wheelchair. ▪ Time for universal precautions, as appropriate. <p>Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ If the provider's constant presence is required. ▪ If the weight of the recipient requires more or less time. ▪ If the recipient has spasticity or locked limbs. ▪ If a roll-in shower is available. ▪ If the recipient is combative.
	Low	High															
Rank 2	0.50	1.92															
Rank 3	1.27	3.15															
Rank 4	2.35	4.08															
Rank 5	3.00	5.10															
<p>Repositioning/Rubbing Skin (MPP 30-757.14(g))</p> <p>Includes rubbing skin to promote circulation and/or prevent skin breakdown; turning in bed and other types of repositioning; and range of motion exercises which are limited to:</p> <ul style="list-style-type: none"> ▪ General supervision of exercises which have been taught to the recipient by a licensed therapist or other health care professional to restore mobility restricted because of injury, disuse, or disease. ▪ Maintenance therapy when the specialized knowledge and judgment of a qualified therapist is not required and the exercises are consistent the patient's capacity and tolerance. <ul style="list-style-type: none"> ○ Such exercises include carrying out of maintenance programs (e.g., the performance of repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain a range of motion in paralyzed extremities; and assistive walking). <p>Note: "Repositioning and rubbing skin" does not include:</p> <ul style="list-style-type: none"> ▪ Care of pressure sores (skin and wound care). This is assessed as part of "paramedical" specified at MPP 30-757.19. ▪ Ultraviolet treatment (set up and monitor equipment) for pressure sores and/or application of medicated creams to skin. These tasks are assessed as part of "assistance with prosthetic devices" at MPP 30-757.14(i). 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>*Functional rank does not apply</td> <td>0.75</td> <td>2.80</td> </tr> </tbody> </table>		Low	High	*Functional rank does not apply	0.75	2.80	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ The extent to which the recipient can assist or perform tasks safely. ▪ If the recipient's movement is limited while in the seating position and/or in bed, and the amount of time the recipient spends in the seating position and/or in bed. ▪ If the recipient has circulatory problems. ▪ Time for universal precautions, as appropriate. <p>Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ If the recipient has a condition that makes him/her confined to bed. ▪ If the recipient has spasticity or locked limbs. ▪ If the recipient has or is at risk of having decubitus ulcers which require the need to turn the recipient frequently. ▪ If the recipient is combative. 									
	Low	High															
*Functional rank does not apply	0.75	2.80															

HTG QUICK REFERENCE TASK TOOL (ATTACHMENT C)

Task Definition	Grid	Factors/Exception Examples						
<p>Care and Assistance with Prosthetic Devices and Assistance with Self-Administration of Medications (MPP 30-757.14(i)) Assistance with taking off/putting on, maintaining, and cleaning prosthetic devices, vision/hearing aids, and washing/drying hands before and after performing these tasks.</p> <p>Also includes assistance with the self-administration of medications consisting of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken, setting up Medi-sets and distributing medications.</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">Low</th> <th style="width: 35%;">High</th> </tr> </thead> <tbody> <tr> <td>*Functional rank does not apply</td> <td style="text-align: center;">0.47</td> <td style="text-align: center;">1.12</td> </tr> </tbody> </table>		Low	High	*Functional rank does not apply	0.47	1.12	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ The extent to which the recipient is able to manage medications and/or prosthesis independently and safely. ▪ The amount of medications prescribed for the recipient. ▪ If the recipient requires special preparation to distribute medications (e.g., cutting tablets, putting medications into Medi-sets, etc.). ▪ If the recipient has cognitive difficulties that contribute to the need for assistance with medications and/or prosthetic devices. ▪ Time for universal precautions, as appropriate. <p>Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ If the recipient takes medications several times a day. ▪ If the pharmacy sets up medications in bubble wraps or Medi-sets for the recipient. ▪ If the recipient has multiple prosthetic devices. ▪ If the recipient is combative.
	Low	High						
*Functional rank does not apply	0.47	1.12						

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 06-08**

July 6, 2006

**SUBJECT- ASSESSING APPLICANTS READY FOR DISCHARGE FROM MEDICAL
FACILITIES OR NON MEDICAL OUT-OF-HOME CARE**

EFFECTIVE DATE: Immediately

EXPIRATION DATE: When incorporated in the IHSS Program Guide

**REFERENCE: ALL-COUNTY INFORMATION NOTICE NO. I-43-06
ALL -COUNTY LETTER NO. 02-68**

I. PURPOSE

The purpose of this Special Notice is to remind staff of their responsibilities regarding the assessment of an institutionalized/hospitalized applicant who has SSI/SSP benefits at an "institutionalized" rate. As part of the ongoing efforts to implement the objectives of the Olmstead Plan, the California Department of Social Services (CDSS) would like to reinforce the importance of ensuring that individuals with disabilities are not unnecessarily discharged from hospitals to nursing homes and are given the opportunity to live in the setting of their choice.

II. BACKGROUND

Current program regulations allow for a preliminary assessment and authorization of In-Home Supportive Services/Personal Care Service Program (IHSS/PCSP) services to otherwise eligible applicants, currently institutionalized, who wish to live in their own homes and who are capable of safely doing so with the provision of IHSS services.

The IHSS services shall be based on the preliminary assessment of an applicant's physical needs in the acute or chronic care facility (MPP 30-755.12). Service delivery shall commence upon the applicant's return to his/her home, except in a situation that requires the authorization of heavy cleaning for the removal of hazardous debris or dirt from the home prior to the applicant's safe discharge (MPP 30-757.12). The final service need and number of authorized service hours for the applicant shall be determined by a second assessment conducted once the applicant is back in his/her own home.

III. POLICY

California Department of Social Services (CDSS) has issued additional policy in an effort to clarify the regulations regarding the assessment of applicants ready for discharge from a medical or non medical out-of-home care facility.

The Social Security Administration (SSA) establishes an appropriate SSI/SSP payment rate for the entire month, based on a consumer's living arrangement on the first of the month. It is the applicant/recipient's responsibility to advise SSA of changes in their living arrangement.

If an applicant/recipient's living arrangement changes midmonth from an institution to an independent status, the consumer can reimburse SSA the difference of the "institutional" rate and "independent" rate. SSA will then process a living arrangement code change for the month on the State Data Exchange (SDX), which interfaces with the Medi-Cal Eligibility Data System (MEDS).

If SSA's process for changing an applicant's SSI/SSP rate is still pending after a county initiates a service assessment and authorization, the county must proceed to complete the assessment or service authorization for needed IHSS/PCSP.

An applicant may certify that he/she has contacted SSA to notify them of his/her transition into an independent living arrangement. This certification is sufficient to proceed to determine eligibility and initiate service assessment and authorization. Procedures for certification are described below.

IV. PROCEDURES

When the IHSS Social Worker becomes aware that the hospitalization or institutionalization of a status eligible applicant/recipient has resulted in a conversion of SSI/SSP benefits to an "institutionalized" rate for the applicant/recipient the following steps must be taken:

- The IHSS Social Worker will work with the hospital discharge planner in requesting the applicant/recipient's SSI/SSP benefits be converted to "independent living" rate. Generally, the timeline for conversion is dependent upon the day of the month the request is made. When the request for conversion is made after the 17th of a month, the change will not be effective until 2 months later (the first of the month following the next month). At the end of the conversion period it is advisable to request a follow-up print of MEDS clearance INQM screen to ensure the SSI/SSP benefits have converted to the "independent living" rate.
- During the period of conversion of the SSI/SSP rate, Form SOC 810 will be completed by the applicant/recipient to certify that they have contacted SSA to notify them of his/her transition into an "independent living" setting. This certification is sufficient to proceed with the eligibility determination, and initiate a service assessment and authorization. **(The attached SOC 810 form may be reproduced and used for the purpose of the certification.)**
- In a conversion month where duplicate eligibility for services occurs, the applicant/recipient must be provided the choice of receiving the services from either the IHSS/PCSP program or to receive the "institutionalized" rate from SSA.

- If the recipient elects to receive services through the IHSS/PCSP program she/he must repay the difference between the “institutionalized” rate and the “independent living” rate to SSA in order to qualify for IHSS/PCSP mid-month.

V. REVIEW STATEMENT

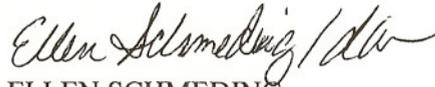
Due to the informational nature of this information, it was not reviewed by the standard review committee.

VI. FILING STATEMENT

Please file this Special Notice in the Special Notice section of the IHSS Program Guide.



RICK WANNE
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Mary Harrison (858) 505-6952
Dist. Codes 7 & 8

Attachments

**APPLICANT CERTIFICATION OF CONTACT WITH SSA TO CHANGE
STATUS FROM INSTITUTIONAL CARE TO A HOME SETTING**

This is to certify that I have notified the Social Security Administration

on _____ that I will be discharged from _____ to
(date) (facility name)

live in my own home located at _____.
(address)

Signature of applicant: _____

Printed name of applicant: _____

Social Security Number: _____

Date: _____

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 06-07**

June 12, 2006

SUBJECT- NOTICE OF ACTION (NOA) MESSAGE #350

EFFECTIVE DATE: Immediately

**EXPIRATION DATE: When incorporated
into the IHSS Program Guide**

REFERENCE: All-County Letter #06-13

I. PURPOSE

The purpose of this Special Notice is to inform In Home Supportive Services (IHSS) staff of a new Notice of Action (NOA), NOA message #350 (Attachment A).

II. BACKGROUND

Due to the lack of space on the original Share-of-Cost NOA messages, it was necessary to create NOA #350 in order to explain all Share-of-Cost obligations to the recipient.

III. POLICY

Effective immediately, this NOA message will need to be included as an attachment when any Share-of-Cost NOA is generated.

IV. PROCEDURES

IHSS SOCIAL WORKER

Depending upon which program the recipient is assigned, IHSS Social Workers will need to mark the appropriate box ("A" for IHSS Plus Waiver, "B" for Personal Care Services Program, or "C" for Residual).

V. REVIEW STATEMENT

Due to the informational nature of this Special Notice, it was not reviewed by the standard review committee.

VI. FILING STATEMENT

File this Special Notice in the Special Notice section of the IHSS Program Guide.



RICK WANNE
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Matt McKay (858) 505-6366

Dist. Codes 7 & 8

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 06-06**

June 28, 2006

SUBJECT- REMOVAL OF SHARE-OF-COST (SOC) INDICATOR "E"

EFFECTIVE DATE: Immediately

**EXPIRATION DATE: When
incorporated into the IHSS Program
Guide**

REFERENCE: EBB #06011, May 19, 2006

I. PURPOSE

The purpose of this Special Notice is to inform In-Home Supportive Services (IHSS) staff of the removal of the SOC Indicator "E" as a result of the CMIPS POS - SOC Phase 3 Implementation.

II. BACKGROUND

As of May 26, 2006, CMIPS will no longer allow the entry of a SOC Indicator "E". Recipient cases with an "E" in the SOC Indicator will receive an edit to change the indicator when the case is accessed with a change action. A listing will be sent by e-mail from the Department of Social Services Adult Programs Bureau (DSS/APB) to IHSS Administration for each county identifying cases still showing the SOC Indicator "E" based on information found on the CMIPS April 2006 Monthly Download Report.

III. PROCEDURES

IHSS SOCIAL WORKER

IHSS Social Workers should enter the appropriate SOC information on the SOC 293 (See "Clerical" section below) and submit it to Clerical for data entry.

CLERICAL

Data entry clerks should use the following process to change the SOC Indicator from "E" to "D" on all applicable cases:

- On the RELB screen, enter the appropriate SOC date and a SOC Indicator "D" in the I1 field.
- Enter **actual** budget/income information for all cases with the exception of Pickle and Institutional Deemed (6V) cases.

- For Pickle and Institutional Deemed (6V) cases, enter zeros in the budget.

IV. REVIEW STATEMENT

Due to the informational nature of this Special Notice, it was not reviewed by the standard review committee.

V. FILING STATEMENT

File this Special Notice in the Special Notice section of the IHSS Program Guide.

RICK WANNE
Assistant Deputy Director

ELLEN SCHMEDING
Assistant Deputy Director

Contact: Matt McKay (858) 505-6366

Dist. Codes 7 & 8

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 06-05**

May 10, 2006

**SUBJECT- IN-HOME SUPPORTIVE SERVICES (IHSS) – QUESTIONS AND ANSWERS
REGARDING ELIGIBILITY AND ASSESSMENT**

EFFECTIVE DATE: Immediately

**EXPIRATION DATE: When incorporated into the
IHSS Program Guide**

REFERENCE: All-County Information Notice No. 1-28-06, ACL 00-83

I. PURPOSE

This Special Notice is to provide IHSS staff with additional instructions from the California Department of Social Services (CDSS) regarding eligibility and assessment under the In-Home Supportive Services (IHSS) Plus Waiver (IPW).

GENERAL PROGRAM QUESTIONS

Question 1: In how many Medi-Cal Waivers may an IPW recipient participate?

Answer: The IPW is a Demonstration Project Waiver under Section 1115 of the Social Security Act. A recipient may concurrently participate in one Section 1115 Waiver and in one of several Section 1915 Waivers. However, a recipient may not concurrently participate in two Waivers under the Section 1115 authority. The other two Section 1115 Waivers managed by the Department of Health Services are:

- Family Planning, Access, Care and Treatment program which allows federal reimbursement for reproductive health services for medically indigent females and males.
- Senior Care Action Network which provides social and health services to persons age 65 and over and is designed to keep functionally impaired older people living at home as long as possible.

Question 2: Who will remain in the IHSS-Residual (IHSS-R) program? Will these recipients receive State only Medi-Cal?

Answer: Recipients who remain in the IHSS-R program are those who have been determined eligible for IHSS-R services, but who are not eligible for federally funded full-scope Medi-Cal, such as non-citizens under the five year ban. Recipients in the IHSS-R program are eligible for Medi-Cal only if they have had a Medi-Cal eligibility

determination by a Medi-Cal eligibility worker and meet Medi-Cal eligibility criteria for coverage under one of the Medi-Cal programs appropriate for their status.

Question 3: Which cases will be automatically moved into the IPW?

Answer: IHSS-R recipients who are eligible for federally funded, full scope Medi-Cal and who meet the IPW criteria were moved automatically into the IPW when the first phase of Case Management, Information and Payrolling System (CMIPS) enhancements were completed on February 27, 2006.

PARENT PROVIDERS

Question 4: Has the Welfare and Institutions Code (W&IC) been amended to allow spouses and/or parents of minor children to provide services under Medi-Cal?

Answer: Yes, W&IC Section 14132.951 was added to allow implementation of the IPW, which allows spouses ^{or parents} of minor children to provide in-home care services.

Question 5: Will all services fall under the IPW when the recipient is under 18 years of age, and in-home care services are provided by both parent(s) and non-parent(s)?

Answer: Yes, when both parents and non-parents provide any services in which the child has an authorized need, all services provided fall under the IPW. Parent providers must meet the criteria in Manual Policy and Procedures (MPP) 30-763.45. When services are provided by a non-parent provider only, the case qualifies as an IPW only if the case meets another IPW eligibility criteria, i.e., the child receives Advance Payment or Restaurant Meal Allowance. When the minor recipient is living with a parent(s), a non-parent provider can provide IHSS when the criteria in MPP 30-763.44 is met.

Note: All services authorized for minors, regardless if performed by a parent or non-parent provider, must be assessed based on their disability, not their age (WIC) 12300(a).

Question 6: Can a parent work out of the home and still be an IPW provider?

Answer: Yes, as long as they are not working full-time. MPP 30-763.451(a) requires that to be a paid provider, the parent has left full-time employment or is prevented from obtaining full-time employment because of the need to provide in-home supportive services to the child.

Question 7: If a recipient is currently receiving services under the IHSS-R because they have a parent or spouse provider, or received Advance Pay or Restaurant Meal Allowance, will they be moved into the IPW?

Answer: Recipients previously receiving services in the IHSS-R, or both IHSS-R and Personal Care Services Program (PCSP) (previously designated as split cases), were moved

automatically by CMIPS to the IPW on February 27, 2006 if they receive advance pay, restaurant meal allowance, or have a parent or spouse provider. There are no longer split cases. Medi-Cal does not allow services to be provided by a parent or spouse, nor receipt of Advance Pay or Restaurant Meal Allowance, under PCSP.

Question 8: Can two parents who both work full-time be paid for services in the IPW during the hours they are home in the morning and evening?

Answer: No, two parents both working full-time cannot be paid providers for their minor children under the IPW. In order for parents to be paid providers, they must meet the criteria in MPP 30-763.45. MPP 30-763.451(a) requires that 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.

Question 9: Is Protective Supervision available for IPW cases, and what rules apply?

Answer: Yes, Protective Supervision is available in the IPW for anyone who is determined eligible for Protective Supervision and who meets IPW criteria: Restaurant Meal Allowance, Advance Pay, or has a parent or spouse as a provider. However, the criteria in MPP 30-757.171 and 30-757.172 must be met.

INSTITUTIONAL DEEMING WAIVER

Question 10: Are Institutional Deeming (ID) Department of Developmental Services (DDS) Waiver cases, which are currently served in PCSP, eligible for the IPW?

Answer: Yes, ID Waiver recipients are eligible for the IPW as long as the recipient meets all IPW eligibility criteria. ID Waiver cases were previously served in the PCSP, as PCSP is a Medi-Cal benefit. With the implementation of the IPW (also a Medi-Cal benefit) on August 1, 2004, these cases may now be covered under either PCSP or the IPW, depending on the eligibility criteria. If ID Waiver cases meet IPW criteria (i.e. parent or spouse provider, receives advance pay or restaurant meal allowance), then the case would be served under the IPW. Spouses and parents of minor children, therefore, can be paid providers under the IPW, regardless of how the recipient qualified for federally funded full-scope Medi-Cal.

Question 11: Can parents of minor children whose Medi-Cal eligibility is through the ID Waiver provide Protective Supervision under the IPW?

Answer: Yes, parents of minor children whose Medi-Cal eligibility is through the ID Waiver are eligible to provide all authorized services, including Protective Supervision under the IPW. To clarify, persons whose Medi-Cal eligibility is through the ID Waiver are eligible to receive Protective Supervision under PCSP also, as long as the parent or spouse is not the provider.

Question 12: Can a non-parent provider provide services under PCSP to an ID Waiver child even if the parent is present in the home?

Answer: Yes, when the recipient is an ID Waiver child, a non-parent provider may provide services under PCSP even if the parent is present in the home.

Question 13: Can a non-parent provider provide services under IPW to an ID Waiver child even if the parent is present in the home?

Answer: No, MPP 30-763.44 states that a non-parent provider can be paid when the parent cannot be present because of employment, education, training, or ongoing medical or health related treatment. However, MPP 30-763.44 also allows for an exception when the parent is physically or mentally unable to perform services.

For additional information on PCSP, please see Special Notice 01-04 and 01-04 Addendum A on the DDS Home and Community Based Services Waiver-Determining Eligibility for the PCSP.

RESPITE CARE

Question 14: Is “respite care” offered under the IPW?

Answer: Yes, up to 8 hours of services a week, supplied by a provider other than the parent, may be authorized under the IPW for periods when the parent(s) must be absent from the home. The absence from the home must be 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, per MPP 30-63.444.

MAXIMUM HOURS FOR IHSS-R, PCSP AND IPW, INCLUDING PROTECTIVE SUPERVISION

Question 15: What are the maximum hours allowed under the three IHSS programs, including hours that may be authorized for protective supervision?

Answer: IHSS-R:

1. Non-Severely Impaired (NSI) recipients may receive up to a total of 195 hours, including any needed protective supervision. [WIC 12303.4(a), MPP 30-765.12]. The entire 195 hours can be for protective supervision if no other needed services are paid for by IHSS.*
2. Severely Impaired (SI) recipients may receive up to a total of 283 hours, including any needed protective supervision. [WIC 12303.4(b), MPP 30-765.11]. The entire 283 hours can be for protective supervision if no other needed services are paid for by IHSS.*

PCSP:

Under PCSP, there is no NSI/SI distinction; all cases are eligible for a maximum of 283 hours.

1. NSI recipients may receive up to a total of 283 hours. [WIC 14132.95(g)]. If the case meets IHSS-R NSI criteria, only up to 195 hours can be authorized for protective supervision.
If 195 hours are authorized for protective supervision, the remaining service needs may be authorized, up to a maximum of 283 hours, for other PCSP services.
2. SI recipients may receive up to a total of 283 hours. [WIC 14132.95(g)]
If the case meets IHSS-R SI criteria, the entire 283 hours can be for protective supervision.*

IPW (same as IHSS-R):

1. NSI recipients may receive up to a total of 195 hours, including any needed protective supervision. [WIC 12303.4(a), MPP 30-765.12].
The entire 195 hours can be for protective supervision if no other needed services are paid for by IHSS.*
2. SI recipients may receive up to a total of 283 hours, including any needed protective supervision. [WIC 12303.4(b), MPP 30-765.11].
The entire 283 hours can be for protective supervision if no other needed services are paid for by IHSS.*

*Although unlikely, this can occur. The 20 hours or more per week assessed in specified areas as required in the SI definition [MPP 30-701(s)(1)] could be provided as an alternative resource.

Clarification:

- There are no longer any split cases. If any of the elements of an IPW case are present, the entire case is an IPW case. (See Special Notice 05-04 and Addendums for more information on the IHSS Plus Waiver.)
- If a recipient's hours are reduced as a result of moving from PCSP to IPW, their hours must be adjusted in CMIPS, which will generate a 10-day Notice of Action to the recipient. Because the IPW follows IHSS-R rules, recipients who are authorized for NSI will have fewer maximum hours available.

SHARE OF COST CALCULATIONS

There is no need to calculate an IHSS Share of Cost (SOC) if the case is a zero SOC Medi-Cal case. The Medi-Cal eligibility worker will advise the IHSS Social Worker if there is a change or elimination of the SOC.

II. REVIEW STATEMENT

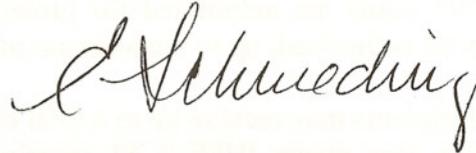
Due to the informational nature of this Special Notice, it was not reviewed by the standard review committee.

III. FILING STATEMENT

File this Special Notice in the Special Notice section of the IHSS Program Guide.



RICK WANNE
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Matt McKay (858) 505-6366

Dist. Codes 7 & 8

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 06-04**

May 10, 2006

**SUBJECT – NEW LIMITS AND DISREGARDS FOR THE AGED AND DISABLED
FEDERAL POVERTY LEVEL (A&D FPL) PROGRAM FOR 2006**

EFFECTIVE DATE: Immediately

**EXPIRATION DATE: When incorporated
into the IHSS Program Guide**

REFERENCE: All County Welfare Directors Letter (ACWDL) No. 06-08

I. PURPOSE

The purpose of this Special Notice is to inform IHSS staff of the 2006 Effective Income Limits (EIL) for individuals and couples eligible for the Aged and Disabled Federal Poverty Level Program (A&D FPL).

II. BACKGROUND

The Department of Health Services (DHS) provided instructions regarding the A&D FPL EIL in ACWDL 06-08. The 2006 EIL has an effect on the Personal Care Services Program (PCSP) for individuals and couples who attain eligibility for PCSP through their eligibility for Medi-Cal under the DHS A&D FPL program.

Section 14005.40 (c) (1) of the Welfare and Institutions Code (WIC) requires that the A&D FPL couple's effective income standard be no less than the Supplemental Security Income/State Supplemental Payment (SSI/SSP) payment standard for a couple.

In-Home Supportive Services (IHSS) Special Notice 01-01, dated February 5, 2001, provided instructions to IHSS staff for the implementation of the A&D FPL program.

III. POLICY

IHSS/PCSP recipients must be evaluated for A&D FPL financial eligibility by a Medi-Cal Share-of-Cost Worker in any of the following circumstances:

- Annual case renewal/reassessment
- Changes in recipients' PCSP or A&D FPL Program eligibility
- Changes in Federal Poverty Levels

The A&D FPL Program financial eligibility determination must be made using form MC 176, the Aged & Disabled Federal Poverty Level Program Financial Eligibility Form.

The effective income limit for an A & D FPL individual is \$1,047.00 as of April 1, 2006. This income limit is equal to \$817.00 (100 percent of the FPL for one, effective April 1, 2006) and the \$230.00 disregard for an individual.

Effective January 1, 2006, through March 31, 2006, the A&D FPL EIL for an aged or disabled couple living in their own home is \$1,437.00. This income limit is equal to \$1070.00 (100 percent of the FPL for two, effective April 1, 2006) and the \$367.00 disregard for a couple.

The income disregard must be increased to \$372.00 for determinations from April 1, 2006 to December 31, 2006. This is equal to the difference between the SSI/SSP couple payment level which is now \$1472.00 as of April 1, 2006 and \$1100.00 (100 percent of the FPL for two, effective April 1, 2006). Consequently, the A&D FPL EIL for couples from April 1, 2006, through December 31, 2006, is \$1,472.00.

The Share-of-Cost Worker will send the assigned Social Worker an IHSS/MEDI-CAL COMMUNICATION gram with the changes noted to be submitted for CMIPS data entry.

IV. PROCEDURES

IHSS SOCIAL WORKER

Social Workers shall submit the SOC 293, and the SOC 311 if necessary, with the updated information for processing.

Social Workers shall update the case narrative to indicate the change to a zero share-of-cost, with the effective date ("Case is \$0.00 SOC, effective [date] due to A&D FPL".)

CMIPS ENTRIES

If a recipient is determined to be eligible for the A&D FPL Program, the following CMIPS entries are to be completed:

- Insert the effective SHARE-OF-COST date in the I1 field of the SOC 293. The format is mm/dd/yyyy.
- Insert the Indicator Code letter "E" in the I1 field, immediately to the right of the SOC effective date. This code designates the case as an A&D zero SOC case.
- Change the SOC amount in field "M6" of the SOC 293 from the current value to zero (\$0.00).
- Insert Notice of Action (NOA) code "C" in the ZZ1 field of the SOC 293, to indicate that the NOA should be returned.

- Insert the NOA code "530" in ZZ2 field of the SOC 293. This code will generate the NOA notifying the recipient that they have been made eligible for the A&D FPL program and that their share-of-cost has been changed to zero (\$0.00) with an effective date.
- If there is one provider, CMIPS will automatically update the "F" line segment fields of the SOC 311. If there is more than one provider, update each provider's SOC 311 by entering the appropriate information in the following fields, "F2" (begin date), "F4" (number of hours), "F5" zero (\$0.00) share-of-cost.

CLERICAL STAFF

Notices of Action (NOAs) must be mailed to all affected recipients.

SPECIAL PRE-AUTHORIZED TRANSACTIONS

An adjustment Transaction, Type "C" and Reason "O2" on the Special Pre-Authorized Transaction screen shall be used to reimburse recipients who have paid excess share-of-cost. Instructions on this process are found in the CMIPS User's Manual, page XI-A-1 through page XI-B-11.

V. REVIEW STATEMENT

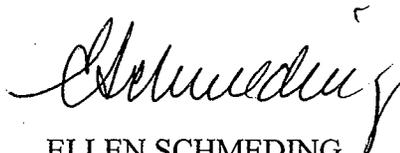
Due to the informational nature of this Special Notice, it was not reviewed by the standard review committee.

VI. FILING STATEMENT

File this Special Notice in the Special Notice section of the IHSS Program Guide.



RICK WANNE
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Matt McKay (858) 505-6366

Dist. Codes 7 & 8

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 06-03**

April 13, 2006

SUBJECT- PROTECTIVE SUPERVISION FORM (SOC 821)

EFFECTIVE DATE: Immediately

**EXPIRATION DATE: When
incorporated into the IHSS Program
Guide**

REFERENCE: All-County Information Notice No. 1-21-06

I. PURPOSE

The purpose of this Special Notice is to inform IHSS staff of the new Protective Supervision Form SOC 821 (Attachment A), which can be accessed online at the following website address: <http://www.dss.cahwnet.gov/pdf/SOC821.PDF>. It is also available on the S: Drive at **S:\AIS\Operations\IHSS\Automated Forms\SW Forms**.

II. BACKGROUND

As part of the Quality Assurance Initiative, SB 1104 enacted WIC Section 12301.21 which requires the development of a standard form to obtain the appropriate certification for a person's need for Protective Supervision in a consistent manner statewide. The Protective Supervision form was developed by California Department of Social Services (CDSS), in conjunction with the California Welfare Directors Association (CWDA) and various other stakeholders.

III. POLICY

The form is to be utilized at the time of the initial assessment when the IHSS Social Worker identifies the potential need for Protective Supervision. In addition, the form may be used at the time of the annual recertification at the discretion of the Social Worker.

IV. PROCEDURES

IHSS SOCIAL WORKER

Intakes

The Social Worker shall request that the recipient's physician or other appropriate medical professional complete the Protective Supervision form and return it to the

county. The completed Protective Supervision form will be used in conjunction with other pertinent information to determine the recipient's need for Protective Supervision. The Protective Supervision Form SOC 821 will be filed under the Miscellaneous divider on the right side of the case folder. In the event the Protective Supervision form fails to be returned, the Social Worker shall make his/her determination of need based on the available evidence. The Social Worker will document that the form was requested but not returned.

Recertifications

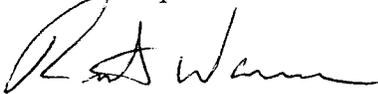
At the time of a recipient's reassessment for receiving authorized Protective Supervision, the IHSS Social Worker shall determine if the Protective Supervision form is to be renewed. If the Social Worker determines that a renewed form is or is not necessary, the Social Worker shall document the basis for his/her determination in the recipient's case file on the 12-43A Narrative form.

V. REVIEW STATEMENT

Due to the informational nature of this Special Notice, it was not reviewed by the standard review committee.

VI. FILING STATEMENT

File this Special Notice in the Special Notice section of the IHSS Program Guide.



RICK WANNE
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Matt McKay (858) 505-6366

Dist. Codes 7 & 8

ASSESSMENT OF NEED FOR PROTECTIVE SUPERVISION FOR IN-HOME SUPPORTIVE SERVICES PROGRAM

Release of Information Attached

Attending Physician's / Medical Professional's mailing address	PATIENT'S NAME:	PATIENT'S DOB: / /
	MEDICAL ID#: (IF AVAILABLE)	COUNTY ID#:
	IHSS SOCIAL WORKER'S NAME:	
	COUNTY CONTACT TELEPHONE #:	COUNTY FAX #:

Your patient is an applicant/recipient of **In-Home Supportive Services (IHSS)** and is being assessed for the need for Protective Supervision. Protective Supervision is available to safeguard against accident or hazard by observing and/or monitoring the behavior of non self-directing, confused, mentally impaired or mentally ill persons. This service is not available in the following instances:

- (1) When the need for protective supervision is caused by a physical condition rather than a mental impairment;
- (2) For friendly visitation or other social activities;
- (3) When the need for supervision is caused by a medical condition and the form of supervision required is medical;
- (4) In anticipation of a medical emergency (such as seizures, etc.);
- (5) To prevent or control antisocial or aggressive recipient behavior.

Please complete this form and return it promptly. Thank you for your assisting us in determining eligibility for Protective Supervision. (Welfare and Institutions Code §12301.21)

DATE PATIENT LAST SEEN BY YOU:	LENGTH OF TIME YOU HAVE TREATED PATIENT:
DIAGNOSIS/MENTAL CONDITION:	PROGNOSIS: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary - Timeframe: _____

PLEASE CHECK THE APPROPRIATE BOXES

MEMORY

- No deficit problem Moderate or intermittent deficit (explain below) Severe memory deficit (explain below)

Explanation: _____

ORIENTATION

- No disorientation Moderate disorientation/confusion (explain below) Severe disorientation (explain below)

Explanation: _____

JUDGMENT

- Unimpaired Mildly Impaired (explain below) Severely Impaired (explain below)

Explanation: _____

1. Are you aware of any injury or accident that the patient has suffered due to deficits in memory, orientation or judgment? Yes No
If Yes, please specify: _____
2. Does this patient retain the mobility or physical capacity to place him/herself in a situation which would result in injury, hazard or accident? Yes No
3. Do you have any additional information or comments? _____

CERTIFICATION

I certify that I am licensed to practice in the State of California and that the information provided above is correct.

SIGNATURE OF PHYSICIAN OR MEDICAL PROFESSIONAL:	MEDICAL SPECIALTY:	DATE:
ADDRESS:	LICENSE NO.:	TELEPHONE: ()

RETURN THIS FORM TO: COUNTY'S MAILING ADDRESS, CITY, CA.; ATTN: SW-NAME

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 06-02**

April 5, 2006

SUBJECT- CMIPS POS - SOC PHASE 2 REPORTS

EFFECTIVE DATE: Immediately

**EXPIRATION DATE: When
incorporated into the IHSS Program
Guide**

REFERENCE: EBB #06006, February 22, 2006

I. PURPOSE

The purpose of this Special Notice is to inform staff of three reports which have been released as part of the Case Management, Information and Payrolling System – Point of Service (CMIPS POS) – Share of Cost (SOC) Phase 2 Implementation. These reports are all based upon eligibility data from MEDS and processed through CMIPS. CMIPS accepts and processes a Daily MEDS Response File providing eligibility updates as they occur for individuals who are indicated as active IHSS recipients. CMIPS also processes a Monthly MEDS Renewal File which provides Medi-Cal eligibility information for IHSS recipients for the upcoming month. These reports allow the case to be accurately maintained to ensure recipient/provider payment in a timely manner.

II. BACKGROUND

The CMIPS POS - SOC Phase 2 Implementation occurred Friday, February 24, 2006. New reports associated with this implementation were made available February 27, 2006 and can be accessed at the CMIPS Online Reports website - <https://cmips-reports.documentportal.com/servlet/data>. All reports will be found in the CASELOAD DETAIL Group. Detailed descriptions of each of these reports are also included in the March 2006 release of the CMIPS User's Manual in the following sections:

MEDI-CAL ELIGIBILITY EXCEPTION REPORT - Daily - Section XIV-cc
MONTHLY OUTSTANDING CASE REPORT - Section XIV-dd
WEEKLY STATUTORY MAX REPORT - Section XIV-gg

It is important that IHSS staff access these reports as they are one of the keys to determining the correct action to be taken against an IHSS case. There are several IHSS recipients who are entered in CMIPS as Status Eligible, but in fact, have a Medi-Cal SOC or visa-versa. These types of cases would appear on the Share of Cost Exception Report.

In addition, just because a recipient case has a MEDS SOC of 0.00, it doesn't necessarily mean that the IHSS SOC should be zeroed out. If the recipient has been terminated from

Medi-Cal, then the IHSS case will be 2N-Residual and the IHSS SOC should be deducted. This case would appear on the Medi-Cal Eligibility Exception Report – Monthly Outstanding Case Report.

These reports were designed to be used in conjunction with the MEDS Eligibility Information on the MELG screen to allow the user to more fully understand the case conditions and when user action is necessary.

III. INFORMATION

The following is a brief overview of the new reports.

Medi-Cal Eligibility Exception Report – Daily

This report is produced daily, after the Daily MEDS Response File processes against CMIPS. There are two reporting subcategories to which cases may be assigned:

- **MEDI-CAL ELIGIBILITY DENIED** - An IHSS recipient case appearing in this subcategory has had Medi-Cal eligibility denied. These individuals have not been terminated from Medi-Cal, but denied Medi-Cal during the Medi-Cal Eligibility Determination process.
- **RECIPIENT DOB DOES NOT MATCH MEDS** - IHSS cases which appear in this subcategory have a difference between the DOB indicated in MEDS and that in CMIPS. When Point of Service (POS) processing begins, DOB is one of the fields which will be used to verify processing, therefore having the correct DOB is vital to POS processing.

Monthly Outstanding Cases Report – Monthly

This report is produced monthly after the Monthly MEDS Renewal File is processed against CMIPS. This report may include cases which were previously reported on the Medi-Cal Eligibility Exception Report – Daily, if action has not been taken to address the issue by the time the Monthly MEDS Renewal File processes.

There are four reporting subcategories to which cases may be assigned:

- **MEDI-CAL ELIGIBILITY TERMINATION** - Cases appearing in this subcategory at the time the MEDS Renewal File was created indicate the recipient is not eligible for Medi-Cal and the IHSS case is in E or I status. Medi-Cal eligibility may have existed for prior months.
- **RECIPIENT ADMITTED TO LONG-TERM CARE, IHSS CASE NOT IN L STATUS** - Cases which appear in this subcategory have been reported by MEDS to be currently in a Long-Term Care Facility and the IHSS Recipient case is in E or I status.

- **MEDI-CAL ELIGIBILITY DENIED** - An IHSS case which appears in this subcategory will have had Medi-Cal eligibility denied. These individuals have not been terminated from Medi-Cal, but were denied Medi-Cal as a result of the Medi-Cal Eligibility Determination process. It is highly unlikely this subcategory will appear on the Monthly Outstanding Cases Report because these cases should appear as ineligible; however, some cases may appear.
- **RECIPIENT DOB DOES NOT MATCH MEDS** - IHSS cases which appear in this sub-category have a difference between the DOB indicated in MEDS and the DOB indicated in CMIPS. When Point of Service (POS) processing begins, DOB is one of the fields which will be used to verify processing.

Weekly Statutory Max Report – Weekly

The Weekly Statutory Max Report indicates those recipient cases where the case Statutory Max Hours has been affected by the addition or termination of a Parent/Spouse Provider, Advance Pay or Meals Allowance or the recipient's FFP indication has changed and the recipient is NSI and the Auth Hours are not in agreement with the Statutory Max associated with the Medi-Cal Secondary Aid Code (IHSS Funding Source).

The following Statutory Maximums apply:

2L - IHSS+ Waiver - NSI - 195, SI - 283

2M - PCSP - NSI 283, SI - 283

2N - IHSS Residual - NSI - 195, SI – 283

There are three subcategories associated with the Weekly Statutory Max Report:

- **RECIPIENT IHSS+ WAIVER, NSI WITH HOURS GREATER THAN 195** - The recipient's Medi-Cal Secondary Aid Code has changed from 2M or 2N to 2L and the recipient case is NSI and the Authorized to Purchase hours are greater than 195.
- **RECIPIENT PCSP, AUTH HRS LESS THAN 283 WITH UNMET NEED** - The recipient Medi-Cal Secondary Aid Code has changed from 2L or 2N to 2M and the recipient case Authorized to Purchase hours are less than 283 and the case has unmet need.
- **RECIPIENT IHSS-RESIDUAL, NSI WITH HOURS GREATER THAN 195** – The recipient's Medi-Cal Secondary Aid Code has changed from 2M or 2L to 2N and the recipient case is NSI and the Authorized to Purchase hours are greater than 195.

Split Cases

Recipients who meet the following conditions:

- Are NSI,
- Were in the PCSP prior to moving to the IPW, and
- Who have hours in excess of the NSI statutory maximum of 195 hours,

will be subject to a reduction in hours to 195 in accordance with the Special Terms and Conditions of the IHSS Plus Waiver.

After the implementation on February 27, 2006, cases that meet the criteria described in the paragraph above had their hours reduced in CMIPS to a maximum of 195 hours per month. The excess hours show in the unmet need column. However, because recipients have not been notified of the reduction in hours, provider payments must continue to pay the additional hours until adequate notice can be provided to the recipient. These cases are identified on the Weekly Statutory Max Report. IHSS Social Workers should use this report to adjust the authorized hours and send notice to the recipient.

IV. PROCEDURES

IHSS SOCIAL WORKER

The following procedures should be utilized by the IHSS Social Worker based on the specific subcategory listed in the report received on the CMIPS Online website.

MEDI-CAL ELIGIBILITY DENIED - Based upon the Medi-Cal Denial, the IHSS Social Worker should verify that the individual is eligible for the IHSS Residual program. If so, the recipient case will be assigned to the IHSS-Residual Funding Source (2N) until such time that Medi-Cal Benefits are approved.

RECIPIENT DOB DOES NOT MATCH MEDS - The IHSS Social Worker should verify the date of birth indicated in CMIPS with the recipient and update CMIPS accordingly. If the CMIPS DOB is verified as correct, the IHSS Social Worker should communicate that information to the Medi-Cal eligibility worker.

MEDI-CAL ELIGIBILITY TERMINATION - Based upon the Medi-Cal Termination, the IHSS Social Worker should verify that the individual is eligible for the IHSS Residual program. If so, recipient cases will be assigned to the IHSS-Residual Funding Source (2N).

RECIPIENT ADMITTED TO LONG-TERM CARE, IHSS CASE NOT IN L STATUS - The IHSS Social Worker is responsible to research to determine the date on which the recipient was admitted to LTC and place the IHSS case in "L" status effective the date the client entered the facility.

WEEKLY STATUTORY MAX REPORT - IHSS Social Workers must access the recipient case and create eligibility segments to coincide with the provider or MEDS eligibility changes. The IHSS Social Worker should ensure the correct Medi-Cal Secondary Aid Code (2L, 2M, or 2N) is entered on line F2 of the SOC 293 and that the authorized hours are appropriate for that Aid Code. See Section IV-D - Medi-Cal Eligibility Look-Up (MELG) Screen of the CMIPS User's Manual which displays the most recent data received through the Monthly or Daily MEDS Response file processing.

SPLIT CASES – CMIPS will not allow authorization of hours above 195 for NSI recipients in either the IPW or IHSS-R. Therefore, the IHSS Social Worker will:

1.	Enter “3/1/06” in the Begin Date box in Field ZZ3 of the SOC 293 and submit the form to Data Entry. Be sure to suppress the NOA by circling “N” in Field ZZ1.
2.	Review the case to confirm that the appropriate changes have been made to reflect the correct hours for this category (2L, 2M, or 2N). To verify changes to the FFP indication, use the MELG Screen.
3.	Immediately request NOA 387 on the turnaround SOC 293 with an effective date of “5/1/06” to advise the client of the reduction in hours to 195.

IHSS SOC Exceeds Need

The Social Worker must manually adjust the IHSS income to reflect a SOC equal to the recipient’s IHSS service needs. Temporarily this will result in a lower IHSS SOC for the recipient. The Social Worker should inform the recipient that this is a temporary administrative Work-Around that will be discontinued when the CMIPS system changes are complete. At that time the recipient will have his/her IHSS SOC restored.

PUBLIC AUTHORITY PAYROLL

For time worked prior to the NOA being issued, Payroll should use the following process to ensure payment is made for the hours worked:

- When a timesheet is entered into CMIPS, the system will generate an alert advising them that the case needs to be worked.
- The TIME screen will only allow entry of 195 hours per month and will alert the user of the need to complete a SPEC X/W 25 to authorize payment of the hours above 195.
- After the SPEC transaction is completed, the system will direct the user to the RELB screens to adjust the hours and initiate a 10-day notice to the recipient.

V. REVIEW STATEMENT

Due to the immediacy of this Special Notice, it was not reviewed by the standard review committee.

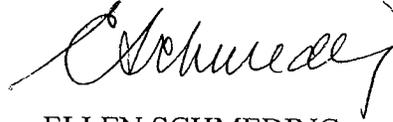
VI. FILING STATEMENT

File this Special Notice in the Special Notice section of the IHSS Program Guide.



RICK WANNE
Assistant Deputy Director

Contact: Matt McKay (858) 505-6366



ELLEN SCHMEDING
Assistant Deputy Director

Dist. Codes 7 & 8

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 06-01**

January 27, 2006

**SUBJECT- JANUARY 2006 COST-OF-LIVING ADJUSTMENTS THAT AFFECT
THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)**

EFFECTIVE DATE: Immediately

**EXPIRATION DATE: When
incorporated into the IHSS Program
Guide**

REFERENCE: All-County Information Notice No. 1-77-05

I. PURPOSE

The purpose of this Special Notice is to inform staff of changes in the payment standards for the Cash Assistance Program for Immigrants (CAPI). The attached CAPI Payment Standards Charts detail the payment standards that are effective January 1, 2006 (Attachment A) and April 1, 2006 (Attachment B). Also attached are the Estimated SSI/SSP Payment Standards Charts that are effective January 1, 2006 (Attachment C) and April 1, 2006 (Attachment D).

II. BACKGROUND

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 immigrant status. The CAPI payment standards are based on SSI/SSP standards, minus \$10.00 for an individual and \$20.00 for a couple. Under the provisions of Senate Bill (SB) 68, the State SSP Cost-of-Living Adjustment (COLA) is suspended for all of 2006, and the pass-through of the federal SSI COLA is delayed from January 1, 2006 until April 1, 2006. Consequently, there will be no increase for most of the SSI/SSP or CAPI payment standards in January 2006. The one exception is the Non-Medical Out-of-Home Care (NMOHC) rate, which will increase by the amount of the SSI COLA because it was exempted from the delayed COLA pass-through provisions of SB 68.

III. POLICY

The CAPI payment standards, effective January 1, 2006, must be implemented as reflected on the attached CAPI Payment Standard Chart. All other eligibility requirements for CAPI remain the same.

IV. PROCEDURES

IHSS SOCIAL WORKER

In-Home Supportive Services (IHSS) applications received from CAPI applicants/recipients will continue to be processed as Income Eligible IHSS Residual cases. Staff may refer to Chapter 2, Appendix F, of the IHSS Program Guide for definitions and treatment of CAPI cases.

HUMAN SERVICES SPECIALIST

The Federal SSI COLA affects the following values:

- **Presumed Maximum Value (PMV)** of in-kind support and maintenance changes from \$213.00 to **\$221.00** for an individual and \$309.66 to **\$321.33** for a couple. To compute this value, take 1/3 of the federal SSI amount and add \$20.00.
- **Allowance for Ineligible Children in Deeming Situations** changes from \$290.00 to **\$301.00**. To compute the allowance, determine the difference between the federal SSI benefit amount for a couple and the federal SSI benefit amount for an individual. This allowance is entered, when appropriate, on the Income Eligibility Worksheet (SOC 452), when determining a CAPI benefit amount for a case involving deemed income from an ineligible spouse. It is also used on the Income Eligibility Worksheet-Child (SOC 452A), when determining a CAPI benefit involving deemed income from ineligible parent(s).
- **Sponsor's Allocation in Alien Deeming Situations** changes from \$579.00 to **\$603.00**. This allocation equals the federal SSI rate for an individual. This allowance is entered, when appropriate, on the Sponsor to Alien Deeming Worksheet (SOC 454), when determining CAPI benefit amount for a case involving deemed income from a sponsor.

V. REVIEW STATEMENT

Due to the informational nature of this Special Notice, it was not reviewed by the standard review committee.

VI. FILING STATEMENT

File this Special Notice in the Special Notice section of the IHSS Program Guide.



RICK WANNE
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Matt McKay (858) 505-6366

Dist. Codes 7 & 8

CAPI PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2006
BASED ON JANUARY 2006 SSI/SSP STANDARDS

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED	802.00		812.00	610.00		620.00	799.00		809.00	1,005.00		1,015.00
- without cooking facilities (RMA) 1/	886.00		896.00	N/A		N/A	N/A		N/A	N/A		N/A
BLIND	867.00		877.00	691.00		701.00	799.00		809.00	1,005.00		1,015.00
DISABLED MINOR												
- living with parent(s)	688.00		698.00	484.00		494.00						
- living with non-parent relative or non-relative guardian	688.00		698.00	484.00		494.00	799.00		809.00	1,005.00		1,015.00
COUPLE:												
	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED												
- per couple	1,417.00	1,427.00	1,437.00	1,155.00	1,165.00	1,175.00	1,628.33	1,638.33	1,648.33	2,010.00	2,020.00	2,030.00
- without cooking facilities (RMA) 1/	1,585.00	1,595.00	1,605.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	1,644.00	1,654.00	1,664.00	1,382.00	1,392.00	1,402.00	1,628.33	1,638.33	1,648.33	2,010.00	2,020.00	2,030.00
BLIND/AGED OR DISABLED												
- per couple	1,559.00	1,569.00	1,579.00	1,296.00	1,306.00	1,316.00	1,628.33	1,638.33	1,648.33	2,010.00	2,020.00	2,030.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPI	\$40	\$80
SSI/SSP	50	100

1/ RMA - Restaurant Meals Allowance - \$84 Individual; \$168 Couple

ESTIMATED CAPI PAYMENT STANDARDS
EFFECTIVE APRIL 1, 2006
BASED ON APRIL 2006 SSI/SSP STANDARDS

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED	826.00		836.00	626.00		636.00	799.00		809.00	1,005.00		1,015.00
- without cooking facilities (RMA) 1/	910.00		920.00	N/A		N/A	N/A		N/A	N/A		N/A
BLIND	891.00		901.00	707.00		717.00	799.00		809.00	1,005.00		1,015.00
DISABLED MINOR												
- living with parent(s)	712.00		722.00	500.00		510.00						
- living with non-parent relative or non-relative guardian	712.00		722.00	500.00		510.00	799.00		809.00	1,005.00		1,015.00
COUPLE:												
	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED												
- per couple	1,452.00	1,462.00	1,472.00	1,178.33	1,188.33	1,198.33	1,628.33	1,638.33	1,648.33	2,010.00	2,020.00	2,030.00
- without cooking facilities (RMA) 1/	1,620.00	1,630.00	1,640.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	1,679.00	1,689.00	1,699.00	1,405.33	1,415.33	1,425.33	1,628.33	1,638.33	1,648.33	2,010.00	2,020.00	2,030.00
BLIND/AGED OR DISABLED												
- per couple	1,594.00	1,604.00	1,614.00	1,319.33	1,329.33	1,339.33	1,628.33	1,638.33	1,648.33	2,010.00	2,020.00	2,030.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPI	\$40	\$80
SSI/SSP	50	100

1/ RMA - Restaurant Meals Allowance - \$84 Individual; \$168 Couple

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2006
Includes no-pass of the CPI COLA and suspension of the CNI COLA^{3/}

CNI: 4.07% (e)
CPI: 4.10% (a)

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE 1/ (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP
INDIVIDUAL:												
AGED OR DISABLED	812.00	603.00	209.00	620.00	402.00	218.00	809.00	402.00	407.00	1,015.00	603.00	412.00
- without cooking facilities (RMA) 2/	896.00	603.00	293.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND	877.00	603.00	274.00	701.00	402.00	299.00	809.00	402.00	407.00	1,015.00	603.00	412.00
DISABLED MINOR												
- living with parent(s)	698.00	603.00	95.00	494.00	402.00	92.00	809.00	402.00	407.00	1,015.00	603.00	412.00
- living with non-parent relative or non-relative guardian							809.00	402.00	407.00	1,015.00	603.00	412.00
COUPLE:												
AGED OR DISABLED												
- per couple	1,437.00	904.00	533.00	1,175.00	602.67	572.33	1,648.33	602.67	1,045.66	2,030.00	904.00	1,126.00
- without cooking facilities (RMA) 2/	1,605.00	904.00	701.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	1,664.00	904.00	760.00	1,402.00	602.67	799.33	1,648.33	602.67	1,045.66	2,030.00	904.00	1,126.00
BLIND/AGED OR DISABLED												
- per couple	1,579.00	904.00	675.00	1,316.00	602.67	713.33	1,648.33	602.67	1,045.66	2,030.00	904.00	1,126.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total	\$50	\$100
SSI	30	60
SSP	20	40

1/ NON-MEDICAL OUT-OF-HOME CARE

Personal and Incidental Needs Maximum:	\$206	Minimum:	\$117
Care and Supervision Minimum:	\$374	Maximum:	\$463
Board and Room	\$435		\$435

2/ RMA - Restaurant Meals Allowance - \$84 Individual; \$168 Couple

3/ No-pass excludes the NMOHC, RMA, and Title XIX categories.

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE APRIL 1, 2006
Includes pass-through of the CPI COLA

CPI: 4.07% (e)
CPI: 4.10% (a)

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE 1/ (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP
INDIVIDUAL:												
AGED OR DISABLED	836.00	603.00	233.00	636.00	402.00	234.00	809.00	402.00	407.00	1,015.00	603.00	412.00
- without cooking facilities (RMA) 2/	920.00	603.00	317.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND	901.00	603.00	298.00	717.00	402.00	315.00	809.00	402.00	407.00	1,015.00	603.00	412.00
DISABLED MINOR												
- living with parent(s)	722.00	603.00	119.00	510.00	402.00	108.00						
- living with non-parent relative or non-relative guardian							809.00	402.00	407.00	1,015.00	603.00	412.00
COUPLE:												
AGED OR DISABLED												
- per couple	1,472.00	904.00	568.00	1,198.33	602.67	595.66	1,648.33	602.67	1,045.66	2,030.00	904.00	1,126.00
- without cooking facilities (RMA) 2/	1,640.00	904.00	736.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	1,699.00	904.00	795.00	1,425.33	602.67	622.66	1,648.33	602.67	1,045.66	2,030.00	904.00	1,126.00
BLIND/AGED OR DISABLED												
- per couple	1,614.00	904.00	710.00	1,339.33	602.67	736.66	1,648.33	602.67	1,045.66	2,030.00	904.00	1,126.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total	\$50	\$100
SSI	30	60
SSP	20	40

1/ NON-MEDICAL OUT-OF-HOME CARE

Personal and Incidental Needs Maximum:	\$206	Minimum:	\$117
Care and Supervision Minimum:	\$374	Maximum:	\$463
Board and Room	\$435		\$435

2/ RMA - Restaurant Meals Allowance - \$84 Individual; \$168 Couple