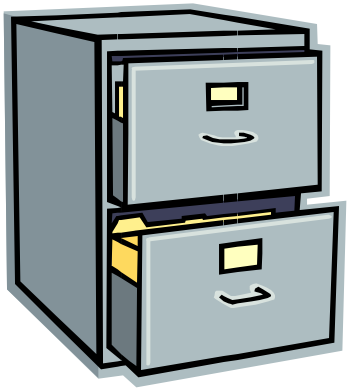
IN-HOME SUPPORTIVE SERVICES SPECIAL NOTICE ARCHIVES 2011



IHSS SPECIAL NOTICES 2011

YEAR	NUMBER	SUBJECT (ABBREVIATED)	REMARKS
2011	11-01	Suspension of SSI/SSP COLA for 2011	Issued 1/5/2011
	11-02	IHSS Plus Option & Risk Assessment	Issued 3/7/2011
	11-03	Referrals to the IHSS Program Integrity Unit	Issued 3/25/2011
	11-04	IP Enrollment Update-Exclusionary Crimes Expansion	Issued 4/1/2011
	11-04 ADDA	Request for Waiver-Denial Letter	Issued 7/21/2011
	11-02 ADDA	IHSS Plus Option Q&A	Issued 6/15/2011
	11-05	Payment Reductions SSI/SSP and CAPI	Issued 6/24/2011
	11-05ADDA	Payment Reductions SSI/SSP & CAPI Additional Information	Issued 7/15/2011
	11-06	Medical Certification Form	Issued 8/10/2011
	11-07	Supervisory Telephone Review Tracking Procedures	Issued 8/24/2011
	11-08	Collaboration with California Children Services	Issued 9/8/2011
	11-09	Elimination of ADHC as a Med-Cal Benefit	Issued 9/29/11
	11-10	Revised Procedures for IHSS Income Eligible Applications and Renewals	Issued 10/21/11
	11-11	Document Imaging For IHSS	Issued 10/28/11
	11-12	CMIPS II Web-Based Training (WBT)	Issued 11/30/11

SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 11-12

November 30, 2011

SUBJECT: CMIPS II WEB-BASED TRAINING (WBT)

EFFECTIVE DATE: Immediately

EXPIRATION DATE: When incorporated into the IHSS Program Guide

I. PURPOSE

The purpose of this Special Notice is to provide instructions to IHSS staff on accessing the CMIPS II Web-Based Training (WBT). The system will allow a user to understand and practice the use and operation of the new Case Management, Information, and Payrolling System (CMIPS II) prior to hands-on classroom training.

II. BACKGROUND

WBT is an interactive self-paced training program that is now available to IHSS staff. Use of WBT will enable staff to become familiar with CMIPS II functionality at a faster pace. WBT focuses on selected procedures that are considered the most important, complex and/or frequently performed by users.

The training can be accessed by all IHSS staff prior to the completion of the hands-on training. The WBT will be available on an ongoing basis, for refresher training and for the training of new IHSS staff. Users can choose any of the modules that apply to their job function regardless of the module's sequence in the curriculum.

III. WEB-BASED TRAINING

WBT curriculum is currently located on the S: drive but will be accessible through a system portal after CMIPS II is in production. The files for WBT must be copied from the S: drive to the C: drive on the user's computer. If the training is accessed from the S: drive or by using "Create a Shortcut", it will prevent other users from accessing the training. The files can only be used by one individual at any given time.

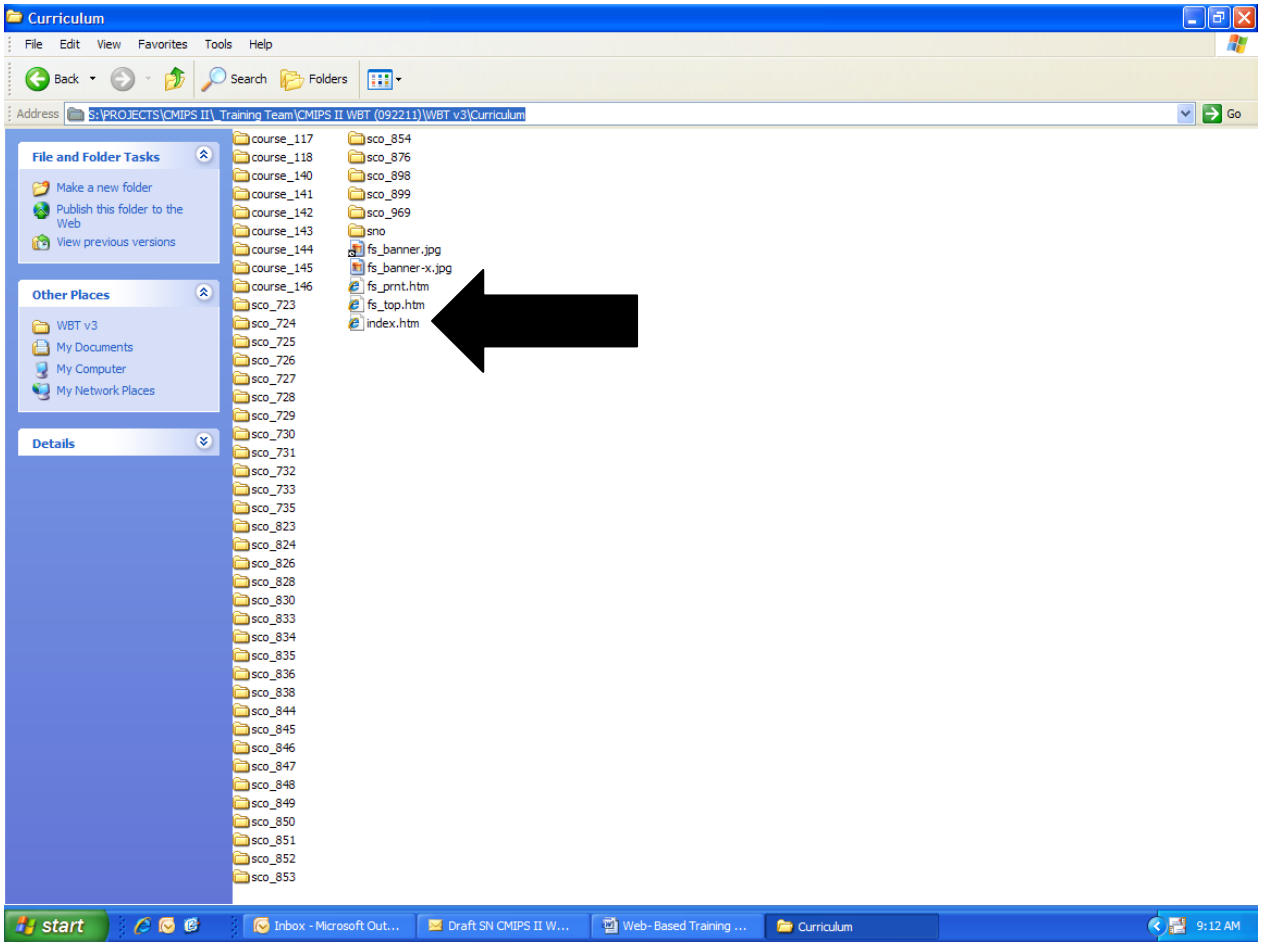
<u>Copying Web-Based Training Files</u>

1. Use the following path to access the WBT files:

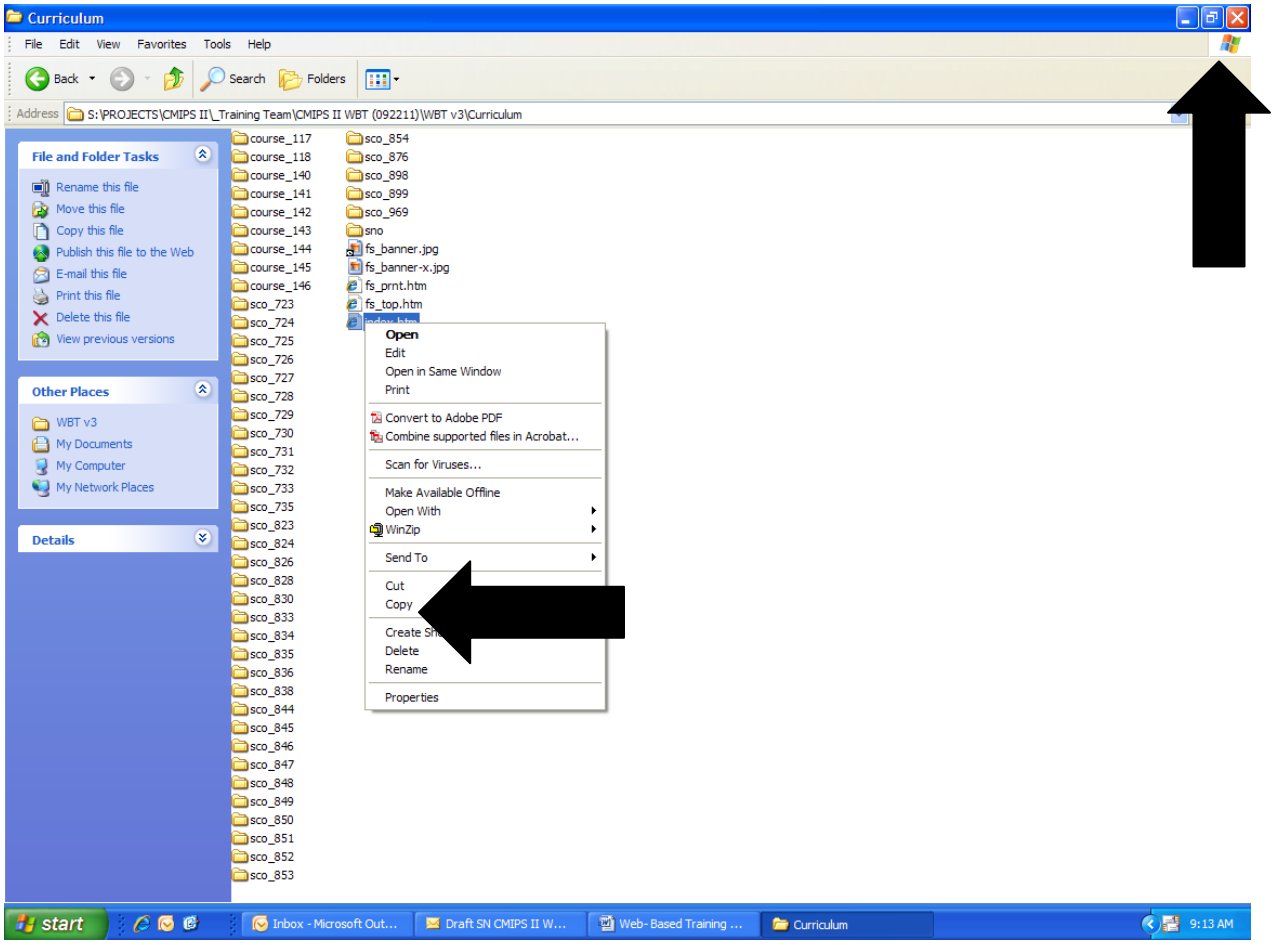
S:\PROJECTS\CMIPS II_Training Team\CMIPS II WBT (092211)\WBT v3\Curriculum

2. Open the “Curriculum” folder

3. Right click on the file “Index.htm”

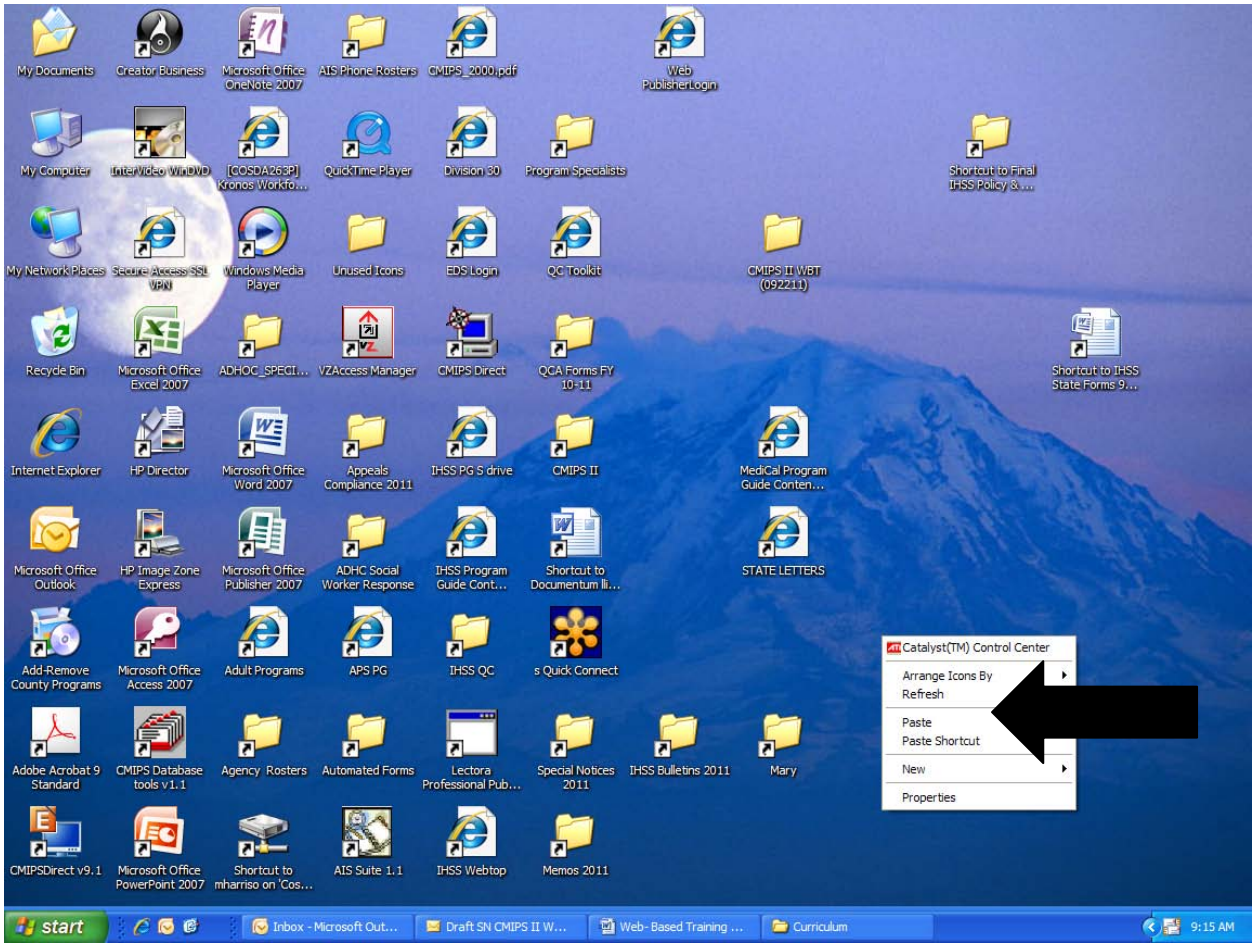


4. Select “Copy” from the drop-down menu (not “Create Shortcut) using a left click.



5. Minimize the screen by left clicking the (-) icon on the Toolbar.

6. Go to the "Desktop" screen and add the training curriculum to the "Desktop" by right clicking on the screen, and selecting "Paste" from the drop-down menu using a left click.



Note: Due to the large volume of training materials, it will take time for the files to copy to the "Desktop".

After the files have been copied, return to "Curriculum" folder and close the folder by clicking on the (X) icon on the "Toolbar".

<u>How to Access Web-Based Training</u>

WBT is intended for use by all staff that will be using CMIPS II. Completing "Course I, Introduction to CMIPS II" should be completed before starting any other courses. The introductory course will make subsequent courses easier to follow. In WBT, users can complete the courses and/or the lessons as many times as necessary.

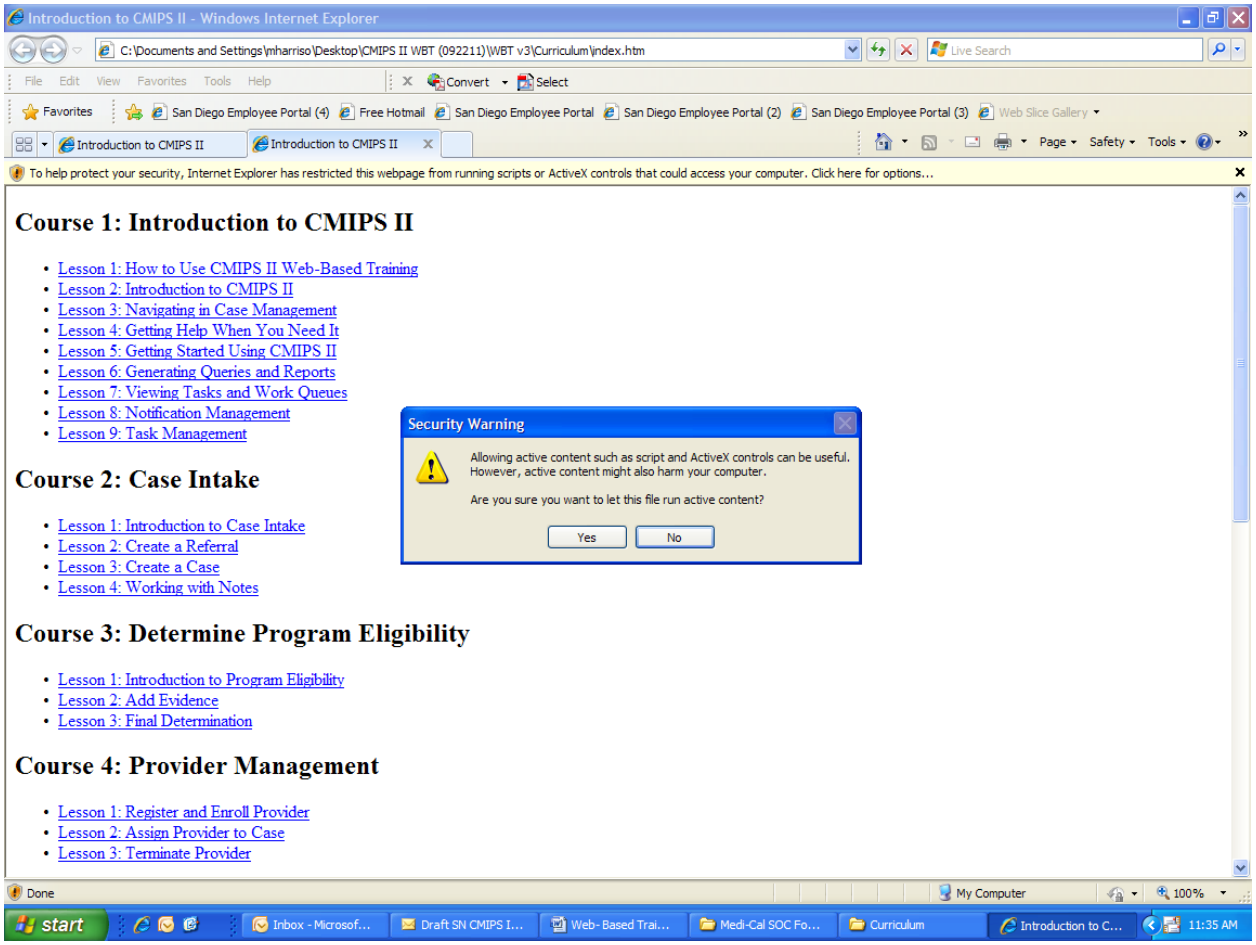
Follow the steps below to access and complete the web-based training:

1. Open the "*WBT v3*" folder on the desktop using a double click.

2. Double click on the "Curriculum" folder.
3. Double click on "index.htm."

The following steps **must be completed each time,** before a course or lesson can be opened. County security levels prevent the training files from opening automatically. When the WBT curriculum screen appears, *right click* on the dialogue box above Course 1. A menu appears after clicking the dialogue box. Choose and click on *Allow Blocked Content.*

A dialogue box appears after clicking Allow Blocked Content. Click *Yes*.



Start the training and follow the instructions in the course or lesson as you go along.

For additional information, refer to Attachment A.

IV. REVIEW STATEMENT

This Special Notice was not reviewed by the standard review committee due to the informational nature of this notice.

V. FILING STATEMENT

Notices are archived at the following link:

S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated

IHSS Special Notices are also archived on the County intranet at:

http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AISIHSS

Hard copies of this Special Notice will not be automatically distributed by Program Support.

WILFRED QUINTONG
Assistant Deputy Director

ELLEN SCHMEDING
Assistant Deputy Director

Attachment
Contact: Susan Pullido (858)505-6366

How to Access and Review the Self-Paced, Web-Based Training (WBT) v.3

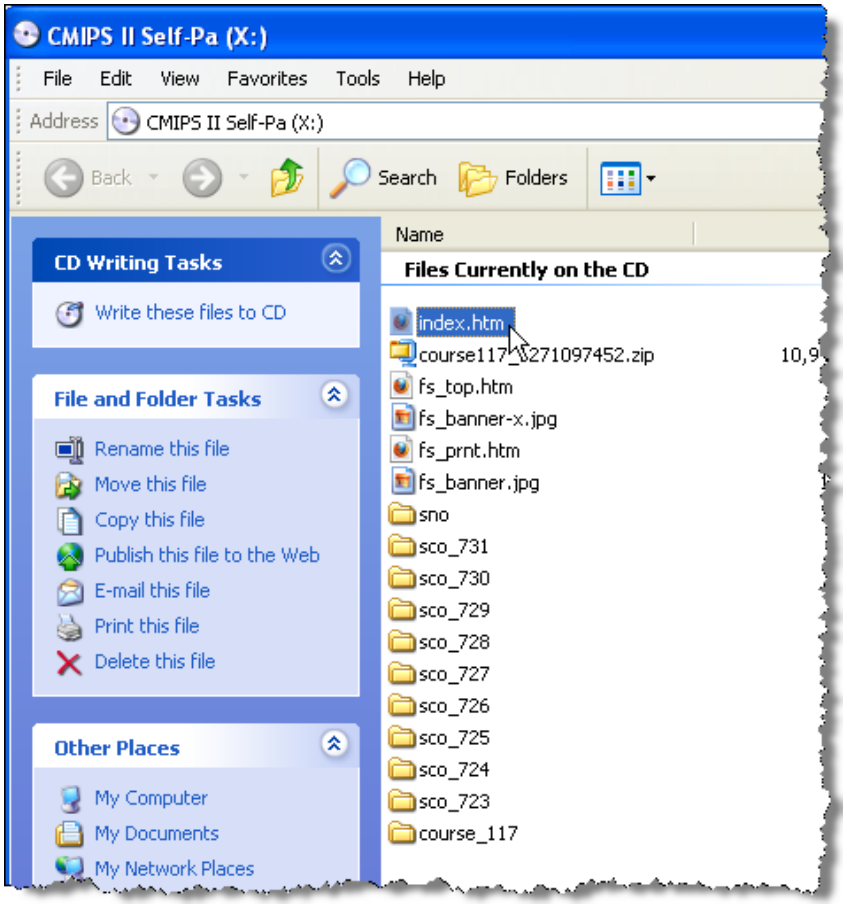
This training will be available from each workstation and can be taken whenever time allows, more than once, and reviewed as needed. It will be accessible through the Learning Management System (LMS), available from the CMIPS II Web Portal. It is always available for training new hires. It is also an effective way to minimize the impact of classroom training time on the counties' staff and schedules. The objective of the Self-Paced (WBT) Training is to familiarize students with CMIPS II before or after classroom training, so that students adapt to CMIPS II quickly.

Self-Paced (WBT) Reviewing Requirements:

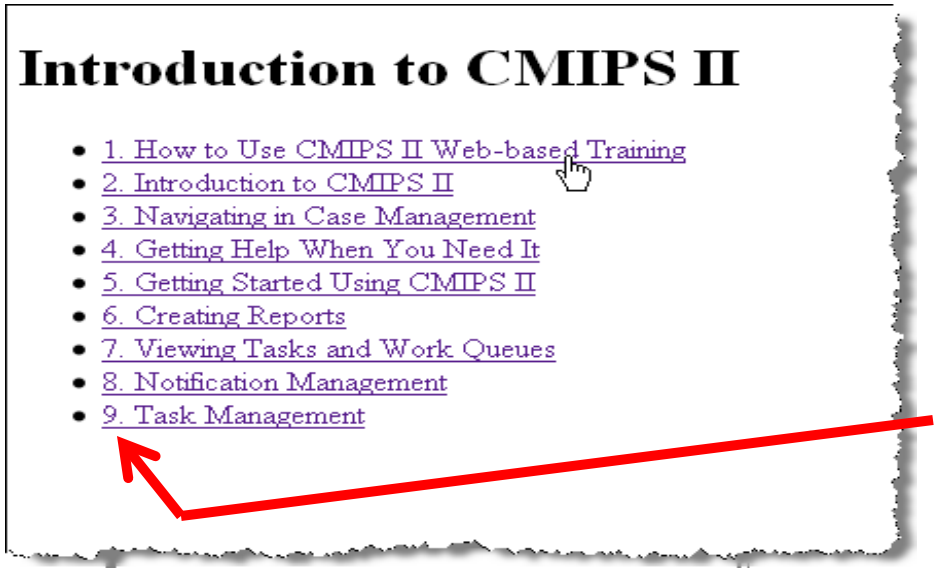
Technical requirements:

- Internet Explorer 6x or above or comparable browser required
- JavaScript must be enabled in your browser
- If prompted to allow scripts to run, such as ActiveX, Active content, or blocked content, select YES.

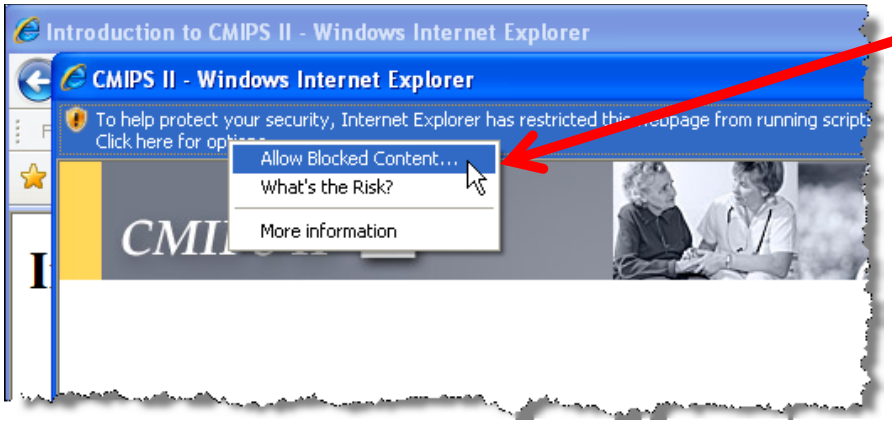
Step 1: Within the Curriculum folder, locate and double-click on the index.htm file to open the course menu in your default web browser.
DO NOT open or review any of the individual .htm or other files in the list.



Step 2: Click a lesson link to launch it. The lesson will open in a separate browser window.



Note the lesson numbers, 1-9 as you are reviewing each lesson.



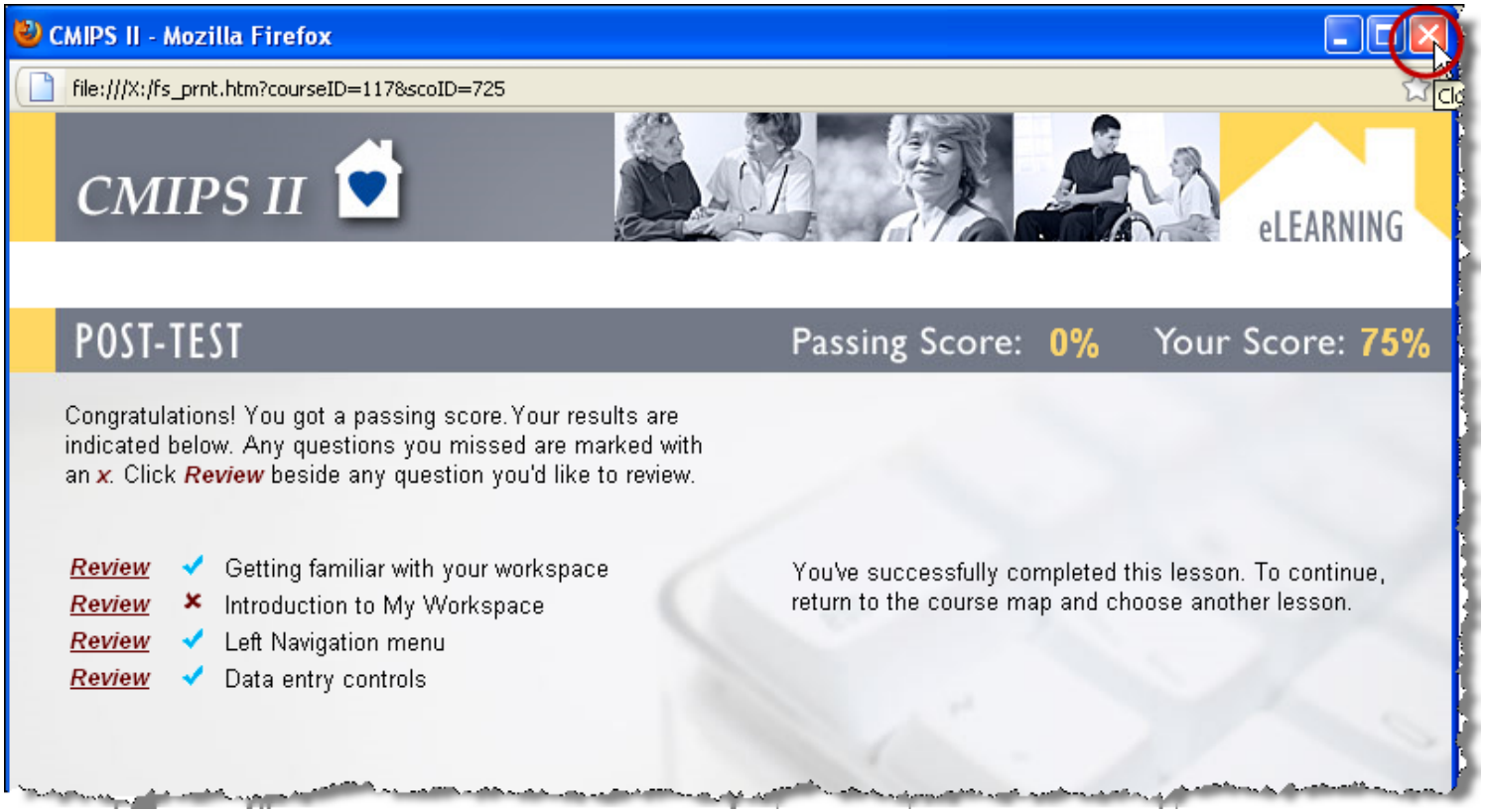
If prompted to allow scripts to run, such as ActiveX, Active content, or blocked content, select YES. Or click and select **Allow Blocked Content**

Step 3: Review the courses and lessons.

- Read all of the text on each page.
- Click as instructed.
- View every page and slides within pages

Step 6: Close the lesson when finished.

When you've finished reviewing the lesson, click the **X** in the upper right window to close the lesson.



(You can re-look at as many pages as you like. The Post-Test summary screen is the final page, but you can close the lesson from any page.)

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

October 28, 2011

SUBJECT: **Document Imaging for In-Home Supportive Services**

EFFECTIVE DATE: **November 1, 2011**

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

I. PURPOSE

The purpose of this Special Notice is to provide In-Home Supportive Services (IHSS) staff with instructions and procedures for the imaging and storage of IHSS case files.

II. BACKGROUND

In order to improve accessibility to case management information and as part of the countywide green initiative, IHSS will implement an Electronic Content Management (ECM) system for the scanning, storing and retrieving of IHSS case records.

III. POLICY

Document imaging instructions for IHSS case records will apply only to new applications as identified in the following instructions. The back scanning of existing case files is not included in the scope of this project. All IHSS district offices will implement the following procedures for document imaging effective with new applications dated November 1, 2011 or later.

IV. PROCEDURES

For the purposes of scanning, a new application is defined as an application for IHSS services that has no previous history in the Case Management Information and Payrolling System (CMIPS).

IHSS Clerical Responsibilities

Designated IHSS clerical staff will have the primary responsibility for scanning and validating IHSS documents. Documents will be imaged only after the IHSS Social Worker has made an eligibility determination, and the application has been denied, withdrawn or granted.

New applications will be downloaded and printed from the AIS Suite following the standard clearing and assignment procedures. If the applicant has no previous history in CMIPS, clerical staff will:

- Create a *"Scanning Folder"* for the IHSS application. The scanning folder will be labeled with the case name, case number, and the assigned Social Worker number. The scanning folder will be given to the Social Worker and will be used to submit completed documents to clerical staff for scanning and validation.

- For approved cases, create a second *Social Worker folder*. This folder will be used to retain turn-around documents (TADs) and other case documents that have not yet been scanned. (Note: This is an interim process that will eventually be eliminated.)

- Complete the *Document Tracking Form* (Attachment A) and attach to the front of the scanning folder.

- Enter the IHSS application into the *"Case Assignment Log"* and indicate that the application must be scanned.

- Follow current procedures for distributing the assigned applications to the appropriate Social Work Supervisor.

Note: Pending income eligible cases that have been transferred from the SOC Specialist are applications where eligibility has not yet been determined. These cases are not subject to the following procedures until the case has been granted, denied or the application withdrawn.

Each office will have two designated holding locations for new applications that are waiting to be scanned and validated. The designated locations will be accessible to clerical and to Social Work staff. The designated locations will be labeled *"Cases to be scanned"* and *"Scanned cases"*. Clerical staff will:

- Scan and validate all documents contained in each scanning folder.
- Scan each folder in the order that each case was submitted and/or received.
- Ensure that the status of the case in Documentum Webtop reflects the status of the CMIPS case.
- Update the *Document Tracking Form* identifying the individual that completed the scanning and validation process, as well as the date that each process was completed.
- Retain the scanning folder in the designated holding location for 14 business days in order to ensure that all documents scanned were imaged successfully without any errors.
- After 14 business days the documents will be shredded.
- Additional documents will be submitted for scanning at the time of the annual renewal, at transfer or at termination.
- Recycle Social Worker folders by creating a new label for the next intake.
- Recycle scanning folders once the documents have been scanned, validated and shredded after the completion of the 14 business days.

Note: All documents will be scanned by the date received (first in, first out). Please see the *Documentum Scanning File Guide* (Attachment B) for a list of documents and the name of the folder where the documents will be scanned/located.

Separator Sheets

Clerical staff will print and maintain an available supply of separator sheets for scanning documents. *Separator sheets* (Attachment C) are used to tell the scanner when a document has ended. A separator sheet must be used between each document. Some documents may be more than one page; a separator sheet **must not** be placed between the pages of a document. Documents will be fed into the scanner as portrait, not landscape orientation. The direction of the documents will be corrected as needed during the validation process by clerical staff. Separator sheets cannot be photocopied and must be printed from designated scanning or validating computers. Individual documents must be scanned separately in order to locate them in the system. **Do not** scan "like" documents together.

IHSS Social Worker Responsibilities

The IHSS Social Worker will process applications following standard procedures. The Social Worker is responsible for ensuring that all documents are:

- Complete and include all of the required client and case information.
- Have the applicant's name, case number and signature (if a signature is required).
- Prepared for scanning as instructed and include "separator sheets" between each document.
- Placed in the scanning folder before being submitted to clerical for scanning.

Document Preparation

When preparing documents for scanning, the Social Worker will:

- Remove all physical constraints (staples, paperclips, sticky notes etc).
- Repair tears.
- Perform document quality review (check for pencil or light ink marks and smudges on the document).
- Separate multiple copies of NCR forms.
- Eliminate/shred duplicate forms or NCR copies – use the signed or most legible copy.
- Include a separator sheet at the beginning of each document and at the end of each document.

Searching for Case Documents in Documentum

To access WebTop, open the internet browser and type in the following address:

http://webtop-hhsa.sdcounty.ca.gov:7012/ihss

This link should be saved as a desktop shortcut or saved as a "Favorite" on your internet browser. Once WebTop has been accessed, the WebTop login screen will appear. Clerical staff will:

1. Enter the login information in the following fields:
    a. Enter the **username** in the *"Login Name"* field.
    b. Enter the **password** in the *"Password"* field.
    c. Select **HHSA** from the *"Repository"* drop down menu.
    d. Hit the *"Login"* button or press enter.

Note: At login, a security window will appear requesting permission to run the application. Select *"Run"*. Another window will then appear asking, "Do you want to trust content from this site?" Select *"Yes"*.

2. When searching for a case, staff will:
    a. Select the *"IHSS Search"* tab from the menu area at the top of the screen.
    b. Select *"Client/Case Search"* or "*Provider/Case Search*" in the *"IHSS Search"* drop down menu.
    c. On the *"Client/Case Search"* or "*Provider/Case Search*" screen, IHSS staff can search for the scanned case by entering the Social Security number, last name or case number.

Submitting Documents for Scanning

After the eligibility determination has been completed, the application must be reviewed and approved by the Social Work Supervisor and the information data-entered into CMIPS. At that time, documents will be submitted to clerical for scanning by placing the scanning folder in the designated location labeled "*Cases to be scanned.*"

Granted Applications

When an application is granted, the Social Worker will submit the documents in the scanning folder ***without*** separator sheets to the Social Work Supervisor. After the case has been approved, the Social Work Supervisor will submit the pink copy of the SOC 293 to clerical staff, and return the original 293 and the scanning folder to the Social Worker. Within two days of receiving the turnaround documents, the Social Worker will:

- Prepare all case documents for scanning.
- Insert separator sheets between each document to be scanned.
- Submit the prepared documents to clerical staff in the scanning folder.

The Social Worker will retain the Social Worker folder to hold turnaround documents (TADs) and any additional documents that may be generated.

Denied/Withdrawn Applications and Terminated Cases

Denials:

If an application is denied or withdrawn, the Social Worker will prepare all documents in the scanning folder ***with*** separator sheets, and submit the scanning folder and the Social Worker folder to the Social Work Supervisor. After the denial has been reviewed, the Social Work

Supervisor will submit both folders and the pink NCR copy of the SOC 293 to clerical staff for data entry and scanning.

Terminations:
If an application that has been scanned is terminated, the Social Worker will submit the documents in the scanning folder ***without*** separator sheets to the Social Work Supervisor. After the case closing has been approved, the Social Work Supervisor will return the scanning folder to the Social Worker. The Social Worker will prepare all of the documents (including The TAD for the SOC 293 and SOC 311) in the scanning folder with separator sheets. The Social Worker will submit the scanning folder and Social Worker folder to clerical staff.

Transfer of Pending Applications

Transferring Office:
Pending applications must be submitted for transfer within 10 calender days of the date of application. Exceptions must be agreed upon supervisor to supervisor prior to transfer.

When a pending application must be transferred to another district office, the Social Worker will submit the documents in the scanning folder ***without*** separator sheets to the Social Work Supervisor. After the case has been approved for transfer, the Social Work Supervisor will return the scanning folder to the Social Worker. The Social Worker will prepare all the documents (including TADs, the SOC 293, and the SOC 311) in the scanning folder and insert separator sheets. The Social Worker will submit the scanning folder and the Social Worker folder to clerical staff for processing and transfer.

Receiving Office:
Once the pending application has been transferred, the assignment clerk will:

- Assign the case using standard procedures
- Access the pending application in CMIPS
- Enter the new worker number
- In the "County Use" field of the RELB screen and the PELG screen, enter his/her initials and the word "transfer", generating a new TAD for the SOC 293 and the SOC 311.
- Change the assigned worker number for the case in Documentum Webtop.

Document Scanning Process

Creating Separator sheets

To create a separator sheet:

1. Double click on the shortcut icon *"Separator Sheets"* located on the desktop.
    a. If unable to locate the *"Separator Sheet"* icon on the desktop, use the following steps:
        - Select the *"Start"* button on the bottom left side of the computer screen.
        - Find and select *"Programs."*
        - Find and select *"Kofax Capture 8.0" to open this folder.*

- Right click on the "*Separator Sheets*" icon and select "Send To."
- Select "Desktop (create shortcut)" to send the icon to the desktop.

2. After selecting the "*Separator Sheets*" icon, the window *"Kofax Capture Separator Sheet Utility"* will appear. Please see the <u>*Scanning Desk Aid*</u> (Attachment D).

3. Select *"Document Separator"* in the drop-down menu titled *"Separator Sheet Type."*

4. Select *"HHSA-IHSS-Case"* in the drop-down menu titled *"Batch Class Name."*

5. Select "*Patch T"* in the drop-down menu titled *"Patch Code Type".*

6. Select *"Case Document Case Form"* in the drop down menu titled *"Form Type".*

7. Select *"Print"and choose the number of copies needed.*

Scanning Documents

When scanning a new batch of documents:

1. Double click on the shortcut icon *"Kofax 8.0 Batch Manager"* located on the desktop.
   a. If unable to locate the *"Kofax 8.0 Batch Manager"* icon on the desktop, complete the following steps:
      - Select the *"Start"* button on the bottom left side of the computer screen.
      - Find and select *"Programs."*
      - Find and click on *"Kofax Capture 8.0."*
      - Find and click on *"BATCH MANAGER."* After selecting the *"Kofax 8.0 Batch Manager"* icon, the window *"Kofax Capture Batch Manager"* will appear.

2. Click on the first icon *"Create Batch"* on the top left of the tool bar. The window *"Create Batch"* will appear and will open to the first tab titled *"General".*

3. Complete the following steps in the order listed:
   a. Select *"HHSA-IHSS Case"* in the drop-down menu titled *"Batch Class."*
   b. Enter the *"Name"* in the field in the following order: **last name, first name and CMIPS case number** (without a dash).
   c. Leave blank the following fields:
      - *"Description"*
      - *"Pages per document"*
      - *"Document per batch"*
      - *"Pages per batch"*
   d. Click on the *"Save"* button.
   e. Select the *"Close"* button to complete the process and return to the *"Kofax Capture Batch Manager."* The batch has been created and will appear highlighted in the batch list. If the batch is not highlighted, click on it to select it.

4. Select the second icon from the left *"Process Batch."* The window *"Kofax Capture Scan"* will appear.

5. If not pre-populated, select *"Kodak i1300 without SVRS with AIPE"* from the drop-down menu located on the left side of the screen.

6. Place the documents face down on the Kofax machine. Be sure to place a separator sheet before the first document and between each document. A separator sheet is not needed at the end of the last document. The scanner is able to image two-sided documents and legal size paper.

7. Click on the purple icon below the drop-down menu called *"Scan Batch."* The scanner will make images of the documents scanned.

8. View documents in the *"Batch Contents"* tab located on the left under the green, purple and red icons. Individual documents will be labeled as case forms in the *"Batch Contents."*

9. Click on the (+) sign to the left of each case form to view all of the pages of the documents scanned. Check the quality of the scanned images for pages that may be blurred, blank, smudged, crooked, or for pages that were missed. Continue this process until all of the documents have been reviewed.

    a. To rotate or delete a document, right click on the document and select the appropriate choice.
    b. If a document needs to be replaced or inserted, place the physical document on the scanner first, then click *"Replace"* or *"Insert"*, and the document will be scanned.
    c. If a separator sheet was missed and pages within a case form need to be separated, right click on the image and click on *"Split."* This will create a new case form.

10. When the batch has been reviewed and corrected, click on the fourth icon from the left, *"Close Batch."*

11. When the dialogue box asks, "Are you sure you want to close this batch?", select *"Yes"*.

Validation

When the scanned batch has been closed, the *"Kofax Capture Batch Manager"* window will re-appear and the scanned batch is ready for validation. Select the batch that is to be validated if it is not highlighted. The highlighted batch must display *"Validation"* under the *"Queue" column* and must display *"Ready"* under the *"Status"* column before proceeding with validation. If this does not appear, steps 3 through 11 in **Scanning Documents** section must be reviewed. Please

see the *Validation Module Quick Reference* (Attachment E) for detailed information about the validation toolbar.

When validating a scanned batch, clerical staff will:

1. Select the second icon from the left *"Process Batch."* The window *"Kofax Capture Validation"* will appear with the first batch that was scanned. The left side of the window will have several fields of client information that must be entered before the documents can be viewed.

2. Enter the client's Social Security number (without dashes) in the *"Client SSN:"* field.
   a. If the Social Security number is found, the following fields will pre-populate with the information from CMIPS:
      - *"Case Number"*
      - *"Date of Birth"*
      - *"First Name"*
      - *"Last Name"*
      - *"Client Index No."*
      - *"Client Street"*
      - *"Client City"*
      - *"Client Zip"*
   b. If the information is not found, manually enter the information in the blank fields.

3. Manually select the identifying information for the following fields:
   a. *"Location No"* (the "*Location No*" is the same as the district office number)
   b. *"Worker No"*
   c. *"Category"*
   d. *"Form Name"*
   e. *"Case Status"*

4. Press Tab on the keyboard to move to the next document. A dialogue box will appear and ask to *"Save data before closing document?"* Select *"Yes."*

5. After the validation of all documents in the batch, a final dialogue box will appear asking *"All documents have been processed. Close batch?"* Select *"Yes."* The batch will be uploaded into the server automatically in the next few minutes, and the *"Kofax Capture Batch Manager"* window will reappear.

WebTop Verification of Scanned Documents/Document Search

Clerical staff must verify that the scanned documents have been correctly moved from Kofax to the Documentum system (WebTop). To access WebTop, open the internet browser and type in the following address:

http://webtop-hhsa.sdcounty.ca.gov:7012/ihss

This link should be saved as a desktop shortcut or saved as a "Favorite" on your internet browser. Once WebTop has been accessed, the WebTop login screen will appear.

1. Enter the login information in the following fields:
    a. Enter the **username** in the *"Login Name"* field.
    b. Enter the **password** in the *"Password"* field.
    c. Select **HHSA** from the *"Repository"* drop down menu.
    d. Hit the *"Login"* button or press enter.

Note: At login, a security window will appear requesting permission to run the application. Select *"Run"*. Another window will then appear asking, "Do you want to trust content from this site?" Select *"Yes"*.

2. When searching for a case, staff will:
    a. Select the *"IHSS Search"* tab from the menu area at the top of the screen.
    b. Select *"Client/Case Search"* in the *"IHSS Search"* drop down menu.
    c. On the *"Client/Case Search"* screen, clerical staff can search for the scanned case by entering the Social Security number, last name or case number.

3. If case information needs to be corrected or documents are misfiled, clerical staff will notify the clerical supervisor.

4. The clerical supervisor will follow up with the appropriate action.

5. Scanned cases that have been transferred or terminated must also be updated in the Documentum system (WebTop) to match the status in CMIPS.

After the scanned documents have been verified, clerical staff will return the folder to the IHSS Social Worker.

IV. REVIEW STATEMENT

This notice was reviewed by an Organizational Review Committee (ORC).

V. FILING STATEMENT

HSS Special Notices, Bulletins, and Memos are being archived at the following link:
S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated

And at the County intranet at:
http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AISIHSS
Hard copies of this Special Notice will not be distributed by Program Support.

WIL QUINTONG
Assistant Deputy Director

ELLEN SCHMEDING
Assistant Deputy Director

Attachments

Contact: Gina Brown (858) 495-5554
Dist. Codes 7 & 8

DOCUMENT TRACKING FORM

Attach this form to the scanning folder when it is created.

Complete this form once all documents have been scanned.

Assigned Social Worker Name: MR/MS. SOCIAL WORKER

Case Name: CASE NAME

Case Number: 37XXXXXX

Date received for scanning: _____

Date scanned: _____

Name of person who completed scanning: _____

Date Validated: _____

Name of person who completed Validation: _____

DOCUMENTUM SCANNING FILE GUIDE

RECEIPIENT FOLDER
Narrative-Assessments
12-42 Worksheet 12-43 Services Activities Narrative 12-43A Intake/Recertification Narrative Page 12-12 IHSS 18 Month Recertification SOC 293A IHSS Needs Assessment Face Sheet Correspondence & Notes
Applications
SOC 295 Application For Social Services SOC 332 Recipient/ Employer Checklist MEDS INQM, INQO, INQX 12-58 Client/Employer Responsibility Checklist 12-58A Client/Employer Responsibility Checklist AIS Suite Printout 20-46 Language Determination Needs 20-49 Interpreter Confidentiality Agreement Correspondence & Notes
Share of Cost
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Medical
12-37 IHSS Medical Statement 12-37A IHSS Medical Statement Spouse 12-37B MH Practitioner SOC 425 Physicians Certification of Medical Necessity SOC 321 Request For Order and Consent Paramedical Services SOC 821 Assessment of Need For Protective Supervision For In-Home Supportive Services Program SOC 825 Protective Supervision 24 Hours A Day Coverage Plan 12-89 Protective Supervision 24 Hours A Day County Plan IEP Report Individual Education Plan MC 220 Authorization/ Release of -Information MC 221 Disability Determination Transmittal MC 223 App/Supplemental Statement of Facts Correspondence & Notes
Notice of Action (NOA)
NA690 IHSS Notice of Action 12-95 IHSS in the Workplace 12-41 10-Day NOA Waiver
Quality Control
QC Review Summary 12-57 Supervisors Telephone Review 12-75 Critical Incident Report 12-54 Supervisory Review Checklist Correspondence & Notes
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12-50 Fraud Referral Response From PAFD Response From DHCS Correspondence & Notes
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12-86 Overpayment Notice of Action 12-88 300 + Contact letter 12-88A 300 + Worksheet State Error Report Studies Correspondence and notes
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06-30 Urgent Services Referral 12-38 Responsibilities of Advance Pay 12-63 Post Office Box Authorization 12-77 Inter-County Transfer 16-42 Sworn Statement ABCDM 228 Release of Information AIS Vendor Complaint Form DSS 07-94 Inquiry/Response to DSS/SSA SOC 450 Voluntary Services Certification SOC 810 Applicant Certification of Contact With SSA SOC 827 Emergency Backup Plan Urgent Services Complaint Report SOC 840 Change of Address/Phone Recipient Correspondence Notes
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Identification
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Overpayments-Recipient
12-62 Overpayment Referral 12-86 Overpayment Notice of Action SOC 312 IHSS Pre-Authorized Transactions Overpayment Calculation Worksheet Correspondence & Notes 12-06 Receipt of OP Review Request 12-07 Overpayment Worksheet 12-08 Notice of Supervisory Review Results
Provider Folder
Provider State Forms
SOC 426 IHSS Provider Enrollment Form

DOCUMENTUM SCANNING FILE GUIDE

SOC 426A IHSS Recipient Designation of Provider SOC 846 IHSS Provider Enrollment Agreement SOC 848 Provider Eligibility Notice SOC 849 Incomplete Provider Enrollment Form Notice SOC 850 Provider Ineligibility Notice- Incomplete SOC 426 SOC 851 Provider Ineligibility Notice- Incomplete Steps SOC 852 Provider Ineligibility Notice- Failed Background Check SOC 853 Provider Ineligibility Notice- S&I/Medical Suspension SOC 854 Provider Eligibility Notice to Recipient SOC 855 Provider Ineligibility Notice to Recipient SOC 856 To Ask for An Appeal SOC 412 Worker's Comp Eligibility Notice SOC 409 Elective SDI Form SOC 838 Recipient Request Form Hours Assignment SOC 840 Change of Address/Phone Provider SCIF 3167 Employees Report of Occupational Injury or Illness STO CA0034 Forged Endorsement Provider Designation of Personal Physician
Identification
Photo Identification and SSN Card
Background Check
BCII 8016 Request for Live Scan Service DOJ Notifications-Subsequent Arrest DOJ Notifications-California Delay DOJ Notifications-Criminal Record DOJ Notifications-No Criminal Record DOJ Notifications-Fingerprint Re-Roll BCII 8043 Applicant fingerprint Transaction Follow-up Request BCII 8302 No Longer Interested Notification
Timesheet Authorization
12-44 Timesheet Signature Authorization SOC 839 Timesheet Signature Authorization
Miscellaneous
CMIPS PELG Printout CMIPS ENRL Printout Internal PA Checklist Correspondence & Notes
Overpayment-Provider
12-62 Overpayment Referral 12-86 Overpayment Notice of Action SOC 312 IHSS Pre-Authorized Transactions Overpayment Calculation Worksheet Correspondence & Notes 12-06 Recipient of OP Review Request 12-07 Overpayment Worksheet 12-08 Notice of Supervisory Review Results

This is a Patch T type separator sheet.

Form Type = "HHSA Form"
CODE128 type barcode

Portrait Feed

New Form Follows...

Printed on 5/23/2008 9:02:49 AM

This is a Patch T type separator sheet.

Form Type = "HHSA Form"
CODE128 type barcode

Landscape Feed

New Form Follows...

Printed on 5/23/2008 9:02:49 AM

Attachment C

BATCH PREPARATION:

SECTION 1

Steps to print Separator Sheet(s)

The purpose for the Separator Sheets is to separate different complete forms. The Separator Sheet will not show any image. It just tells the scanning soft ware that a new form will be image.

1. Click on the **START** button on the bottom left of your screen.
2. Click on **PROGRAMS** so a short menu will pop up.
3. On the short menu, find and click on **KOFAX Capture 8.0** so another short menu will pop up.
4. Select **Separator Sheets** and click.
5. A window will open with a picture of the separator sheet and option fields. What must be selected in the option field are the following steps:

TITLE OF FIELD	SELECTED OPTIONS
Separator Sheet Type	**Portrait**
Batch Class Name	**HHSA-IHSS-Case**
Patch Code Type	**Patch T**
Form Type for **CASE** FORM **(OR)**	Case Document **Case** Form
Form Type for **PROVIDER** FORM	Case Document **PROVIDER** Form

6. Click Print (at this point you can print as many as you would like)

SECTION 2

Steps to PREPARE the documents (Batch Preparation):

1. Remove fasteners from the documents. (e.g. staples, paperclips, sticky notes, etc...)
2. Document must not have: (dog-ears, extend folds, etc..)
3. **MUST** have one separator sheet on top of each form that is to be scanned.
   a. If you missed a separator sheet between two separate forms, **go to Section 4 (QC); Number 5b**.
4. Place your documents face down. (Scanner only holds 50 pages at a time).

BACTH CREATION

SECTION 3

Steps to IMAGING your documents

1. Double click on the short cut icon **BATCH MANAGER** on your desk top.
   a. If there is no short cut icon (**BATCH MANAGER**) on your desk top, do the following instructions.
      i. Click on the **START** button on the bottom left of your screen.
      ii. Click on **PROGRAMS** and a short menu will pop up.
      iii. On the short menu, find and click on **KOFAX Capture 8.0** and another short menu will pop up.
      iv. On this short menu select **BATCH MANAGER** and a new window will pop up with a list of batches in progress for {Scan, Validation, and Quality Control under the Queue column}.
2. At this point if you are ready to **NAME and CREATE** a new batch of documents for the imaging process,
3. Click on the first icon, **CREATE BATCH** on the tool bar. If you want to process a batch that is listed and ready for validation, go to Batch Validation; Section 4 and follow the steps.
4. A window titled "Create Batch" will pop up. Under this window, complete the following steps.

TITLE OF FIELD	SELECTED OPTIONS
Batch class:	HHSA-IHSS-**CASE OR PROVIDER** (Select one)
Name:	Type the name of the batch creating (**Case** number and Last name, First name) **OR** (**Provider** number and Last name, First name).
Description:	N/A

Click **Save** button	Note: After you click the **SAVE** button, the batch that you have created will appear in **Batch Manager** list.
Click **Close** button	Note: To complete this process, you must click the close button.

5. Click once on the **BATCH** in the list, (to highlight if not yet all ready), you want to work on. The list will be on the window titled "KOFAX Capture Batch Manager".
6. Click once on the **Process Batch** icon on the tool bar.
7. A window with the title **"KOFAX Capture Scan"** will appear.
8. You will see similar ICONS on the top to of the tool bar.
9. Below the tool bar, you will see three oval shapes (different colors) over lapping.
    a. **FIRST (Green)** oval shape, "on the left", will be for "Scan/Import **PAGE**.
    b. **SECOND (Purple)** oval shape, "in the middle", will be for Scan/Import **BATCH**. (This is the one used for multiple pages.)
    c. **THIRD (Red)** oval shape, "on the right", will be to **STOP** the process of scanning.
10. At this point, put your documents face down on your scanner. (Review **Section 1** for document preparation.)
11. Click once on the **SECOND (Purple) Oval Shaped Icon** (for multiple documents). The scanner will make images of your documents.
12. Below the oval shapes there is a tab, "**Batch Contents**". Once you scan your documents, here is where you will see the document images.

BATCH VALIDATION:
SECTION 4

Quality Control

The purpose of this step is to review the scanned pages for any bad quality images; any images that should not be included; to make any alterations to the image; insert a space between forms if there was no separator sheet inserted.

1. Click on the **PAPER HOLDER ICON** that is in the tab **"Batch Contents"** to view the documents in the order that they were scanned. **The images will be in the PDF format.**
2. Below the **PAPER HOLDER ICON**, an outline of images will appear. (Images of the scanned documents.)
3. Click on anyone to review and correct. (Steps for correction are 4 & 5.)
4. On the menu tool bar, there are options to alter the image. (Rotate/ delete/ split: put a space between images.) Make sure the image you want to alter in on the screen (highlight).
5. On the outline of images, **BEFORE** each scanned document (image), there is an **ICON**, which divides one complete document (form). There **MUST** be one between all individual documents. The documents can consist of more than one page. To insert a break between documents (images) on the outline, follow these steps:
    a. Right click on the image you want to separate. A short menu will pop up.
    b. Click on **SPLIT**. This will insert an **ICON** before the image you want to separate.

Blank or bleed through pages that are not automatically removed by the system, can be deleted.
To delete the unwanted/damage/bad/blank page, do the following steps:

6. **Right click** on the unwanted/damage/bad/blank image. A short menu will pop up.
7. Select **DELETE**.

After inspecting all images, do the following step

8. Click once on the **CLOSE BATCH** icon on the top tool bar. The fourth icon from the left with an arrow pointing right.
9. Click Yes.

SECTION 5

VALIDATION:

Validation is the step that assigns data to the images, (scanned documents), for retrieval on DOCUMENTUM. Validation can be run once the user has completed the scanning process.

1. After the completion of the section 4, it is now time to validate your images.
2. The window titled **"Kofax Capture Batch Manager"** will be open with the lists of batches.
3. For the batch you are working on, it will show "VALIDATION" under the Queue column. Meaning it is ready for the validation process.
4. Find the one you are working on and make sure it is highlighted. If not, right click on it **once**.
5. Click on the **PROCESS BATCH ICON**. (The second one from the left on the top tool bar.)
6. **{VERY IMPORTANT} The window titled "Kofax Capture Validation" will open with the first scanned image that is on the outline. On this window, all pertinent data for the case you are working on needs the correct information in each field for each image (form).** Fields with the "*"asterisk, has to be completed before you are allowed to going forward.

TITLE OF FIELD	PURPOSE AND OPTIONS
CLIENT SSN:	If the clients SSN is already in the system, the name and address fields will be automatically have the information of the client. If the SSN does not exist, the panel will inform us of this fact and we can continue to populate the form manually.
CASE NUMBER:	The case number to the client you are working on.
Date of Birth:	Will populate **if** SSN in the system.
First Name:	Will populate **if** SSN in the system.
Last Name:	Will populate **if** SSN in the system.
Client Index No.:	Will populate **if** SSN in the system. (CIN number of the client)
Client Street:	Will populate **if** SSN in the system.
Client City:	Will populate **if** SSN in the system.
Client State:	Will populate **if** SSN in the system.
Client Zip:	Will populate **if** SSN in the system.
Location of Office:	The office number where the case will be located.
Worker Number:	Social Worker Number (It will only show the worker at the location of Office selected.)
Worker Name:	Manually type the Social Worker's Name
Category: (Tab that the form goes under)	The name of the some tabs that are currently in the case files. **DROP DOWN menu to select from.**
Form Name:	**DROP DOWN menu to select from. (Title or Form Number)**
Case Type:	**DROP DOWN menu to select from. (Standard or Confidential)**
Case Status:	**DROP DOWN menu to select from. (Open or Close case}**

7. Press the **ENTER** button when completed all fields required. This will end the validation for this image.
8. The next image will appear and the process for validating will start at step 6 until all the images in this batch are done.
9. Click on the **CLOSE BATCH ICON** to close this window. It will ask you to **SAVE**, click **Yes**.
10. The window titled "Kofax Capture Batch Manger" will be open. The batch you just finished will show the word 'PROCESSING" and then "KCN Server" on the Queue column of the window. At this point, you do not need to do anything else. The batch will be uploaded to the server automatically in the next few minutes. You can now close this window and follow the steps in for Documentum if you have access.

Steps for Documentum

1. Double click on the short cut icon **WebTop** on your desk top.
2. Login in steps:

TITLE OF FIELD	SELECTED OPTIONS
Login Name:	**You username goes here**
Password:	**You password**
Repository:	**HHSA**

3. This is to search for Clients/Providers folders/cases
4. The WebTop interface has 4 main sections.

Section 1: Navigation Tree (Outline)

You can double-click on the icon in the Navigation Tree (Outline), to launch the content.

Section 2: Menu Area

- Click on IHSS Search on the tool bar for different methods of searching: (Client/Case Search; Clients Search; or Providers Search.

Section 3: Navigation Location Text

- Input the data known in the desired field.
- Click on the Search button on the bottom of the Navigation Location Text section of the interface.

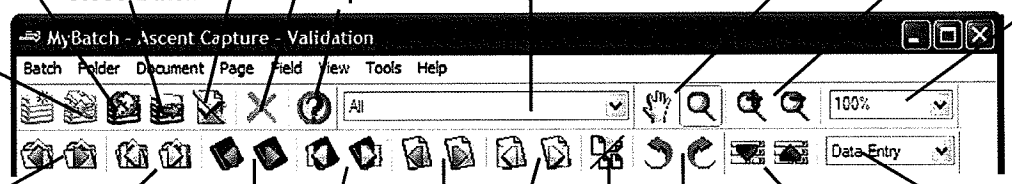
Section 4: Navigation Location Contents and Details

- A list of file/folders will appear on the "Navigation Location Contents and Detail" section.
- Click on the desired file/folder.

ASCENT® Capture®

Validation Module
Quick Reference

TOOLBAR OPTIONS



DATA ENTRY ACCELERATOR KEYS

KEY	DESCRIPTION
Tab	Move to the next field
Shift-Tab	Move to the previous field
Ctrl-Tab	Select the entire field
Enter	If "Enter key moves to next field" is selected (from the Tools/Options menu), the Enter key works the same as the Tab key
Shift-Enter	If "Enter key moves to next field" is selected, Shift-Enter works the same as Shift-Tab.
Shift-Del	Deletes entire selection. If nothing is selected, deletes one character to the left of the insertion point
Up/Down	Move up/down in a drop-down list
Left/Right	Move the cursor left or right

BATCH EDITING ACCELERATOR KEYS

NUM KEY	DESCRIPTION
*	Expand everything under selection
+ or -	Expand / collapse selection

KEY	DESCRIPTION
-	Reject document or page (then press a number or type a rejection reason)
=	Unreject document or page
Enter	Move to next document or page
'	Change form type
/	Edit document properties
] or [	Rotate image right / left and save
C	Create a document
S	Split a document
D	Combine documents/pages

KOFAX®
A DICOM GROUP COMPANY

SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 11-10

October 19, 2011

SUBJECT: REVISED PROCEDURES FOR IN-HOME SUPPORTIVE SERVICES (IHSS) INCOME ELIGIBLE APPLICATIONS AND RENEWALS

EFFECTIVE DATE: **Immediately**

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

REFERENCE: **Health and Human Services Agency Medi-Cal Program Eligibility Operations Guide**

I. PURPOSE

The purpose of this Special Notice is to provide In-Home Supportive Services (IHSS) staff with updated information and instructions on processing IHSS income eligible applications and renewals.

II. BACKGROUND

IHSS applicants must be receiving full Federal Financial Participation (FFP) Medi-Cal in order to be eligible to IHSS services. IHSS recipients must continue to have active FFP Medi-Cal in order to remain eligible to IHSS services. Changes to Medi-Cal procedures have resulted in an update to IHSS procedures.

III. POLICY

All income-eligible IHSS applications without active FFP Medi-Cal must have a Medi-Cal eligibility determination completed. The IHSS and the Medi-Cal share-of-cost (SOC) calculations must be completed by a Medi-Cal Human Services Specialist.

IV. MEDI-CAL OPERATIONAL CHANGES

A Human Services Specialist (HSS) and a Medi-Cal Office Assistant (OA) are now out-stationed at the IHSS Overland office to assist in the application and referral process for IHSS- related Medi-Cal cases.

The processing of Medi-Cal applications and the assignment of Medi-Cal cases related to IHSS are no longer centralized at the Southeast Family Resource Center (SEFRC). All Family Resource Centers (FRCs) will be responsible for processing IHSS-related Medi-Cal applications and renewals. All eligibility inquiries, questions, and/or issues related to Medi-Cal services must be addressed to the designated IHSS/Medi-Cal Liaison (Attachment A).

Issues concerning a SAWS1 application, a FAX IHSS referral, or an IHSS SOC determination will be referred to the supervisor of the out-stationed HSS and OA. The current list of IHSS/Medi-Cal FRC Liaisons and their contact information can be accessed at the following path:

S:\Enterprise\Agency Rosters\IHSS FRC Liaisons

Medi-Cal OA Responsibilities

The out-stationed Medi-Cal OA is responsible for receiving all IHSS SAWS1 applications and FAX referrals requesting an IHSS SOC calculation. The OA will:

- Receive and log all IHSS/Medi-Cal applications and referrals.
- Open and assign applications and referrals to the appropriate FRC bank according to zip code.
- Send an updated copy of the IHSS/Medi-Cal log to the IHSS Operations Manager every Monday and copy to the SEFRC liaison.
- Clear IHSS-related Medi-Cal applications and active cases in MEDS and CalWIN
- FAX to the appropriate IHSS FRC Liaison all applications that are identified as having an existing case with family members or QMB/SLMB only Medi-Cal case.
- Combine the monthly IHSS SOC requests for IHSS case renewals and forward to the Medi-Cal HSS.
- Send all SAWS1 applications including those with active QMB/SLMB and existing Medi-Cal case for family members to the appropriate IHSS FRC Liaison.
- Notify the designated IHSS FRC Liaison that action is required on cases that are pending for more than 45 days.

When there is a discrepancy in an IHSS referral, the OA will return:

- SAWS1 referrals to the IHSS SOC Specialist
- FAX referrals to the requestor
- Annual recertification referrals to the IHSS supervisor

If there is no discrepancy, the referral will be assigned to the out-stationed HSS for processing.

Medi-Cal HSS Responsibilities

The out-stationed HSS is responsible for processing the Share-of-Cost (SOC) grams for IHSS SAWS1 applications, IHSS FAX referrals, and for the IHSS SOC determinations on IHSS cases that are due for an annual renewal. The HSS will:

- Complete the IHSS SOC computation and forward using the "*IHSS SOC Gram*" (Attachment B).
- Forward copies of the completed SOC grams for imaging to the designated FRC liaison.
- Email a copy of the completed gram to the IHSS Social Worker and Supervisor.
- Notify the designated IHSS FRC Liaison of any Medi-Cal discrepancy affecting the SOC computation
- Make any necessary correction on the related SOC gram.
- Communicate Medi-Cal information received from the IHSS FRC Liaison or from case research to the IHSS Social Worker.

When there is a discrepancy in an IHSS referral, the HSS will:

- SAWS1 referrals – Send an email to the IHSS/MC FRC Liaison and the IHSS SOC Specialist notifying them of the discrepancy.
- FAX referrals – Send the IHSS FRC Liaison and IHSS FRC Intake Clerk an email notifying them of the discrepancy.
- Annual recertification referrals – Send the IHSS FRC Liaison and the IHSS Social Work Supervisor an email notifying them of the discrepancy.

V. IHSS PROCEDURES

IHSS CLERICAL RESPONSIBILITIES

For every IHSS application received, the designated assignment clerk will:

- Assign all status eligible applications and income eligible applications with current eligibility in MEDS and CalWIN to the IHSS district office Social Workers as indicated by zip code.
- Assign SAWS1 applications that are not active in MEDS and/or CalWIN to the IHSS SOC Specialist following existing procedures.

The following forms and information must be included in the case folder when the IHSS application is forwarded to the SOC Specialist:

- SOC 295
- SOC 293A
- A copy of the SAWS1 or FAX Referral
- A current MEDS printout (even if it indicates there is no record in MEDS)
- A current CalWIN printout (even if it shows no CalWIN record)

- 12-53B HHSA Initial Contact Letter

Information being sent to out-stationed Medi-Cal staff can be sent to the number below. FAX number (585) 495-5883 All FAX cover sheets will be addressed to the attention of the Medi-Cal OA. The use of the FAX number to send SAWS1, FAX Referrals, and the recertification list to the IHSS/Medi-Cal OA is a temporary procedure until an email account is set up for this purpose.

SAWS1 Applications

The designated IHSS clerk is responsible for ensuring that the mailing address is complete and correct on the SAWS1 application and in CMIPS. When processing the SAWS1 applications, the designated clerk will:

- Complete the SAWS1.
- Enter the requested information on fields 1 to 6.
- Sign and date the application on field 9 with the date of the IHSS application.

When the applicant is a minor child, the designated clerk will write the following information on the space near the "Applicant Name" on the SAWS1:

- Name of parent (either mother or father)
- Parent's SSN
- Parent's Date of Birth (DOB)

All applications and referrals are to be cleared weekly in the SEFRC log to ensure that the referral has been entered. The designated clerk will FAX the IHSS/Medi-Cal SAWS1 Referrals coversheet (Attachment C) with the SAWS1 application(s) to the out-stationed IHSS/Medi-Cal OA. Applications must be FAXED within three business days of the date of the clerical signature on the SAWS1 application.

FAX Referrals

When processing a FAX Referral for cases with active MEDS and active CalWIN, the designated clerk will:

- Refer income eligible cases with active Medi-Cal using the "Active Medi-Cal Referral" coversheet (Attachment D) to the out-stationed IHSS/Medi-Cal OA. Complete the required information for each case on the referral form.
- Clear the FAX Referral list sent to the IHSS/Medi-Cal OA against the weekly SEFRC log to ensure that the referral has been entered on the log.

All original SAWS1 and FAX Referrals must be filed in the case file, under the SOC tab.

SOCIAL WORKER RESPONSIBILITIES

The IHSS Social Worker is responsible for the following:

- Requesting a SOC gram by faxing the request to the IHSS/Medi-Cal OA
- Submitting his/her list of cases requiring IHSS SOC grams to the Social Work Supervisor before the fifteenth calendar day of the month prior to IHSS renewal month
    - Example given: If the IHSS renewal month is September, the list must be sent to the supervisor before August 15.
- Reminding the IHSS recipient to complete his/her Medi-Cal recertification to prevent discontinuance of Medi-Cal and IHSS eligibility
- Address Medi-Cal eligibility questions or issues on an IHSS related case through his/her IHSS supervisor. The IHSS supervisor will contact the designated IHSS FRC Liaison.

To address incomplete or erroneous information on a SOC Gram, the Social Worker will:

- Send an e-mail to his/her supervisor explaining the discrepancy and requesting an updated/corrected gram.
- Attach the incorrect/incomplete gram to the e-mail.

IHSS SOC SPECIALIST RESPONSIBILITIES

The IHSS SOC Specialist will:

- Monitor all IHSS applications that are pending an IHSS SOC determination.
- Contact the designated IHSS/FRC Liaison to resolve any issues pertaining to Medi-Cal eligibility, SAWS1 applications, FAX Referral cases (including QMB and SLMB).
- Address any correction or incomplete information on the SOC gram to the supervisor of the out-stationed HSS.
- Address/correct discrepancies when updated information is received from Medi-Cal staff.
- Send a SAWS1 to the IHSS/Medi-Cal OA when a case has been identified as having an existing case for a family member or is a QMB/SLMB only case.
- Ensure that a complete and correct SOC gram and a current copy of the MEDS and CalWIN printouts are filed in the case file prior to transfer.
- Elevate Medi-Cal eligibility or IHSS referral issues that have not been resolved within ten business days to the SOC Specialist supervisor.

IHSS SOCIAL WORK SUPERVISOR RESPONSIBILITIES

The IHSS Social Work Supervisor will:

- Contact the out-stationed Medi-Cal HSS supervisor for correction on discrepancies and /or incomplete information on a SOC gram.

- Address any Medi-Cal eligibility inquiries and issues to the appropriate IHSS FRC Liaison.
- Elevate Medi-Cal eligibility or referral issues that have not been resolved within ten business days to the IHSS Program Manager or the IHSS Operations Manager, as appropriate.
- Send the list of income eligible IHSS cases that are due for renewal to the IHSS/Medi-Cal OA on or before the fifteenth calendar day of the month using the IHSS Recertification/SOC Determinations cover sheet (Attachment E).

VI. REVIEW STATEMENT

An Organizational Committee (ORC) has reviewed this Special Notice.

VII. FILING STATEMENT

Notices are archived at the following link:

S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated

IHSS Special Notices are also archived on the county intranet at:

http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AISIHSS

Hard copies of this Special Notice will not automatically distributed by Program Support.

WILFRED QUINTONG
Assistant Deputy Director

ELLEN SCHMEDING
Assistant Deputy Director

For questions contact: Susan Pullido (858) 505-6366
Attachment(s)
Distribution Codes 7 & 8

HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL LIAISONS

OFFICE	MS	ADDRESS	MEDI- CAL LIAISON NAME	PHONE#	FAX#
CENTRE CITY	W248 **C***	1255 Imperial Ave. San Diego, CA 92101	Lorrie Edwards	619-338-2120	619-338-2162
EL CAJON	W99 **L***	220 S. First Street El Cajon, CA 92019	Toni Warmuth	619-401-6007	619-401-6180
ESCONDIDO NORTH INLAND	N85 **E***	620 E. Valley Pkwy Escondido, CA 92025	Yolanda Chavez	760- 740- 4057	760-717-6164
NORTH CENTRAL	W92 **H***	5201 Ruffin Rd., Ste. K San Diego, CA 92123	Primary: Craig Maze Back-up: Maria Casas	858-573-7445 858-573-7493	858-573-8228
LEMON GROVE	W260 **G***	7065 Broadway Lemon Grove, CA 91945	Linda Silianoff	619-668-3888	619-668-3646
ACCESS	W431 **M***	7947 Mission Center Ct. San Diego, CA 92108	Leslie Montague	619-767-5006	619-767-5412
NORTHEAST	W89 **N***	5001 73rd Street San Diego, CA 92115	Jaime Mendez	619-668-5569	619-668-5557
NORTH COASTAL	N106 **K***	1315 Union Plaza Court Oceanside, CA 92054	Kris Call	760-754-5765	760-754-5837
SOUTH REGION	W97 **V***	690 Oxford St. Ste #E Chula Vista, CA 91911	Rosa Gutierrez	619-409-3295	619-409-3377
SOUTHEAST	W69 **S***	4588 Market St. San Diego, CA 92102	Ismael Lopez	619-266-3906	619-266-3877
HEALTH COVERAGE ACCESS (HOS, CMS)	O557D **HS***	8840 Complex Dr., #235 San Diego, CA 92123	Claudia Gurrola	858-492-2297	858-492-2290

IHSS/MEDI-CAL COMMUNICATION

Case Name			Case Number		SSN	
Share of Cost Date	Code	Linkage		Source	Income	Deduction
Source	Income	Deduction		Source	Income	Deduction
Source	Income	Deduction		Benefit Code	Level	MC RRR Date
Medi-Cal SOC		IHSS SOC			Medi-Cal Worker	FRC
SSI Payment						
- 20 Deduction	- 20					
=						

☐ Medi-Cal case denied on _____
Date

☐ Medi-Cal case discontinued on _____
Date

Comments (please enter below):

_____

In Home Supportive Services
IHSS Recertifications-SOC Redeterminations

Fax

To:	**IHSS/Medi-Cal Office Assistant**	From:	IHSS District Office Select a district office
Fax:	**(858) 495-5883**	Pages:	Select number of pages.
Phone:	(858) 495-5625	Date:	Select date sent.
Re:	Income Eligible/ IHSS Recertification Due		

MEDI-CAL RECIPIENTS REQUIRING AN IHSS RECERTIFICATION

A Medi-Cal/IHSS Share-of-Cost determination and a fully completed IHSS/Medi-Cal Communication form are needed for each IHSS recipient on the attached list.

In Home Supportive Services
Active Medi-Cal Referrals

Fax

To:	**IHSS/Medi-Cal Office Assistant**	From:	**IHSS District Office**
Fax:	**(858) 495-5883**	Pages:	Select number of pages.
Phone:	(858) 495-5625	Date:	Select date sent.
Re:	IHSS Applicants with Active Medi-Cal		

APPLICANTS WITH ACTIVE MEDS/CalWIN HISTORY

The individuals listed below have applied for IHSS. A fully completed IHSS/Medi-Cal Communication form is necessary to process the IHSS application.

Case Name	Application Date	Case Number	Social Security Number	SW Number

In Home Supportive Services
SAWS1 Referrals

Fax

To:	**IHSS/Medi-Cal Office Assistant**	From:	**IHSS District Office**
Fax:	**(858) 495-5883**	Pages:	Select number of pages
Phone:	(858) 495-5625	Date:	Select date sent
Re:	Medi-Cal Eligibility Determination/SAWS1		

A Medi-Cal eligibility determination and a fully completed IHSS/Medi-Cal Communication form are needed for each applicant on the attached SAWS1 referrals.

In Home Supportive Services
IHSS Inter County Transfer

Fax

To:	**IHSS/Medi-Cal Office Assistant**	From:	Select a district office
Fax:	**(858) 495-5883**	Pages:	Select number of pages.
Phone:	(858) 495-5625	Date of Fax:	Select date sent.
Re:	IHSS Inter-County Transfer		

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

INTER- COUNTY TRANSFER (ICT) APPLICANTS

The beneficiaries listed below have applied for IHSS in San Diego County through the IHSS ICT process. A Medi-Cal ICT must be initiated and processed as well. A fully completed IHSS/Medi-Cal Communication form is necessary to process the IHSS application. The effective date for San Diego County benefits is noted below.

1. Case Name	Effective Date	Case Number	Social Security Number	SW #
Current Address		Social Worker Name (Transferring County)	Social Worker Phone No. (Transferring County)	

2. Case Name	Effective Date	Case Number	Social Security Number	SW#
Current Address		Social Worker Name (Transferring County)	Social Worker Phone No. (Transferring County)	

3. Case Name	Effective Date	Case Number	Social Security Number	SW#
Current Address		Social Worker Name (Transferring County)	Social Worker Phone No. (Transferring County)	

SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 11-09

September 27, 2011

SUBJECT: Elimination of Adult Day Health Care (ADHC) as a Medi-Cal Benefit

EFFECTIVE DATE: Immediately

EXPIRATION DATE: When incorporated into the IHSS Program Guide

I. PURPOSE

The purpose of this Special Notice is to provide In-Home Supportive Services (IHSS) staff with instructions for the reassessment of IHSS applicants and recipients who are currently enrolled in Adult Day Health Care (ADHC).

II. BACKGROUND

The Department of Health Care Services (DHCS) sent notices to all ADHC participants announcing the elimination of ADHC as a Medi-Cal benefit effective December 1, 2011. As a result, IHSS recipients who will lose their ADHC could require additional support services. It is anticipated that individuals currently receiving services may request additional IHSS hours and will need to be reassessed. In addition, ADHC clients not currently approved for IHSS may apply for services. The California Department of Social Services (CDSS) has requested additional IHSS funding in anticipation of increased impact to staff workload.

III. POLICY

Effective immediately, IHSS staff will begin reviewing all IHSS clients who are ADHC participants to determine if a reassessment is required. The reviews must be completed by November 15, 2011. Overtime may be approved on a case-by-case basis by each Social Work Supervisor and only if IHSS staff is unable to complete the reviews or any required reassessments during regular working hours. IHSS staff must track all ADHC activities to the following Kronos Alias:

HHS-1001994-103400 ADHC REAS-SS GENERAL FUND

Please see Attachment A *"How to Add Alias to Kronos" for* additional information.

IV. IHSS STAFF RESPONSIBILITIES

The IHSS Social Work Supervisor is responsible for reviewing and evaluating all requests for overtime, which must be pre-approved.

Social Worker Responsibilities

The IHSS Social Worker will be provided with an updated Excel Spreadsheet containing a list of IHSS recipients who have been identified as participants of ADHC (Attachment B *"Sample Excel Spreadsheet"*). Upon receipt of the list, the IHSS Social Worker will:

- Review the IHSS case history for each client currently assigned to his or her caseload and determine the following information:
  - Is the recipient potentially eligible for additional IHSS hours when discharged from ADHC?
  - Was the time previously spent by the recipient at ADHC identified as an alternate resource on the 293?
  - Has an overpayment occurred because ADHC services were providing alternate resources?
  - What is the estimated number of hours that were overpaid?
- Contact each client and determine if a reassessment home visit is required.
- Questions may include:
  - Are you still currently enrolled in ADHC?
  - How will you meet your service needs when you are discharged from ADHC?
  - Have you received discharge instructions from ADHC staff?
- Schedule a home visit if a face-to-face reassessment is required.
- Make all eligible/appropriate service authorization adjustments.
- Track all ADHC-related activities to the new Kronos Alias.

Excel Spreadsheet/ADHC Participant List

The IHSS Social Worker will log the following information on the Excel spreadsheet under the following columns:

Overpayment Y/N

If no overpayment occurred, enter zero in this column. *If an overpayment occurred, enter the total number of hours that were overpaid.*

Total Increase in Hours

Enter the total hours increased per month.

Comments

Briefly note the contact with the client and the outcome. Information to note would include:
Home visit conducted
The placement of the client in a facility
No additional service needs (no increase) and the reason
Case closings
For example: "Home visit, hours increased" or "Phone call, client placed in facility"

New Applications

The IHSS Social Worker will screen all new applicants and determine if they are current participants of ADHC. Whenever possible, the Social Worker will give appropriate priority to

ADHC participants who require and appear eligible to IHSS services in order to remain safely in their own home.

VI. REVIEW STATEMENT

This notice was reviewed by an Organizational Review Committee (ORC).

VII. FILING STATEMENT

Notices are archived at the following link:

S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated

IHSS Special Notices are also archived on the County intranet at:

http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AISIHSS

Hard copies of this Special Notice will not be automatically distributed by Program Support.

WILFRED QUINTONG
Assistant Deputy Director

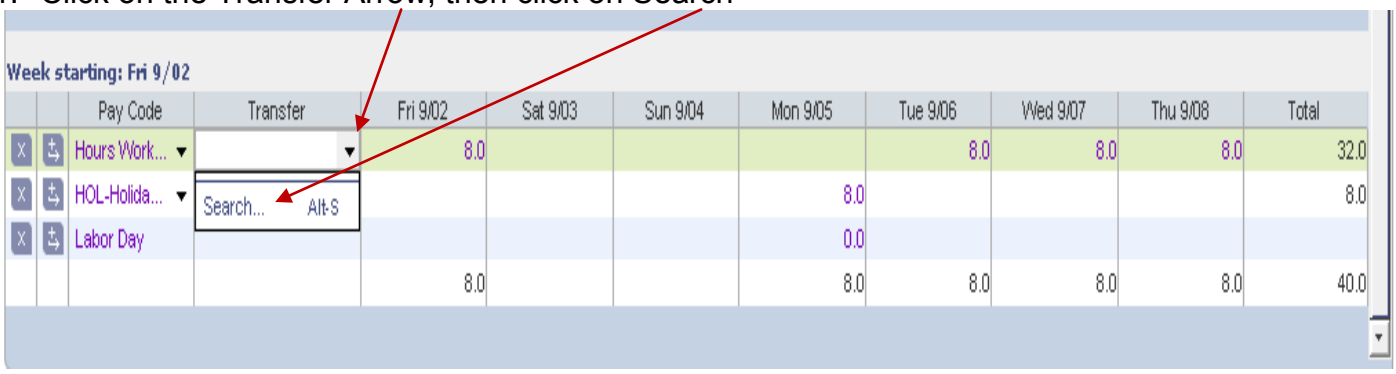
ELLEN SCHMEDING
Assistant Deputy Director

Attachments

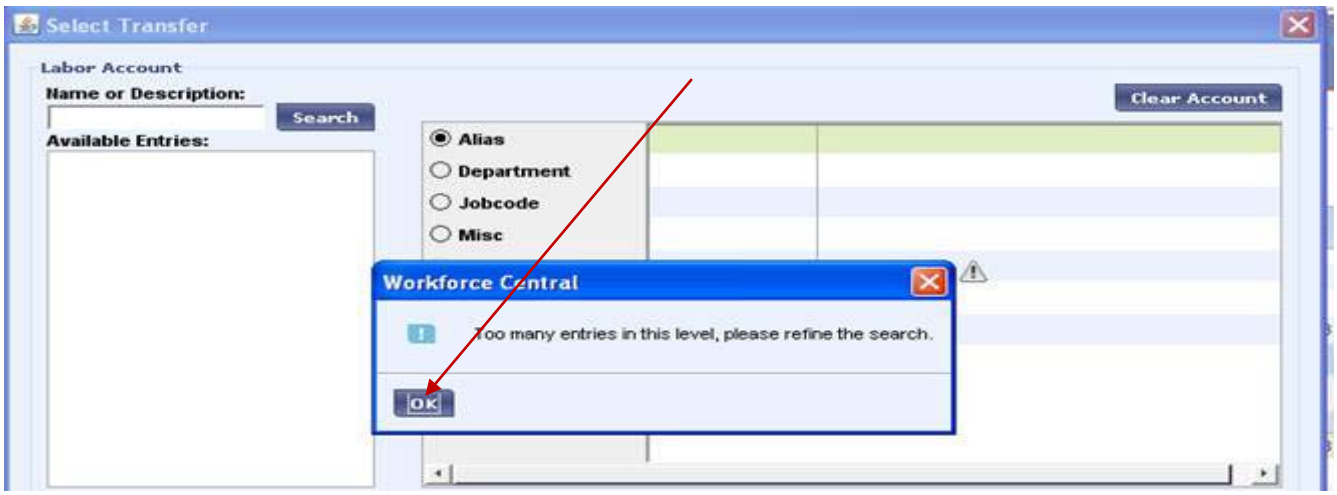
Contact: Gina Brown (858)495-5554

How to Add Alias to Kronos

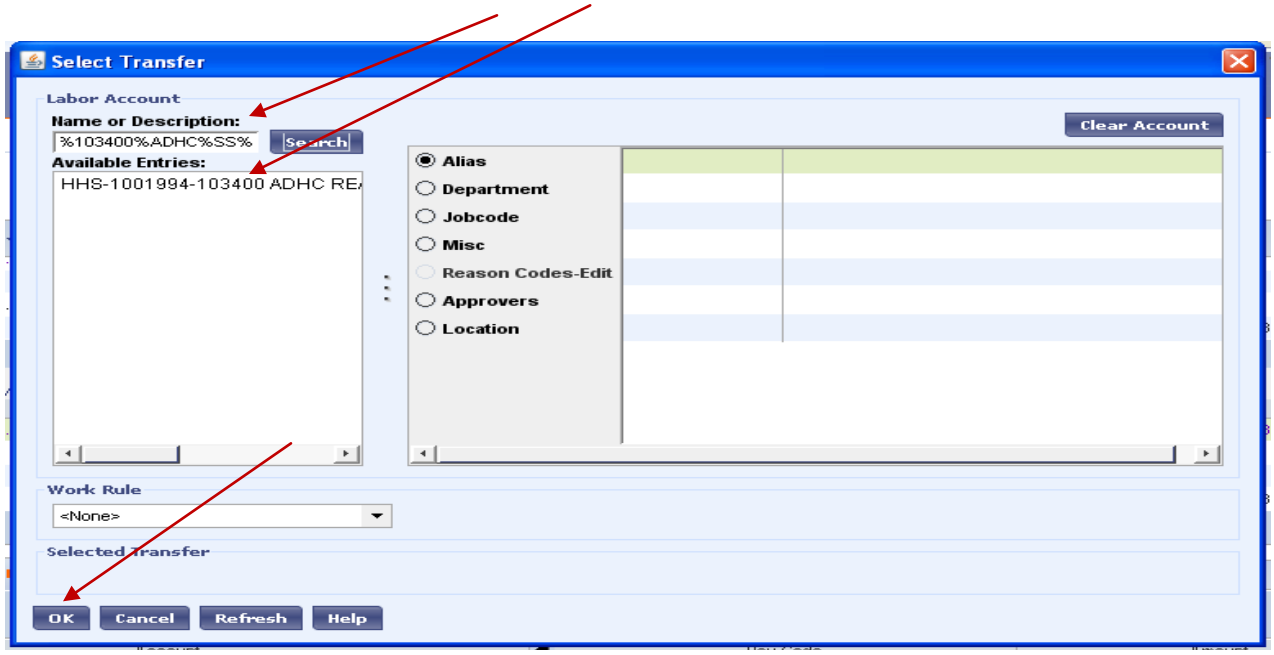
1. Click on the Transfer Arrow, then click on Search



2. You will see this screen. Click on OK.



3. In the "*Name or Description*" box enter: **%103400%ADHC%SS%**
4. Then select the alias that appears in the *"Available Entries"* box (the alias should appear as this **HHS-1001994-103400 ADHC REAS-SS GENERAL FUND**)
5. Then Click on OK



Sample Excel Spreadsheet
IHSS ADHC Participant List

Case Number	Last name	First name	SW No	Assessed Hours	Overpayment Y/N	Total Increase in Hours	Comments
3700037355			CS48	207.8			
3700657350			SS18	29.24			
3700675683			LS71	283.03			
3700880812			SS15	66.53			
3700940590			SS62	59.51			
3700941259			LS7A	53.52			
3701003877			LS74	81.47			
3701004008			LS76	80.17			
3701007217			SS62	36.86			
3701009510			CS44	69.98			
3701009528			CS44	61.49			
3701457677			ES38	41.32			
3701588018			LS73	79.03			
3701675013			LS71	270.68			
3701689477			SS54	51.8			
3702001813			SS1A	0			
3702011994			SS67	99.63			
3702022728			SS66	58.6			
3702022777			SS69	116.74			
3702024781			CS18	127.14			
3702028592			SS69	66.34			
3702030390			LS76	63.36			
3702030499			CS53	77.25			
3702030515			CS53	29.67			
3702032685			ES39	93.23			
3702063821			CS42	131.08			
3702066105			LS12	79.55			
3702066808			LS17	33.69			
3702067772			CS48	58.73			
3702070073			KS32	91.65			
3702072244			KS37	105.9			
3702079579			SS69	62.71			

Attachment B

SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 11-08

September 9, 2011

SUBJECT: **COLLABORATION WITH CALIFORNIA CHILDREN SERVICES**

EFFECTIVE DATE: **Immediately**

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

I. PURPOSE

The purpose of this Special Notice is to provide In-Home Supportive Services (IHSS) staff with information on California Children Services (CCS) and the coordination of services for shared clients.

II. BACKGROUND

CALIFORNIA CHILDREN SERVICES
California Children Services (CCS) is a statewide program under the State Department of Health Care Services. The County of San Diego, Health and Human Services Agency (HHSA) is responsible for its countywide operation. Funding for CCS comes from federal, State, and County tax money with some fees paid by parents whose children are in the program.

CCS employs professional nurses for medical case management. They secure care and treatment from special doctors for their clients when medically necessary and refer to other agencies for services that are not provided by the program but are beneficial to their clients.

III. REFERRAL PROCESS AND COORDINATION OF SERVICES

CCS ELIGIBILITY REQUIREMENTS
To be eligible to CCS, the child must meet the following requirements:

- Be under 21 years old
- Have or may have a medical problem that CCS covers
- Be a resident of California
- Have an adjusted gross family income (on state tax income form) under $40,000.00

If family income is more than $40,000.00, the child may still be eligible to the program if:

- He/she has full scope, no share-of-cost Medi-Cal or Healthy Families insurance

- His/her medical out-of-pocket expenses are more than 20% of the family income
- He/she wants Medical Therapy Program (MTP) only

IHSS REFERRAL TO CCS

IHSS Social Workers can refer IHSS clients who are not enrolled in CCS but will benefit from the services provided by the program.

The IHSS Social Worker may refer an IHSS client by using *one* of the following methods:

A. Contact the CCS Public Health Nurse (PHN) directly using the CCS roster. Cases are assigned and managed based on the first letter of the applicant/client's last name. The CCS roster can be accessed in the S drive using this path: S:\Enterprise\Agency Rosters\California Children Services – CCS

B. Download the application from the CCS website and send it to the client's parents or authorized representative to complete. The CCS website is www.dhcs.ca.gov/services/css
   a. The completed application may be faxed to CCS at 619/528-4087 or sent by mail to California Children's Services, 6160 Mission Gorge Road Suite 400, San Diego, CA 92120.

QUARTERLY DATA MATCH

A data match will be conducted quarterly identifying clients who have both IHSS and CCS cases. Information will be provided to IHSS Social Workers and Supervisors in an Excel spreadsheet that will include:

- Case name
- CMIPS case number
- Client Index Number (CIN)
- IHSS Social Worker
- CCS Case Managers

This information may be used to contact the CCS Case Managers.

COORDINATION OF SERVICES

When making a determination of the client's needs and the types of services required, the IHSS Social Worker may contact the CCS PHN on cases with complicated medical issues. The CCS PHN will be able to answer questions about needs and/or confirm the information that has been provided to IHSS.

A CCS PHN may go out on a home visit with the IHSS Social Worker upon request to help in providing information on the complexity of the client's medical condition. Arrangement for a joint home visit must be done supervisor to supervisor. The IHSS Social Worker must first ask his/her supervisor to contact the CCS supervisor and determine the CCS PHN's availability, before setting the date and time of the home visit.

The CCS PHN or CCS Social Worker may contact the IHSS Social Worker for inquiries on authorized services for shared clients or program related questions. The IHSS Social Worker will provide case comments as requested and/or respond to questions as appropriate.

IV. REVIEW STATEMENT

This Special Notice was not reviewed by the standard review committee due to the informational nature of the notice.

V. FILING STATEMENT

Notices are archived at the following link:

S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated

IHSS Special Notices are also archived on the county intra-net at:

http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AISIHSS

Hard copies of this Special Notice will not be automatically distributed by Program Support.

WILL QUINTONG
Assistant Deputy Director

ELLEN SCHMEDING
Assistant Deputy Director

Contact: Susan Pullido (858)505-6366

SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 11-07

August 24, 2011

SUBJECT: SUPERVISORY TELEPHONE REVIEW TRACKING PROCEDURES

EFFECTIVE DATE: Immediately

EXPIRATION DATE: When incorporated into the IHSS Program Guide

I. PURPOSE

The purpose of this Special Notice is to provide In-Home Supportive Services (IHSS) staff with instructions and procedures for supervisory telephone reviews.

II. BACKGROUND

Social Work Supervisors are required to conduct reviews of IHSS case files that meet specific criteria. In addition to the standard review process, telephone reviews are used as an additional means of verifying information and implementing the Quality Assurance (QA) initiative. The purpose of the telephone review process is to verify that the case information is current and correct and to monitor customer service.

III. POLICY

The County policy requires Social Work Supervisors to review a minimum of three cases selected at random from the caseload of each Social Worker in the unit every month.

IV. PROCEDURES

SUPERVISORY TELEPHONE REVIEW PROCEDURE

The IHSS Social Work Supervisor (not a lead worker) will randomly select a minimum of three cases from the caseload of each Social Worker in the unit every month. Using the 12-57 HHSA "*Telephone Review Form*" form (Attachment A), the supervisor will conduct a telephone interview with the recipient, or the recipient's authorized representative.

- If the recipient is a minor child, conduct the interview with the parent or the legal guardian of the recipient.

- If the recipient cannot participate in the interview due to mental impairment, complete the interview with the authorized representative, legal guardian or conservator.
- If the recipient's primary language precludes him/her from participating in the telephone review, the interview may be completed with an adult member of the household who has been documented as acting on the client's behalf. An interpreter service through Language Line is also available.
- Include any positive and/or negative comments about the SW's face-to-face interview under the comments section of the 12-57 HHSA form.

Note: During the month that Quality Control is conducting case reviews for the unit, the supervisor will conduct telephone reviews for "intakes" only. "Intakes" refers to those cases that have been recently granted. Refer to Attachment C for the QCA District Review Cycle. Quality Control will review cases that have been selected through an ad hoc report that is based on a face-to-face date that is one month prior to the month of the telephone review.

Example: Cases that are reviewed during the month of August will have a face-to-face date that occurred in the month of June and has had at least one recertification completed since the case was initially granted.

TRACKING TELEPHONE REVIEWS

After the completion of the telephone reviews for the month, the supervisor will forward the completed review forms to the Program Support Unit. Reviews will be submitted the first week of the month that immediately follows the review month.

- Scan all 12-57 HHSA forms that have been completed for the review month.
- Submit as an email attachment to the designated Program Specialist.
- Copy the IHSS Program Manager and/or the IHSS Operations Manager on the email.
- Copy the Program Support Manager as back-up to the Program Specialist.
- Indicate in the "Subject" line, "Telephone Reviews" and the month the reviews were completed.

When the designated Program Specialist receives the scanned copies of the 12-57 forms, he/she will file the scanned reviews in a folder on the S drive. The reviews will be tracked using the tracking log 12-57A HHSA "*Supervisory Telephone Review Log*" (Attachment B).

VI. REVIEW STATEMENT

This notice was reviewed by an Organizational Review Committee (ORC).

VII. FILING STATEMENT

Notices are archived at the following link:

S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated

IHSS Special Notices are also archived on the county intra-net at:

http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AISIHSS

Hard copies of this Special Notice will not be automatically distributed by Program Support.

WILFRED QUINTONG
Assistant Deputy Director

ELLEN SCHMEDING
Assistant Deputy Director

Contact: Susan Pullido (858)505-6366

TELEPHONE REVIEW FORM

Call the client and identify yourself. Explain the purpose of the call by telling the client you are doing a follow-up review of their case. Verify that the client/case information is correct. If client response indicates clarification is needed, ask follow-up questions. Use the back of the form if additional room is needed for notes.

Social Worker Name: _____ **Worker Number:** _____

Information Verification:

Yes	No		Corrected Information
☐	☐	Name	_____
☐	☐	Address	_____
☐	☐	Current provider	_____

Quality Assurance

When was the last home visit from your IHSS Social Worker; do you recall the day or date? _____

What time was your appointment? _____ What time did the Social Worker Arrive? _____

How long did the Social Worker stay? _____

How were you contacted for this visit (phone, letter, drop-by)? _____

Tell me about/what do you recall about your last visit with your Social Worker from In-Home Supportive Services. _____

Was the IHSS program explained to you? _____

Was your Social Worker courteous? _____

If you have questions or changes, do you know how to contact your IHSS Social Worker? Did he/she leave you a business card? _____

If the client is not the person answering the questions, complete the following:

Spoke with: _____ relationship to client _____

Because (e.g. client is a child) _____

Comments: _____

_____

Case Name: _____ Case Number: _____

Reviewer: _____ Date: _____

IN-HOME SUPPORTIVE SERVICES
SUPERVISORY TELEPHONE REVIEW LOG
FY

Social Worker Number	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	TOTAL
SS12													0
SS13													0
SS15													0
SS18													0
SS19													0
SS1A													0
SS1B													0
SS1C													0
SS1D													0
SS21													0
SS22													0
SS23													0
SS25													0
SS26													0
SS27													0
SS28													0
SS29													0
SS51													0
SS52													0
SS53													0
SS54													0
SS61													0
SS62													0
SS63													0
SS64													0
SS65													0
SS66													0

ES34													0
ES35													0
ES36													0
ES37													0
ES38													0
ES39													0
ES3A													0
KS31													0
KS32													0
KS33													0
KS34													0
KS35													0
KS37													0
CS11													0
CS12													0
CS13													0
CS14													0
CS15													0
CS16													0
CS17													0
CS18													0
CS42													0
CS44													0
CS47													0
CS48													0
CS4A													0
CS4B													0
CS4C													0
CS51													0
CS52													0
CS53													0
CS54													0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0

SS67	0
SS68	0
SS69	0
SS71	0
SS73	0
SS74	0
SS75	0
SS76	0
SS77	0
SS78	0
SS11	0
SS16	0
LS11	0
LS12	0
LS13	0
LS14	0
LS15	0
LS16	0
LS17	0
LS18	0
LS19	0
LS1A	0
LS71	0
LS72	0
LS73	0
LS74	0
LS75	0
LS76	0
LS7A	0
LS7B	0
LS7C	0
ES31	0
ES32	0
ES33	0

QC District Review Cycle FY 2010-2011				
DISTRICTS	**MONTH Q1**	**MONTH Q2**	**MONTH Q3**	**MONTH Q4**
SS10-DIST. 01 (9) SS20-DIST. 02 (8) SS50-DIST. 13 (4) SS70-DIST. 12 (9) 30	JULY	OCT.	JAN.	APR.
CS10-DIST. 08 (8) ES30-DIST. 05 (10) SS60-DIST. 03 (9) KS30-DIST.06 (6) 33	AUG.	NOV.	FEB.	MAY
LS10-DIST. 10 (10) LS70-DIST. 04 (8) CS40-DIST. 07 (7) CS50-DIST. 11 (4) 29	SEPT.	DEC.	MAR.	JUNE

ATTACHMENT C

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

August 10, 2011

SUBJECT: In-Home Supportive Services (IHSS) MEDICAL CERTIFICATION FORM

EFFECTIVE DATE: August 1, 2011

EXPIRATION DATE: When incorporated into the IHSS Program Guide

REFERENCE: All County Letter (ACL) 11-55

I. PURPOSE

The purpose of this Special Notice is to provide IHSS staff with instructions on the implementation and use of the SOC 873 – "*In-Home Supportive Services (IHSS) Medical Certification Form*".

II. BACKGROUND

The Welfare and Institutions Code (WIC) amended by Senate Bill (SB) 72 now requires a completed medical certification form for all new applicants prior to the authorization of IHSS services, and for all individuals currently receiving IHSS services, in order for those services to continue.

III. POLICY

Before approving or continuing IHSS services after August 1, 2011, the completed medical certification form must be on file and include the following information:

- A declaration from a licensed health care professional (LHCP) that the applicant/recipient is unable to independently perform some activity of daily living
- The applicant/recipient is at risk of placement in out-of-home care without the assistance of IHSS services
- A description of any condition or functional limitation that has resulted in, or contributed to, the individual's need for assistance

Once the completed medical certification form is received and IHSS services are approved, the SOC 873 is not required for subsequent reassessments or for continued eligibility to services.

LCHP - Definition
In accordance with WIC section 12309.1(a), "licensed health care professional" means "an individual licensed in California by the appropriate regulatory agency, acting within the scope of

his or her license or certificate as defined in the Business and Professions Code". A licensed health care professional includes, but is not limited to, the following:

- Physician
- Physician's Assistant
- Regional Center clinician or clinician supervisor
- Occupational Therapist
- Physical Therapist
- Psychiatrist
- Psychologist
- Optometrist
- Ophthalmologist
- Public Health Nurse

IV. PROCEDURES

APPLICATION

IHSS applicants have **45 calendar days from the date of receipt** to provide a completed and signed SOC 873 to the IHSS Social Worker.

Clerical Responsibilities

The designated IHSS clerk is responsible for sending form 12-53B HHSA – "*Initial Contact/Case Assignment Letter*" to each IHSS applicant or authorized representative at the time of assignment. Effective immediately, the designated clerk will send all of the following items to the applicant or the authorized representative at the time of assignment:

- The SOC 873 – "*In-Home Supportive Services (IHSS) Medical Certification Form*" (Attachment A)
- The SOC 874 – "*In-Home Supportive Services (IHSS) Program Notice to Applicant of Medical Certification Requirement*" (Attachment B)
- The updated12-53B - HHSA "*Initial Contact/Case Assignment Letter*" (Attachment C) dated 8/2011
- A return envelope for the assigned district office and Social Worker

The designated clerk will complete the "Due By" field on the SOC 874. The Medical Certification form is due 45 calendar days from the date the form is received by the applicant. When counting the 45 calendar days, exclude the date entered on the 12-53B HHSA, and an additional three business days to allow for delivery of the form.

Example 1:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Date of the SOC 874 Excluded Day	Excluded	Excluded	Excluded	Start of 45 days.	

Example 2:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1	Date of the SOC 874 Excluded Day	Excluded	Excluded	Holiday ☺ Excluded	Holiday ☺ Excluded	Excluded
Week 2 Excluded	Excluded	Start of 45 Days				

Note: The Social Worker must provide the date that the Medical Certification form was given to the applicant to clerical staff when submitting the SOC 293 for data entry. This applies to IHSS applications that were received after July 31, 2011 and reassessment home visits that occurred in August, prior to the implementation of this Special Notice.

Social Worker Responsibilities

The assigned Social Worker is responsible for the following:

- Answering any question(s) the applicant or authorized representative may have regarding the required form
- Providing a replacement form to the applicant at the face-to-face home visit or by mail prior to the home visit if necessary
- Reviewing the returned SOC 873 for completeness and signature
- Evaluating all available information, including the SOC 873 before authorizing IHSS services
- Requesting any additional information as needed to determine eligibility or need for services

No Assessed Need/No Eligibility

When the Social Worker completes the face-to-face home visit and finds that there is no assessed need for services, or the applicant does not meet the eligibility criteria for the IHSS program, the Social Worker will deny the application immediately, using the appropriate Notice of Action code.

SOC 873 – Questions Five, Six and Seven

Questions 5 and 6 (and question 7 when 5 and 6 are answered "Yes") on the SOC 873 are required for determining eligibility, and must be answered to meet the requirements in WIC section 12309.1.

The Social Worker must use the SOC 873 (or alternative documentation) submitted by the client as a factor in assessing the need for IHSS. When question 5 and/or question 6 have been answered "no", than the application for IHSS services **must be denied**.

Before authorizing IHSS services, the IHSS Social Worker must ensure that the answers to both questions 5 and 6 on the SOC 873 are "Yes", and question 7 is complete. The Social Worker may contact the LCHP for clarification or additional information. The SOC 873 (or alternative documentation) **shall not be the sole determining factor when the answers to question 5 and 6 are yes**. The Social Worker will use the form to evaluate the client's present condition and the need for out-of-home care if IHSS services are not provided. The Social Worker must consider all relevant documentation when making the final eligibility determination.

If both questions five and six are "yes" and question 7 is complete, the Social Worker may **continue to assess** the need for IHSS and determine eligibility to services. Once the applicant has been determined eligible for services, eligibility (if appropriate) may go back to the effective date of the application.

Notice of Action (NOA)
If question 5 or 6 on the SOC 873 is "No", then the IHSS Social Worker will deny the application based on no assessed need for services, using Notice of Action (NOA) code 443 in conjunction with the NA 690.

> 443 - You have no assessed need for services and you can remain safely in your own home without services and, if applicable, retain your employment.(MPP 30-761)

If the SOC 873 was not received within the 45-calendar day timeframe, the IHSS Social Worker will use the new NOA message 507 in conjunction with the NA 690.

> 507 - You did not provide the county with a medical certification as required to authorize services. (WIC 12309.1)

If the SOC 873 is received after denial of the initial application, the Social Worker will:

- Review the SOC 873 and evaluate all information, including the answers to questions 5, 6, and 7
- Re-evaluate the basis of the denial and grant services only if appropriate
- Narrate the date the SOC 873 was received and justify the action (deny/grant) taken

RENEWAL/RECERTIFICATION
IHSS recipients have **45 calendar days from the date of the face-to-face home visit** to provide a completed and signed SOC 873 to the IHSS Social Worker. The due date is determined by excluding the face-to-face date, and then counting out 45 calendar days.

At the time of the home visit for renewal/recertification of services, the IHSS Social Worker will provide the SOC 873 and the SOC 875 - *"In-Home Supportive Services (IHSS) Program Notice to Recipient of Medical Certification Requirement"* (Attachment D) to the IHSS recipient at the face-to-face home visit or by mail prior to the appointment. The form letter 12-53 has been updated for use with the new SOC 873 and has been re-titled 12-53 HHSA - "*Home Visit Letter*" (Attachment E).

Completing the SOC 873 and 875
The Social Worker must provide the SOC 875 notice to the recipient along with the SOC 873. The Social Worker will complete all of the fields on section A of the SOC 873 before sending/providing the form to the IHSS recipient.

The Social Worker will complete the following fields on the SOC 875 prior to sending/providing the notice to the IHSS recipient:

- County of
- Notice date
- IHSS Office Address
- IHSS Office Telephone Number
- Social Worker Name
- Due by

Once the completed medical certification form has been initially received and IHSS services have been approved and/or recertified, the SOC 873 is not required for subsequent reassessments or for continued eligibility to services. The IHSS Social Worker may request an updated SOC 873, but it is not required for ongoing services. If the SOC 873 is requested at a subsequent reassessment and is not returned, services cannot be terminated for "failure to provide". The SOC 875 notice should not be used for subsequent reassessments.

Reauthorization of Services

Once the SOC 873 and the SOC 874 have been provided to the recipient, and the face-to-face home visit/reassessment has been completed, the Social Worker may increase or decrease the authorized services to reflect any changes and recertify the case following standard procedures.

The Social Worker must use the SOC 873 (or alternative documentation) submitted by the client as a factor in assessing the need for IHSS. When question 5 and/or question 6 have been answered "no", than IHSS services **must be terminated with timely notice**.

When the SOC 873 has been returned, the IHSS Social Worker must ensure that the answers to both questions 5 and 6 on the SOC 873 are "Yes", and question 7 is complete. The Social Worker may contact the LCHP for clarification or additional information. The SOC 873 (or alternative documentation) **shall not be the sole determining factor when the answers to question 5 and 6 are yes**. The Social Worker will use the form to evaluate the client's present condition and the need for out-of-home care if IHSS services are not provided. The Social Worker must consider all relevant documentation when making the final eligibility determination.

If both questions 5 and 6 are "yes", and question 7 is complete, the Social Worker may **continue to assess** the need for the reauthorization of IHSS services.

Notice of Action

If question 5 or 6 on the SOC 873 is "No", then the IHSS Social Worker will terminate services based on no assessed need for services, using Notice of Action (NOA) code 443 in conjunction with the NA 690.

If the SOC 873 was not received within the 45-calendar day timeframe, the IHSS Social Worker will use the new NOA message 507 in conjunction with the NA 690.

Good Cause (Extending the 45-Day Due Date)

The Social Worker may extend the timeframe for an **active recipient** to obtain the SOC 873 if there is "good cause". Good cause extensions **cannot be approved for applicants**. Good cause means "a substantial and compelling reason beyond the recipient's control".

Examples of good cause may include, but are not limited to, serious illness, hospitalization of the recipient, or the Social Worker has confirmed with the LHCP of the need for the additional time. The recipient must show good faith efforts in trying to obtain the SOC 873. The Social Worker will determine on a case-by-case basis when good cause exists. A recipient must notify the Social Worker of the need for a good cause extension **no later than 35 calendar days** from the

date of the in-home assessment. After the 35th day, a good cause extension can no longer be granted. Good cause must not exceed more than 45 days beyond the initial 45-day timeframe (for a maximum total of 90 days)

PROCESSING THE MEDICAL CERTIFICATION FORM

Social Worker Responsibilities

The client has the option to take the SOC 873 to their LHCP to be completed and then returned to the Social Worker. If the client requests assistance in obtaining the SOC 873 from the LHCP, the Social Worker must assist. This includes sending the SOC 873 directly to the LHCP. The client is ultimately responsible for ensuring that the completed SOC 873 is returned to the Social Worker within the time allowed.

Part B Signatures

An applicant/recipient, legal guardian, conservator, or a person with power of attorney for medical purposes (recognized by the LHCP) may sign "Part B" of the SOC 873.

ALTERNATIVE DOCUMENTATION

Alternative documentation provided must be evaluated before it can be used to certify the need for IHSS services. In order to be accepted, any documentation provided **must meet all** of the following criteria:

- The documentation must be dated no earlier than 60 calendar days prior to submission
- Contain a statement or description indicating that the individual is unable to perform independently one or more activities of daily living
- Describe the condition or functional limitation of the individual that has contributed to the need for assistance
- Be signed by a LHCP

Alternative documentation may include, but is not limited to, the following:

- Hospital or nursing facility discharge plans
- Minimum Data Set forms (MDS) (used by Medi-Cal/Medi-Care)
- Individual program plans (such as MSSP, SOAR, or Linkages)

Use of County Medical Statements

The 12-37 - HHSA *"Medical Statement"* **is not acceptable alternative documentation** for the SOC 873. The Social Worker must accept alternative documentation that meets all the conditions listed above in place of the SOC 873. The Social Worker has the option to use the 12-37 for additional information at subsequent reassessments, or if additional information is needed at any other time.

CMIPS CHANGES

Two new fields in the RELA screen display after the "Reprint" field allow the entry and tracking of the SOC 873 and related information. A Medical Certification Date (MC DATE) field and associated Medical Certification Reason Code (MC CODE) field was added to track the date that the medical certification was requested, the date it was returned, when it was returned, and the type of documentation provided.

The date of request and the date of return must be entered with the appropriate code. The reason codes for the MC CODE field include:

M – Medical Certification Received
A – Alternative Documentation Received
E – Exception – **Note: This field is not to be used until instructions have been issued.**
P – Pending (to be used when waiting for documentation to be received)

Applicants
For new applicants, services cannot be authorized in the system unless a date is entered in the MC DATE field and the MC CODE field has an "M", "A" or "E" indicated.

- When entering the case into CMIPS, enter the date the medical certification was requested and enter a P (pending) for the code.

- If the medical certification has been received, enter the receipt date in the MC DATE field and the M or A reason code in the MC CODE field.

Recipients
The MC DATE and MC CODE field must contain a valid value (M, A, E or P) for the system to allow the user to move forward to the RELC and authorize the new hours after a reassessment.

- When entering the reassessment into CMIPS, enter the face-to-face date in the MC DATE field and a "P" in the MC CODE field if the medical certification has not been received.

- Once the medical certification is received, update the MC DATE field and MC CODE fields with the receipt date and reason code M or A.

All Cases
Data entry staff will continue to utilize the "Face-to-Face Date" field on the RELB screen when entering authorization information for both initial assessments and reassessments. Certain actions are either required or not allowed once the new medical certification fields are used. The following effects should be noted:

- The system will not allow a user to delete a "P" from the MC CODE field. The field will only accept one of the other valid codes of "M", "A" or "E".

- A soft edit has been added to the RELA screen that will be triggered if the MC DATE and/or MC TYPE field are blank. The user will be able to override this edit.

- A hard edit has been added to the RELB field that is triggered when a change has been made to the FACE-TO-FACE DATE field and the MC DATE and/or MC TYPE fields are blank. A user cannot override this edit and must return to the RELA screen and fill in the MC DATE and MC CODE fields with the appropriate values.

A new file will be added to the existing county download, which will include a list of recipients who are in danger of losing their services due to non-compliance with the medical certification requirement. The MC DATE and MC CODE fields must be used in order to identify which cases are "pending" medical certification.

V. REVIEW STATEMENT

An Organizational Review Committee (ORC) has reviewed this Special Notice Special Notice.

VI. FILING STATEMENT

Notices are archived at the following link:

S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated

IHSS Special Notices are also archived on the county intra-net at:

http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AISIHSS

Hard copies of this Special Notice will not be automatically distributed by Program Support.

WILFRED QUINTONG
Assistant Deputy Director

ELLEN SCHMEDING
Assistant Deputy Director

For questions contact: Mary Harrison (858) 505-6952
Attachment(s)
Distribution Codes 7 & 8

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM MEDICAL CERTIFICATION FORM

A. APPLICANT/RECIPIENT INFORMATION (To be completed by the county)

Applicant/Recipient Name:	Date of Birth:
Address:	
County of Residence:	IHSS Case #:
IHSS Worker Name:	
IHSS Worker Phone #:	IHSS Worker Fax #:

B. AUTHORIZATION TO RELEASE MEDICAL INFORMATION (To be completed by the applicant/recipient)

I, _____ (PRINT NAME), authorize the release of medical information related to my physical and/or mental condition to the In-Home Supportive Services program as it pertains to my need for domestic/related and personal care services.

Signature: _____ (APPLICANT/RECIPIENT OR LEGAL GUARDIAN/CONSERVATOR) Date: ____/____/____

Witness (if the individual signs with an "X"): _____ Date: ____/____/____

TO: LICENSED HEALTH CARE PROFESSIONAL –

The above-named individual has applied for or is currently receiving services from the In-Home Supportive Services (IHSS) program. State law requires that in order for IHSS services to be authorized or continued a licensed health care professional must provide a medical certification declaring the individual above is unable to perform some activity of daily living independently and without IHSS the individual would be at risk of placement in out-of-home care. This medical certification form must be completed and returned to the IHSS worker listed above. The IHSS worker will use the information provided to evaluate the individual's present condition and his/her need for out-of-home care if IHSS services were not provided. The IHSS worker has the responsibility for authorizing services and service hours. The information provided in this form will be considered as one factor of the need for services, and all relevant documentation will be considered in making the IHSS determination.

IHSS is a program intended to enable aged, blind, and disabled individuals who are most at risk of being placed in out-of-home care to remain safely in their own home by providing domestic/related and personal care services. IHSS services include: housekeeping, meal preparation, meal clean-up, routine laundry, shopping for food or other necessities, assistance with respiration, bowel and bladder care, feeding, bed baths, dressing, menstrual care, assistance with ambulation, transfers, bathing and grooming, rubbing skin and repositioning, care/assistance with prosthesis, accompaniment to medical appointments/alternative resources, yard hazard abatement, heavy cleaning, protective supervision (observing the behavior of a non-self-directing, confused, mentally impaired or mentally ill individual and intervening as appropriate to safeguard recipient against injury, hazard or accident), and paramedical services (activities requiring a judgment based on training given by a licensed health care professional, such as administering medication, puncturing the skin, etc., which an individual would normally perform for him/herself if he/she did not have functional limitations, and which, due to his/her physical or mental condition, are necessary to maintain his/her health). The IHSS program provides hands-on and/or verbal assistance (reminding or prompting) for the services listed above.

ATTACHMENT A-1

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM MEDICAL CERTIFICATION FORM

Applicant/Recipient Name:	IHSS Case #:

ONLY A LICENSED HEALTH CARE PROFESSIONAL SHOULD COMPLETE THE REMAINDER OF THIS FORM.*

C. MEDICAL INFORMATION (To be completed by a Licensed Health Care Professional)

1. Describe the nature of the services you provide to this individual (e.g., medical treatment, nursing care, discharge planning, etc.):

2. How long have you provided service(s) to this individual?

3. Describe the frequency of contact with this individual (e.g., monthly, yearly, etc.):

4. Indicate the date you last provided services to this individual: ____ / ____ / ____

5. Is this individual unable to independently perform one or more activities of daily living (e.g., eating, bathing, dressing, using the toilet, walking, etc.), or instrumental activities of daily living (e.g., housekeeping, preparing meals, shopping for food, etc.)?	☐ YES ☐ NO
6. In your opinion, is one or more IHSS service recommended in order to prevent the need for out-of-home care (See description of IHSS services on Page 1)?	☐ YES ☐ NO

If you answered "NO" to either Question #5 OR #6, skip Questions #7 and #8 below, and complete the certification in PART D at the bottom of the form.

If you answered "YES" to both Question #5 AND #6, respond to Questions #7 and #8 below, and complete the certification in PART D at the bottom of the form.

7. Provide a description of any physical and/or mental condition or functional limitation that has resulted in or contributed to this individual's need for assistance from the IHSS program:

8. Is the condition(s) or functional limitation(s) expected to last more than 12 consecutive months?	☐ YES ☐ NO

NOTE: THE SOCIAL WORKER MAY CONTACT YOU FOR ADDITIONAL INFORMATION OR TO CLARIFY THE RESPONSES YOU PROVIDED ABOVE.

D. LICENSED HEALTH CARE PROFESSIONAL CERTIFICATION

By signing this form, I certify that I am licensed in the State of California and all information provided above is correct.

Name:	Title:
Address:	
Phone #:	Fax #:
Signature:	Date:
Professional License Number:	Licensing Authority:

PLEASE RETURN THIS FORM TO THE SOCIAL WORKER LISTED ON PAGE 1.

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
NOTICE TO APPLICANT OF MEDICAL CERTIFICATION REQUIREMENT

There has been a change in state law* that requires each person applying for IHSS to provide a medical certification from a licensed health care professional (LHCP) before they can get IHSS.

The certification must be completed by a LHCP, such as a physician (doctor), physician assistant, regional center clinician or clinical supervisor, occupational therapist, physical therapist, psychiatrist, psychologist, optometrist, ophthalmologist, public health nurse, etc.

The certification must state that you are not able to do some activities of daily living (ADLs) on your own and that without help to do these activities you would be at risk of placement in out-of-home care.

Basic ADLs are: eating, bathing, dressing, using the toilet, walking, and getting out of bed or a chair. Other ADLs are: housekeeping, preparing meals, shopping for food or other necessities, taking medication, etc.

Attached is a blank copy of the Medical Certification Form (SOC 873) that you can give to your LHCP to complete. If you want, the county can send it to the LHCP for you but you will have to give the county the LHCP's name and address.

Whether you give the Medical Certification Form to the LHCP yourself or the county sends it for you, you are responsible for making sure it is completed and returned to the county within **45 days** from the date the county worker requested it.

The county may accept an alternate document in place of the Medical Certification Form as long as it meets all of the following requirements:

1. Indicates that you are not able to do one or more ADLs on your own,
2. Describes the medical or other condition that makes you unable to do ADLs on your own and causes you to need IHSS, and
3. Has been signed by a LHCP.

If you do not provide the Medical Certification Form or alternate document to the county within 45 days, your application for IHSS will be denied. As with any county action taken on your case, you may request a state hearing if you do not agree with the county's decision.

If you have questions about the medical certification requirement, ask the social worker who has been assigned to your case.

Due By: ____/____/____

*Welfare and Institutions Code section 12309.1

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Click here to enter a date.

Click here to enter text.
Click here to enter text.
Click here to enter text.

This letter is to inform you that the Social Worker assigned to your In-Home Supportive Services (IHSS) application is:

Click here to enter text.

Choose an item.

Choose an item.

Choose an item.

Instructions

(Back of Form 12-53 B Initial Contact/Case Assignment Letter)

Select a date using the "date picker" calendar.
Enter the client's name and address in the designated text box.
Enter the assigned Social Worker's name and phone number in the designated text box.

Drop Down Menu One

For reassignments, select drop down item:

- Your case has been assigned to a different social worker. A response to this Letter is not required.

For new applications select:

- You will be contacted by phone or letter regarding a visit in your home to discuss your application for services.

Drop Down Menu Two

Select the

- The enclosed Medical Certification form must be completed by your doctor and returned to your Social Worker within 45 days or your application will be denied. A return envelope has been enclosed.
- There is information enclosed for your review.

Drop Down Menu Three

IHSS District Office Chula Vista – Phone number (619) 476-6300
IHSS District Office El Cajon – Phone number (619) 401-3900
IHSS District Office San Diego – Phone Number (858) 694-2123
IHSS District Office Escondido – Phone Number (760) 480-3424
IHSS District Office Oceanside – Phone Number (760) 754-3515

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM NOTICE TO RECIPIENT OF MEDICAL CERTIFICATION REQUIREMENT

COUNTY OF: _____

Notice Date: _____
IHSS Office Address: _____
_____
IHSS Office Telephone Number: _____
Social Worker Name: _____
Due By: _____

(ADDRESSEE)

To: In-Home Supportive Services (IHSS) Recipient

There has been a change in state law* that requires each person getting IHSS to provide a medical certification from a licensed health care professional (LHCP) to continue to get IHSS.

The certification must be completed by a LHCP, such as a physician (doctor), physician assistant, regional center clinician or clinical supervisor, occupational therapist, physical therapist, psychiatrist, psychologist, optometrist, ophthalmologist, public health nurse, etc.

The certification must state that you are not able to do some activities of daily living (ADLs) on your own and that without help to do these activities you would be at risk of placement in out-of-home care.

Basic ADLs are: eating, bathing, dressing, using the toilet, walking, and getting out of bed or a chair. Other ADLs are: housekeeping, preparing meals, shopping for food or other necessities, taking medication, etc.

Attached is a blank copy of the Medical Certification Form (SOC 873) that you can give to your LHCP to complete. If you want, the county can send it to the LHCP for you but you will have to give the county the LHCP's name and address.

Whether you give the Medical Certification Form to the LHCP yourself or the county sends it for you, you are responsible for making sure it is completed and returned to the county within 45 days following your reassessment. If the county does not receive the Medical Certification Form by the 35th day, a notice will be sent informing you that your IHSS will stop, unless you had previously contacted the county and were given more time to submit the form.

The county may accept an alternate document in place of the Medical Certification Form as long as it meets all of the following requirements:

1. Indicates that you are not able to do one or more ADLs on your own,
2. Describes the medical or other condition that makes you unable to do ADLs on your own and causes you to need IHSS, and
3. Has been signed by a LHCP.

If the county does not receive the completed Medical Certification Form or alternate document within 45 days following your reassessment, your IHSS may stop. As with any county action taken on your case, you may request a state hearing if you do not agree with the county's decision.

If you are not able to get the medical certification from your LHCP within 45 days, call your social worker at the number listed above, as soon as possible.

*Welfare and Institutions Code section 12309.1

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Click here to enter a date.

Click here to enter text.
Click here to enter text.
Click here to enter text.

In order to process your application for In-Home Supportive Services a Social Worker will be scheduling a home visit with you. At the home visit, the Social Worker is required to gather information and check for safety issues in your home. This will occur for all new applications, and every time the services are renewed. Here is some information and some suggestions that will help make the process easier.

Have the following information available for review at the home visit:

- Your photo identification and Social Security card
- Name, address, and phone numbers of your current doctors
- Your current medications
- If you have been hospitalized, your discharge paperwork
- The names of all individuals living with you in your home

Prior to the home visit, place pets who are not caged in another room.
As a health and safety consideration, please refrain from smoking during the home visit.

Choose an item. Click here to enter a date.

Your appointment time Choose an item.

Choose an item.

If you have questions about the scheduling of this appointment, please call the Social Worker below.

Click here to enter text.

Choose an item.

Instructions

(Back of Form 12-53 Home Visit Appointment Letter)

Select a date using the "date picker" calendar.
Enter the client's name and address in the designated text box.

Drop Down Menu One

Select one of the items below

- A home visit has been scheduled for you on
- Please call the number below by
- Your IHSS services must be recertified by
- Your services may be terminated if you do not contact the number below by

Select a date using the "date picker" calendar.

Drop Down Menu Two (Appointment Time)

- has not been scheduled, please contact the Social Worker below to arrange a time and date.
- is _____

Drop Down Menu Three (Enclosed Information)

- The enclosed Medical Certification form must be completed by your doctor and returned to your Social Worker within 45 days. A return envelope has been enclosed.
- There is information enclosed for your review.
- There is information enclosed for you to complete and provide at the home visit.

Enter the assigned Social Worker's name and phone number in the designated text box.

Drop Down Menu Four

IHSS District Office Chula Vista – Phone number (619) 476-6300
IHSS District Office El Cajon – Phone number (619) 401-3900
IHSS District Office San Diego – Phone Number (858) 694-2123
IHSS District Office Escondido – Phone Number (760) 480-3424
IHSS District Office Oceanside – Phone Number (760) 754-3515

SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 11-04
ADDENDUM A

July 21, 2011

SUBJECT: **Request for Waiver – Denial Letter**

EFFECTIVE DATE: **Immediately**

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

REFERENCE: **All County Letter (ACL) 11-12**

I. PURPOSE

The purpose of this Special Notice is to provide In-Home Supportive Services (IHSS) staff with the *"HHSA 12-78B Denial of Request for Waiver"* form letter to recipients who have been denied a request for a waiver for their provider.

II. BACKGROUND

Effective February 1, 2011, individuals who are subject to Tier 2 exclusionary crimes committed within the last 10 years *may* have their conviction or a subsequent conviction(s) waived, under certain circumstances, with an "Individual Waiver" or a "General Exception". A recipient may request a provider waiver for an individual or a provider that is in the Tier 2 exclusionary crimes category.

III. POLICY

Effective immediately, all recipients who have been denied a request for a waiver for their provider will be sent a *"HHSA 12-78B Denial of Request for Waiver"* letter (Attachment A).

IV. IHSS STAFF RESPONSIBILITIES

When a *"Recipient Request for Provider Waiver"* has been received, the IHSS Social Worker will be responsible for confirming the recipient's ability or inability to request a waiver for the individual provider and for verifying if there is documentation of a legal guardian or conservator in the IHSS case file.

Once the Social Worker has determined the status of the waiver request, the Social Worker will submit the case file, along with the response form, to the Social Work Supervisor for review. The supervisor will review the information in the case file and indicate approval of the determination by signing and dating the response form, and the case narrative.

Recipients with Questionable Competency
When a waiver request is received from an IHSS applicant/recipient for whom competency cannot be verified or the competency is unclear (e.g. ranking conflicts with medical information in the case file), the Social Worker will:

- Within ten (10) business days refer the recipient to the Program Integrity Unit for a secondary home visit as a priority referral
- In the subject line of the email indicate "Priority Referral"
- Evaluate the information from the secondary home visit
- Approve or deny the waiver request as appropriate

Within five (5) working days of receiving the results of the home visit, the Social Worker will forward the final decision to approve or deny the waiver request to Public Authority staff.

Denial of Request for Waiver Letter
If a *"Recipient Request for Provider Waiver"* has been denied the social worker will:

- Complete the *"HHSA 12-78B Denial of Request for Waiver"* letter.
- Send a copy of the completed *"HHSA 12-78B Denial of Request for Waiver"* letter to the recipient.
- Forward a copy of the *"HHSA 12-78B Denial of Request for Waiver"* letter to the Public Authority staff, along with the "HHSA 12-78 Social *Worker Response to Waiver Request*".
- Retain a copy of the letter in the IHSS case file under the PCSP tab.

All Requests for Waivers
For all waiver requests, the Social Worker will:

- Retain a copy of the "SOC 862 *Recipient Request for Provider Waiver"* in the recipient IHSS case file under the PCSP tab when received from Public Authority.
- Narrate the approval/denial of the waiver request, documenting the information used and the reason for the decision.
- Submit all waiver request determinations to the Social Work Supervisor for review and signature of the narrative and the form.
- Refer any request for an individual waiver and/or other related questions to the Public Authority at 1-877-351-7744.
- Remind the recipient(s) that the criminal conviction information contained in any provider ineligibility notice that he/she may receive must be kept confidential, and that he/she (the recipient) is prohibited by law from sharing any part of it with any other individual or entity, (including IHSS or Public Authority staff) who are not authorized to receive the information.

V. REVIEW STATEMENT

This notice was not reviewed by an Organizational Review Committee (ORC).

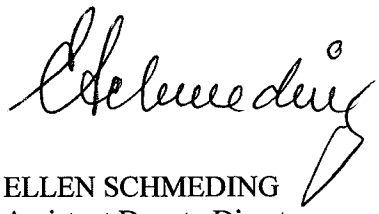
VI. FILING STATEMENT

HSS Special Notices, Bulletins, and Memos are being archived at the following link:
S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated

And at the county intra-net at:
http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AISIHSS

Hard copies of this Special Notice will not be distributed by Program Support.

WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Gina Brown (858) 495-5554

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

AGING & INDEPENDENCE SERVICES
P.O. BOX 23217, SAN DIEGO, CALIFORNIA 92193-3217

Click here to enter text.
Click here to enter text.
Click here to enter text.

This letter is to inform you that the form SOC 862 "Recipient Request for a Provider Waiver" for provider applicant Click here to enter text. has been received and has been denied. The reason(s) for this denial is checked below.

☐ The request was signed by the provider applicant.

☐ The request was signed by an individual who is currently receiving Protective Supervision and is non-self directing.

☐ The request was signed by an individual who is not the Conservator or the Legal Guardian of the applicant/recipient.

☐ The request was signed by and individual who has been documented to have a mental impairment or a cognitive disability.

☐ Other:

Click here to enter text.
Social Worker
In-Home Supportive Services
Phone Number: Click here to enter text.
Date: Click here to enter a date.

SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 11-05
ADDENDUM A

July 15, 2011

SUBJECT:	**Reduction in Payment Standards for Supplemental Security Income/State Supplementary Payment (SSI/SSP) and Cash Assistance Program for Immigrants (CAPI)**
EFFECTIVE DATE:	**August 1, 2011**
EXPIRATION DATE:	**When incorporated into the IHSS Program Guide**
REFERENCE:	**EBB 11010 – July 1, 2011 SSP Payment Standard Update**

I. PURPOSE

The purpose of this Special Notice is to inform In-Home Supportive Services (IHSS) staff of changes to Share-of Cost (SOC) cases resulting from a decrease in the SSI/SSP payment standards and provide instruction on the required updates to the Case Management and Payrolling System (CMIPS).

II. BACKGROUND

Senate Bill (SB) 72 (Chapter 8, Statutes of 2011) was signed into law by the Governor of the State of California on March 24, 2011. The bill authorizes a reduction in the SSI/SSP payment standards for an individual to the minimum allowable level under federal regulations. As a result of the SSI/SSP reduction, the payment standard for the Cash Assistance Program for Immigrants (CAPI) will also decrease. Welfare and Institution Code (WIC) section 18941 requires that CAPI payments are based on the SSI/SSP payment standards, minus $10.00 for an individual and $20.00 for a couple.

III. NEW BENEFIT LEVEL/PAYMENT STANDARDS

01	$ 830.40	
02	885.40	
03	737.40	No change from previous
04	609.17	
05	664.17	
06	516.17	
07	914.40	
08	1407.20	No change from previous

09	1554.20	No change from previous
10	1498.20	No change from previous
11	1075.33	No change from previous
12	1222.33	No change from previous
13	1166.33	No change from previous
14	1575.20	No change from pervious
15	703.60	No change from previous
16	777.10	No change from previous
17	749.10	No change from previous
18	787.60	No change from previous
19	537.67	No change from previous
20	611.17	No change from previous
21	583.17	No change from previous

The update will not apply to the exclusion amounts. The exclusion amount for one parent for parent to child deeming will continue to be $674.00; for two parents $1011.00; and the ineligible child exclusion of $337.00

IV. SOC UPDATES TO CMIPS

The following fields on SOC 293 will be automatically updated:

- Line I Field 1, SOC Begin Date 08/01/2011
- Line J Field 3, Benefit Level to the updated values
- Line K Field 3, Share-of-Cost recomputed based on the updated benefit level.
- Line M Fields 2, 3, and 6, Beginning Date, Ending Date, and Share-of-Cost will show the new eligibility and SOC segment.

SOC cases with providers coded 1 on line E field 3 on the SOC 311, and in E status at the time of the conversion, will automatically update to a new eligibility and SOC segment (line F fields 2, 3, and 5).

V. EXCEPTION REPORTS

An exception report listing the SOC cases that have not been updated automatically during the conversion will be available on Monday afternoon, July 18, 2011. The Social Workers must review and update these cases manually.

The report is available on the IHSS-CMIPS Online Reports website at. https://cmips-reports.documentportal.com

Detailed information on IHSS CMIPS Online Reports can be found in the Users Manual in the IHSS Program Guide Chapter 8, Attachment 8-P at the following link: http://hhsa_intranet/manuals/ais/ihss/toc.pdf

VI. IHSS STAFF PROCEDURES

Clerical Staff

- The following documents should be printed in the order of priority as follows:
  - Notice of Action (NOAs)
  - SOC 293's
  - SOC 311's
- The NOAs to the IHSS recipients are to be mailed no later than Thursday, July 21, 2011.

IHSS Social Workers

- Log onto the IHSS-CMIPS Online Reports website
- Click on "Annual Reports," then click on "SOC COLA Exceptions Non FPL" to access reports for individual Social Worker
- Enter On or after 07/18/2011 for Cycle Date
- The Exception Reason states why the case did not update automatically. You may refer to the online CMIPS User's Manual for additional information at: http://hhsa_intranet/ais/ihss/CMIPS2000UsersManual.pdf
- Enter the necessary updates (SOC Begin Date, Benefit Level, eligibility and SOC segments as needed) that should have been changed automatically on the SOC 293 and/or SOC 311.
- Submit the updated SOC 293 and/or SOC 311 to the designated clerical staff for data entry
- IHSS staff must file the SSI/SSP turnaround documents in the case folder to document the payment history for the recipient.

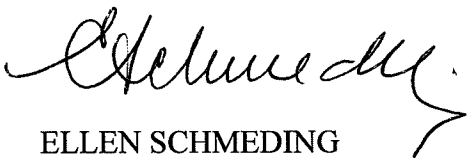
VI. REVIEW STATEMENT

This Special Notice was not reviewed by a standard review committee due to the informational nature of this notice.

VII. FILING STATEMENT

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

WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Susan Pullido (858)505-6366

SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 11-05

June 24, 2011

SUBJECT: **Reduction in Payment Standards for Supplemental Security Income/State Supplementary Payment (SSI/SSP) and Cash Assistance Program for Immigrants (CAPI)**

EFFECTIVE DATE: **July 1, 2011**

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

REFERENCE: **All-County Information Notice (ACIN): 1-28-11**

I. PURPOSE

The purpose of this Special Notice is to inform In-Home Supportive Services staff that the SSI/SSP and the CAPI payment standards for individuals will be reduced effective July 1, 2011.

II. BACKGROUND

Senate Bill (SB) 72 (Chapter 8, Statutes of 2011) was signed into law by the Governor of the State of California on March 24, 2011. The bill authorizes a reduction in the SSI/SSP payment standards for an individual to the minimum allowable level under federal regulations. As a result of the SSI/SSP reduction, the payment standard for the Cash Assistance Program for Immigrants (CAPI) will also decrease. Welfare and Institution Code (WIC) section 18941 requires that CAPI payments are based on the SSI/SSP payment standards, minus $10.00 for an individual and $20.00 for a couple.

III. PAYMENT STANDARDS AND BENEFIT LEVELS

The reduction in the SSI/SSP and CAPI payment applies only to *individuals*. The following rates will be exempt from the reduction:

- Rates for those living in Title XIX medical facilities
- Rates for those in Non-Medical Out-of-Home Care living arrangements
- Rates for couples
- Rates for disabled minors living independently with parents

IV. MODIFIED SSI/SSP AND CAPI PAYMENT CHART

The modified chart for the SSI/SSP and CAPI payment standards effective July 1, 2011 is attached to this Special Notice.

VI. REVIEW STATEMENT

This Special Notice was not reviewed by the standard review committee due to the informational nature of this notice.

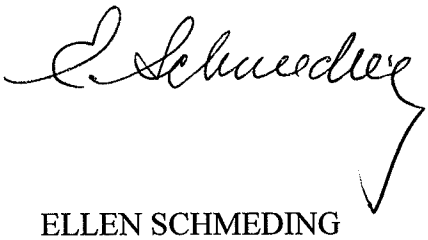
VII. FILING STATEMENT

IHSS Special Notices, Bulletins, and Memos are being archived at the following link:
S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated

And at the county intra-net at:
http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AISIHSS

Hard copies of this Special Notice will not be distributed by Program Support.

WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Susan Pullido (858)505-6366

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
2011 MAY REVISION

CAPI PAYMENT STANDARDS
EFFECTIVE JULY 1, 2011
BASED ON JULY 2011 SSI/SSP STANDARDS
Includes SSP MOE Floor for Individuals and suspension of the CNI COLA

	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	820.40		830.40	599.17		609.17	846.34		856.34	1,076.00		1,086.00
- without cooking facilities (RMA) 1/	904.40		914.40									
BLIND	875.40		885.40	654.17		664.17	846.34		856.34	1,076.00		1,086.00
DISABLED MINOR - living with parent(s) - living with non-parent relative or non-relative guardian	727.40		737.40	506.17		516.17	846.34		856.34	1,076.00		1,086.00
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	1,387.20	1,397.20	1,407.20	1,055.33	1,065.33	1,075.33	1,699.66	1,709.66	1,719.66	2,152.00	2,162.00	2,172.00
- without cooking facilities (RMA) 1/	1,555.20	1,565.20	1,575.20									
BLIND - per couple	1,534.20	1,544.20	1,554.20	1,202.33	1,212.33	1,222.33	1,699.66	1,709.66	1,719.66	2,152.00	2,162.00	2,172.00
BLIND/AGED OR DISABLED - per couple	1,478.20	1,488.20	1,498.20	1,146.33	1,156.33	1,166.33	1,699.66	1,709.66	1,719.66	2,152.00	2,162.00	2,172.00

TITLE XIX MEDICAL FACILITY

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

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

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 11-02
ADDENDUM "A"

June 15, 2011

SUBJECT:	**Questions and Answers (Q&A) In-Home Supportive Services (IHSS) Plus Option (IPO) Program**
EFFECTIVE DATE:	**Immediately**
EXPIRATION DATE:	**When Incorporated into the IHSS Program Guide**
REFERENCE:	**All-County Information Notice (ACIN): 1-27-11** **All-County Letter (ACL) 11-19**

I. PURPOSE

The purpose of this Special Notice is to provide clarification to questions and comments related to the implementation of the In-Home Supportive Services (IHSS) Plus Option (IPO) program that were brought up during the meeting of the County Welfare Directors Association of California (CWDA). The "Questions and Answers" were provided through ACIN 1-27-11.

II. BACKGROUND

The IPO program became effective on October 1, 2009 and allowed IHSS recipients to transition from the IHSS Plus Waiver (IPW) program that expired in 2009. IHSS recipients who were served through the IPW continued to receive services with full federal participation (FFP) in IPO also known as the State Plan Option program. Although IPO retains most of the program elements of the IPW, additional requirements, namely enhanced assessment and the use of SOC 864 (IHSS Individualized Back–Up Plan and Risk Assessment) have been included in the program.

III. POLICY

Effective March 01, 2011, all recipients in the IPO program will be required to go through an enhanced assessment process during intake and recertification, and to use the new SOC 864.

IV. ATTACHMENTS

There are two attachments to this Special Notice. Attachment A contains the Answers to Questions and Comments while Attachment B includes the chart showing the Maximum Hours for IHSS Programs.

V. REVIEW STATEMENT

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

VI. FILING STATEMENT

HSS Special Notices, Bulletins, and Memos are being archived at the following link:
S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated

And at the county intra-net at:
http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AISIHSS
Hard copies of this Special Notice will not be distributed by Program Support.

WIL QUINTONG
Assistant Deputy Director

ELLEN SCHMEDING
Assistant Deputy Director

Contact: Susan Pullido @ 858/505-6366

ATTACHMENT A

CWDA REGIONAL MEETINGS FEBRUARY 2011
ANSWERS TO QUESTIONS/COMMENTS

1. **Q: Clarification was requested regarding the maximum hours for each IHSS program, including IPO and especially protective supervision cases. Can CDSS provide some information on maximum hours for each program?**

   A: Attached is a chart that shows the maximum hours for each IHSS program (see Attachment B).

2. **Q: Unlike IPW, the IPO disability requirement is the same as for PCSP. Can APB provide counties with the ACL reference that discussed PCSP disability determinations?**

   A: ACL 93-21 provides information on PCSP disability determinations. This ACL may be found at:

   http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acl93/93-21.PDF.

3. **Q: Will CDSS send a mass mailing of Notices of Action (NOAs) to IPO recipients to inform them of the transition from IPW to IPO?**

   A: No, a notice is not required and would likely cause confusion for recipients.

SOC 827 vs. SOC 864

4. **Q: Who will be required to use the SOC 827 and the SOC 864? ACL 11-19 states that counties shall use the new SOC 864 for all IPO cases, and shall continue using the SOC 827 (Individual Emergency Back-Up Plan) for all PCSP and IHSS-R cases. Some counties would like to use the new SOC 864 for all cases and would like assurance from APB that APB QA will not cite the counties for using the SOC 864 for PCSP/IHSS-R cases.**

   A: The SOC 864 must be used for all IPO recipients. Counties may use the SOC 827 or the SOC 864 for PCSP & IHSS-R recipients. APB QA staff will inform county QA staff that the SOC 864 is acceptable for all IHSS cases.

5. **Q: Should social workers fill out both forms (i.e., SOC 827 & SOC 864) for intake assessments if the case cannot be identified as IPO during the initial application process? Or should an SOC 827 be completed and if it turns out the case is IPO eligible, the SOC 864 can be completed at the next reassessment?**

   A: Social workers can bring the SOC 864 to all intake assessments when the applicant has a spouse who may potentially be the IHSS provider or if the applicant is a child with a potential parent-provider. If the social worker determines the case is not IPO eligible and is PCSP or IHSS-R eligible during or after the initial assessment, the completed SOC 864 is sufficient as it includes the individualized back-up plan. An SOC 827 may be completed at the next reassessment for those IHSS-R/PCSP recipients. Counties also have the option of using the SOC 864 for all cases.

6. **Q: If a recipient has a change of address that does not require a new face-to-face (i.e., a phone reassessment is adequate), can the SW update the existing SOC 864, mail recipient a new 864 to complete, or not worry about it until the next face-to-face assessment?**

   A: Update the existing SOC 864 if necessary. It is not necessary to mail the recipient a new SOC 864 to complete. A new SOC 864 does not need to be completed until the next face-to-face assessment.

From IPO to PCSP

7. **Q: What if a PCSP case changes to an IPO case before the next reassessment is due?**

   A: Counties can wait until the next reassessment to complete an SOC 864.

8. **Q: If a recipient voluntarily disenrolls from IPO and is now PCSP, is the SOC 864 an acceptable substitute for the SOC 827? What if he/she moves from PCSP to IPO? Can he/she wait until the next face-to-face to complete an 864?**

   A: The SOC 864 is an acceptable substitute for the SOC 827 under all circumstances. If a recipient moves from PCSP to IPO, the social worker can wait until the next face-to-face to complete an SOC 864.

9. **Q: If a recipient chooses to no longer have one of the IPO options (parent or spouse provider, Restaurant Meal Allowance or Advance Pay), and moves into PCSP, how will this change be reflected in CMIPS?**

   A: Once a recipient informs the county of his/her requested change and county staff makes the appropriate change in CMIPS, the recipient's aid code (2L) will automatically update to 2M (PCSP).

Use of Form

10. **Q: Will the SOC 864 need to be completed for all IPO recipients by 3/1/11?**

    A: No, counties should start using the form for all IPO assessments and reassessments beginning in March 2011.

11. **Q: CDSS' forms are password protected. Can CDSS provide an unlocked version of the SOC 864 so that counties may fill in the fields and save the document for future use?**

    A: The online version of the SOC 864 is an Adobe PDF, and can be filled in and saved. You can fill in the information for individual recipients and save the document for future use. You can also fill in a county specific template with information to speed up the process, or both. This information can be saved on the form for future use.

12. **Q: A copy needs to be given to the recipient. Will the form have to be filled out twice?**

    A: Social workers may complete two forms during the assessment, or bring the completed form back to the office to photocopy and then mail a copy to the recipient. Counties can also have this form reproduced on NCR paper.

13. **Q: Should the information collected in Sections B1-B3 of the SOC 864, pg. 2, be consistent with the SOC 293, D (2) Disaster Preparedness and the Functional Impairment (FI) rankings on the H-line?**

    A: Although there is no direct correlation between the information, this form should be consistent with the Assessment information captured on the SOC 293.

14. Q: Some counties distribute CMIPS print-outs to emergency responders (county disaster preparedness is part of the IPO Risk Assessment form). Is a recipient release form/signature needed before counties can distribute these print-outs with recipient's information?

A: No, a recipient release form or recipient signature is not needed in order for authorized county staff to release IHSS recipients' names and addresses to emergency agencies in the event of a public safety emergency. [Welfare & Institutions Code (WIC) 10850.9; ACIN I-54-00]

15. Q: If a recipient participates in completing the Risk Assessment form (SOC 864) but refuses to sign it, should he/she be taken off the IPO program?

A: Not as long as the recipient participates in the process and agrees with the information on the form. The federal IPO statute does not require that a signature be obtained on the Risk Assessment form, but the statute does require the recipient to participate in the Risk Assessment process in order to be eligible for IPO. If the recipient refuses to participate in the Risk Assessment process, he/she will not be eligible for IPO (i.e., the recipient will not have the option to have a parent or spouse provider, Advance Pay or Restaurant Meal Allowance). A recipient is not required to participate in the Risk Assessment process to be eligible for IHSS/PCSP, as the Risk Assessment is a requirement only for IPO.

CMIPS

16. Q: Will the SOC 864 be tracked in CMIPS?

A: No.

17. Q: Is there a systematic way to identify IPO recipients in CMIPS so that county social workers may highlight these cases to identify that an SOC 864 is needed for the reassessment?

A: Counties can use the Adhoc Tool to run a report of all 2L cases each month. We encourage each county to set up a process that best suits their needs.

ATTACHMENT B
Maximum Hours for In-Home Supportive Services (IHSS) Programs

Type of Case	In-Home Support Services-Residual (IHSS-R)	Personal Care Services Program (PCSP)	In-Home Supportive Services Plus Waiver (IPW)	In-Home Supportive Services Plus Option (IPO)***
Non-Severely Impaired (NSI)	195 hours [WIC 12303.4(a); MPP 30-765.12] • The entire 195 hours can be for protective supervision.	283 hours [WIC 12303.4(b); MPP 30-765.11] • Only up to 195 hours can be for protective supervision.** • Additional service-hours, up to a maximum of 283, can be used for other PCSP services.	195 hours [IPW Application Utilization Controls] • The entire 195 hours can be for protective supervision.	195 hours [IPW Application Utilization Controls] • The entire 195 hours can be for protective supervision.
Severely Impaired (SI)	283 hours [WIC 12303.4(b); MPP 30-765.11] • The entire 283 hours can be for protective supervision.*	283 hours [WIC 14132.95(g)] • The entire 283 hours can be for protective supervision.*	283 hours [IPW Application Utilization Controls] • The entire 283 hours can be for protective supervision.*	283 hours [IPW Application Utilization Controls] • The entire 283 hours can be for protective supervision.*

*Although unlikely, this can occur; the 20 hours or more per week assessed in specific areas as required in the SI definition [MPP 30-701(s)(1); WIC 12303.4(b)], could be provided as an alternate resource.

**In the IPW application, CDSS requested to provide all services, including protective supervision, in the IPW with the same NSI/SI hours-restrictions that are in IHSS-R. Per DHCS, CMS informed California that protective supervision can now be considered a State-Plan service under the PCSP. CMS further stated that a State Plan Amendment was not necessary, and that we could provide protective supervision in the PCSP "as described in the Waiver application." Under Utilization Controls in the Waiver application, the maximum hours for NSI recipients for Protective Supervision are 195 (the same as for IHSS-R).

***Maximum hours for IPO are the same as for the IPW, and for IHSS-R [WIC 14132.952(b) states "the IPO shall incorporate the ...benefits...of the IHSS program pursuant to Article 7 (commencing with Section 12300) of Chapter 3."]

SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 11-04

April 1, 2011

SUBJECT: INDIVIDUAL PROVIDER (IP) ENROLLMENT UPDATE – EXPANSION OF EXCLUSIONARY CRIMES

EFFECTIVE DATE: February 1, 2011

EXPIRATION DATE: When incorporated into the IHSS Program Guide

REFERENCE: All County Letter (ACL) 11-12

I. PURPOSE

The purpose of this Special Notice is to provide In-Home Supportive Services (IHSS) staff with updated information and procedures on the provider enrollment process.

II. BACKGROUND

The enactment of two separate legislative bills, Assembly Bill (AB), Fourth Extraordinary Legislative Session (ABX4 19) [Chapter 17, Statutes of 2009) and AB 1612 (Chapter 725, Statutes of 2010) Welfare and Institution Code (WIC) 12305.87, has resulted in two levels of criminal offenses that can exclude an individual from becoming an IHSS provider, Tier 1 and Tier 2 Exclusionary Crimes.

Tier 1 crimes include:

- Abuse of a child
- Abuse of an elder or dependent adult
- Fraud against a government or supportive services program

Tier 2 crimes include:

- A violent or serious felony as specified in Penal Code (PC) section 667.5 and PC section 1192.7(c),
- A felony offense for which a person is required to register as a sex offender pursuant to PC section 290(c)
- A felony offense for fraud against a public social services program, as defined in W&IC section 10980 (c) (2) and (g) (2) (for additional details see "*Tier 2 Exclusionary Crimes*" Attachment A)

AB 1612 and WIC 12305.87 also established provisions that will allow a provider applicant, under certain circumstances, to be enrolled as an IHSS provider in spite of a conviction for a Tier 2 exclusionary crime.

III. POLICY

An individual who has been convicted of a Tier 1 crime(s) within the last 10 years is ineligible to be enrolled as an IHSS provider and is also ineligible to a waiver or general exception. Effective February 1, 2011, the following individuals are subject to Tier 2 exclusionary crimes committed within the last 10 years *but* can have their conviction or a subsequent conviction(s) waived, under certain circumstances, with an "Individual Waiver" or a "General Exception". These individuals include:

- All new provider applicants
- Any provider applicant who was previously denied enrollment as a provider on the basis of a criminal conviction *and* for whom an appeal of the denial decision is pending

IV. NEW ENROLLMENT PROCEDURES

IHSS Public Authority Responsibilities

Public Authority provider enrollment staff will be responsible for reviewing the information resulting from the Department of Justice (DOJ) clearance and determining if the provider applicant may be enrolled as an IHSS provider. Once a provider applicant's eligibility has been determined, he/she (along with the IHSS applicant/recipient) will receive written notification from the IHSS Public Authority Provider Enrollment staff.

Notice to Providers-Tier 2 Results

ELIGIBLE PROVIDER - Public Authority staff will send the form "SOC 848 *Notice of Provider Eligibility*" (Attachment B)

INELIGIBLE PROVIDER - Public Authority staff will send the form "SOC 852A *Notice to Provider Applicant of Provider Ineligibility Due to Tier 2 Crimes*" (Attachment C) and the "SOC 863 *IHSS Applicant Provider Request for General Exception*" (Attachment K).

The provider applicant may file a written request for an appeal using form "SOC 856 *To Request Appeal of Provider Enrollment Denial*" (Attachment D). The instructions for filing the appeal are included on the form, along with the address for the California Department of Social Services (CDSS) IHSS Provider Appeals Unit.

The appeal process will be conducted by CDSS; any questions on the appeal process should be directed to:

California Department of Social Services
Adult Programs Branch
IHSS Provider Enrollment Appeals Unit MS 19-04
PO Box 944243
Sacramento CA 94244-2430
(916) 556-1156

Notice to Recipients – Tier 2 Results

ELIGIBLE PROVIDER - Public Authority staff will send the form "SOC 854 *Notice to Recipient of Provider Eligibility*" (Attachment E).

INELIGIBLE PROVIDER - Public Authority staff will send the form "SOC 855B *Notice to Recipient of Provider Ineligibility Due to Tier 2 Crimes*" (Attachment F), and the "SOC 862 *Recipient Request for Provider Waiver"* (Attachment G).

If the "*Recipient Request for Provider Waiver*" is completed and returned, Public Authority staff will forward page two of the signed and completed request by e-mail to the assigned Social Worker and the following staff as a cc on the email:

- The Social Work Supervisor
- The IHSS Program Manager
- The IHSS Operations Manager
- The Assistant Director of Public Authority
- The Provider Services Manager
- AIS Assistant Deputy Director

Public Authority staff will take no action on the waiver request until a response has been received from the IHSS Social Worker or Supervisor. A response will be required within 10 working days of the date the waiver request is forwarded to the Social Worker.

IHSS Social Worker Responsibilities

The IHSS Social Worker will be responsible for confirming the recipient's ability or inability to request a waiver for the individual provider and for verifying if there is documentation of a legal guardian or conservator in the IHSS case file.

Recipients who are Unable to Authorize a Waiver Request

Individuals who are considered incapable of authorizing a waiver include recipients who:

- Are receiving protective supervision
- Have been determined to have dementia or Alzheimer's
- Have been minor recipients and are now adults, with no legal guardian
- Recipients with legal guardians who have an APS history of abuse
- Any situation where the Social Worker and the Social Work Supervisor have determined that authorization of the waiver request would result in placing the applicant/recipient at serious risk of abuse or neglect.

For the categories listed above, a waiver request cannot be accepted unless there is an individual who has the legal authority to act on behalf of the recipient and is willing to sign the waiver request. Documentation of the individual's authority must be in the IHSS case file *prior to the approval of the waiver*. The individual *must be* a legal guardian or a conservator; a Power of Attorney may not provide the individual with the authority to sign a waiver request and must be reviewed for limitations if submitted as an authorization to act on the recipient's behalf.

The IHSS Individual Provider *cannot sign the waiver on behalf of the recipient* unless he or she is the:

- Legal guardian
- Conservator
- Parent of a minor child

There are no other exceptions.

Social Worker Response to Waiver Request(s)

Upon receipt of the "*Recipient Request for Provider Waiver"* the IHSS Social Worker will:

- Review the request for completeness and verify that the recipient's signature on the document matches the recipient's signature in the case file.
- Determine if information exists indicating that the recipient is not competent, or is not capable of authorizing the waiver request.
- If the document has been signed by anyone other than the recipient, verify if the individual is the legal guardian, conservator, or the parent of a minor child and confirm the signature.

A new form will be used by the Public Authority and the Social Worker to forward information on any request for a waiver that has been received by the Public Authority. The "HHSA 12-78 Social *Worker Response to Waiver Request*" (Attachment H) will be used by Public Authority to transmit the waiver request to the Social Worker, and by the Social Worker to transmit the status of the waiver request back to Public Authority.

- If the waiver request can be authorized, the Social Worker will respond within 10 working days and confirm that the waiver request has been approved.
- If the signature does not match, or if the signatory is not a legal guardian or conservator, the Social Worker will deny the waiver request.
- If the signatory is the provider, the request will be denied (see above for exceptions).
- If the competency of the recipient is questionable or cannot be confirmed, the Social Worker will inform the Public Authority that the request is pending a home visit to determine whether or not the waiver request may be accepted.
- The Social Worker will narrate the request, the results of the request, and the reason for the decision in the case file.
- All waiver request determinations must be submitted to the Social Work Supervisor for review and signature of the narrative and the form.

Once the Social Worker has determined the status of the waiver request, the Social Worker will submit the case file, along with the response form, to the Social Work Supervisor for review. The supervisor will review the information in the case file and indicate approval of the determination by signing and dating the response form, and the case narrative.

Recipients with Questionable Competency

When a waiver request is received from an IHSS applicant/recipient for whom competency cannot be verified or the competency is unclear (e.g. ranking conflicts with medical information in the case file), the Social Worker will:

- Within ten (10) business days refer the recipient to the Program Integrity Unit for a secondary home visit as a priority referral

- In the subject line of the email indicate "Priority Referral"
- Evaluate the information from the secondary home visit
- Approve or deny the waiver request as appropriate

Within five (5) working days of receiving the results of the home visit, the Social Worker will forward the final decision to approve or deny the waiver request to Public Authority staff.

Revocation of Waiver
If a recipient requests that a request for waiver be revoked (approved or not) the Social Worker will:

- Obtain the termination date from the recipient (if applicable) and immediately place the provider on leave status.
- Inform the recipient that if he/she wishes to rehire a provider after a waiver has been cancelled, the recipient must submit a new "SOC 862 *Recipient Request for Provider Waiver"* and complete the approval process again.
- Send the form "HHSA 12-78A "*Cancelation of Waiver*" (Attachment I) to the recipient with a return envelope.
- Forward the completed and signed form HHSA 12-77A to the Public Authority when received.
- File a copy of the form under the PCSP tab in the IHSS case file.

All Waiver Requests
For all waiver requests, the Social Worker will:

- Retain a copy of the "SOC 862 *Recipient Request for Provider Waiver"* in the recipient case file when received from Public Authority.
- Narrate the approval/denial of the waiver request, documenting the information used and the reason for the decision.
- Refer any request for an individual waiver and/or other related questions to the Public Authority at 1-877-351-7744.
- Remind the recipient(s) that the criminal conviction information contained in any provider ineligibility notice that he/she may receive must be kept confidential, and that he/she (the recipient) is prohibited by law from sharing any part of it with any other individual or entity, (including IHSS or Public Authority staff) who are not authorized to receive the information.

Note: Only Public Authority provider enrollment staff is authorized to receive confidential criminal background information

Social Workers will be informed of provider ineligibility or termination on the E line of the SOC 311 turn-around document (TAD). Copies of notices to providers or recipients containing confidential criminal background information will not be provided to Social Workers, even upon request.

V. GENERAL INFORMATION

Individual Waiver
An individual waiver request is a document ("SOC 862 *IHSS Recipient Request for Provider Waiver"*) that the recipient or his/her authorized representative must complete and sign confirming that he/she chooses to hire the indicated provider in spite of the conviction for a Tier 2 crime. By signing form SOC

862, the recipient/legal guardian/conservator accepts the responsibility for hiring the provider applicant and agrees to hold the State, County, and the IHSS Public Authority harmless from any liability resulting from the granting of the individual waiver. The following restrictions apply to the waiver process:

- The individual waiver is valid only for the conviction(s) specified in the waiver.
- If the provider is convicted of a subsequent Tier 2 exclusionary crime, and the recipient chooses to continue receiving service from the convicted provider, a new waiver request must be completed and submitted to the Public Authority Provider Enrollment for the subsequent crime.
- Once the waiver request has been approved and the approval has been received by the Public Authority, Public Authority will notify the recipient using the "SOC 857 *Notice to Recipient of Provider eligibility County/PA/NPC Acknowledgement of Receipt of Waiver*" (Attachment J)
- The individual provider will be allowed to provide services only for the recipient who requested the waiver.
- Once a waiver request has been approved, the individual provider may be paid retroactively for any authorized services that have been furnished by them to the recipient.
- Payment may be made up to (but not prior) to the IHSS date of application unless payment has already been made to another individual provider.
- A separate waiver request must be submitted by each and every recipient that chooses to employ the ineligible provider before he/she will be allowed to provide service to that recipient.

General Exception

The provider applicant, who has been convicted of a Tier 2 crime, may choose to request a general exception. To do so, he/she must complete the "SOC 863 *IHSS Applicant Provider Request for General Exception*" and send the form to CDSS with all of the required documentation.

- The *Caregiver Background Check Bureau (CBCB)* is the designated CDSS unit to receive and evaluate all requests for general exception.
- If it has been determined by the CBCB that the provider applicant is ineligible for a general exception, a notification will be sent to the provider applicant by registered mail.
- The provider applicant may request an administrative hearing of the denial within 15 business days from the Department of General Services' Office of Administrative Hearings.

Note:

Expungement is the process of legally destroying, obliterating or striking out records or information in files, computers and other depositories relating to criminal charges.

Criminal Record Expungement and Exceptions

A provider applicant with a Tier 2 conviction that has been *expunged* or who has obtained a certificate of rehabilitation is eligible to be enrolled as a provider if the other provider enrollment requirements have been met. Expungement *does not apply to certain Tier 2 crimes*. A criminal conviction for any of the crimes below shall make the individual ineligible to be a provider, regardless of criminal record expungement or rehabilitation.

- Sodomy of a child under 14 and who is more than ten years younger than the attacker
- Lewd or lascivious acts with a child
- Oral copulation

- Continuous sexual abuse of a child
- Sexual penetration of a child under 14 and who is more than ten years younger than the attacker
- Person 21 years of age or older engaging in unlawful sex with a minor under 16 years of age

A provider applicant who has been convicted of, or incarcerated following a conviction for a Tier 1 crime within the last ten years, shall not be eligible to be enrolled as a provider, regardless of whether or not the conviction has been expunged.

Revised SOC 426

The "SOC 426 *In-Home Supportive Services Program Provider Enrollment*" (Attachment L) has been revised to include the provisions of all current and previously enacted legislation and became effective February 1, 2011.

When a provider who has completed enrollment wishes to provide services for another (additional or different) recipient, a new SOC 426 will not be required. However, the form "SOC 426A *In-Home Supportive Services Program Recipient Designation of Provider*" (Attachment M) must be completed for each and every recipient that employs the provider.

Changes to the Case Management Information and Payrolling System (CMIPS)

A new CMIPS screen has been created to track and display criminal convictions by tier, as well as any corresponding general exception or waivers specific to the provider/recipient relationship. The "Provider Conviction and Waiver Tracking" (PCAW) screen is linked to, and can be accessed from, the PELG screen.

The ENRL screen has been modified to track and display the eligibility and conviction(s) and general exception information at the provider level. Information entered in the ENRL screen will populate the PCAW screen automatically. IHSS Public Authority staff will be responsible for entering the information on the ENRL and PCAW screens.

The ENRL screen Termination reason codes have been updated and are available for use effective February 1, 2011. Below are the termination reason and the corresponding codes.

Code	Termination Reason
01	SSN Unverified
02	On Suspended and Ineligible List
03	Tier 1 Conviction
04	Tier 2 Conviction
05	Subsequent Tier 1 Conviction
06	Subsequent Tier 2 Conviction
07	Inactive/No Payroll Activity for 1 Year
08	Provider Deceased

Note: Code 07 is a system generated code.

VI. REVIEW STATEMENT

This notice was reviewed by an Organizational Review Committee (ORC).

VII. FILING STATEMENT

HSS Special Notices, Bulletins, and Memos are being archived at the following link:
S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated

And at the county intra-net at:
http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AISIHSS

Hard copies of this Special Notice will not be distributed by Program Support.

WILFRED QUINTONG
Assistant Deputy Director

ELLEN SCHMEDING
Assistant Deputy Director

Contact: Susan Pullido (858)505-6366

TIER 2 EXCLUSIONARY CRIMES

Violent or Serious Felonies, Offenses Requiring Registration as a Sex Offender
and Felony Offenses for Fraud Against a Public Social Services Program
Pursuant to Welfare and Institutions Code (WIC) Section 12305.87

- The statutes cited in WIC 12305.87 are Penal Code (PC) 290(c), PC 667.5(c), PC 1192.7(c), WIC 10980(c)(2) and WIC 10980(g)(2).
- The column "CODE SECTION" refers to PC sections referenced in the PC statutes listed above.
- If two or more PC sections list an offense, only the offense with the broader application is referenced in the "code section" column.

CODE SECTION	TITLE	PLAIN ENGLISH	STATUTE SOURCE
PC 136.1	Intimidation of victims or witnesses.	Preventing or trying to convince a witness not to testify at any legal proceeding or not to make any reports or act in any way that leads to an arrest or prosecution of the person.	PC 1192.7(c)
PC 182 with any PC 290(c) crimes	Conspiracy to commit any of the crimes set forth in PC 290(c); PC 182 with: PC 220 (except assault to commit mayhem) ; PC 243.4; PC 261(a)(1), (2), (3), (4), or (6); PC 262(a)(1) involving force or violence for which the person is sentenced to state prison; PC 264.1; PC 266; PC 266c; PC 266h(b); PC 266i(b); PC 266j; PC 267; PC 269; PC 285; PC 286; PC 288; PC 288a; PC 288.3; PC 288.4; PC 288.5; PC288.7; PC 289; PC 311.1; PC 311.2(b), (c), or (d); PC 311.3; PC 311.4; PC 311.10; PC 311.11; PC 314(1) or (2); PC 647.6; former PC 647a; PC 653f(c); any offense involving lewd or lascivious conduct under PC 272; any felony violation of PC 288.2; any statutory predecessor that includes all of the elements of one of the above-listed offenses; or any person who, since that date, has been or is convicted of the attempt or conspiracy to commit any of the above-listed offenses.	Agreeing with one or more people to commit a crime that would require the person who commits the crime to register as a sex offender.	PC 290(c)
PC 182 with any PC 1192.7(c) crimes	Conspiracy to commit any of the crimes set forth in PC 1192.7(c); PC 182 with: PC 136.1; PC 186.22 (if a	Agreeing with one or more people to commit a specified violent or serious felony.	PC 1192.7(c)

CODE SECTION	TITLE	PLAIN ENGLISH	STATUTE SOURCE
	felony); PC 187; PC 190-190.4; PC 192(a); PC 203; PC 205; PC 207; PC 208; PC 209; PC 209.5; PC 211; PC 212.5; PC 213; PC 215; PC 220 (with intent to commit PC 261 or PC 211); PC 220(a) (with intent to commit mayhem, rape, sodomy, or oral copulation); PC 244; PC 245(c) or (d); PC 245.2; PC 245.3; PC 245.5; PC 246; PC 261; PC 264.1; PC 286 (c)(2) or (3); PC 288; PC 288a(c)(2); PC 288.5; PC 289(a)(1); PC 422; PC 451; PC 460(a); PC 461; PC 487(d)(2); PC 4500 (only if on a non-inmate); PC 4501; PC 4503; PC 11418(b) or (c); PC 12022.53; PC 12034(c); PC 12308; PC 12309; or PC 12310.		
PC 186.22	Participation in a criminal street gang.	Any felony crime that is committed while a person is acting as part of a criminal street gang.	PC 1192.7(c)
PC 187, PC 190-190.4	Murder.	Murder is when one person kills another while acting recklessly or intending to kill the person, commit a felony crime or cause severe physical harm.	PC 667.5(c) PC 1192.7(c)
PC 192(a)	Voluntary Manslaughter.	When a person kills another person but has an excuse, such as "heat of passion."	PC 667.5(c) PC 1192.7(c)
PC 203 PC 205	Mayhem.	Removing, disabling, or disfiguring a body part of a person or cutting certain parts of a person's head.	PC 667.5(c) PC 1192.7(c)
PC 207 PC 208	Kidnapping.	Taking, holding, or keeping another person by force or fear and moving the person to a different place; or the person taken is under 14 years old; or when a person talks a child into going with them to another place.	PC 667.5(c) PC 1192.7(c)
PC 209	Kidnapping for Ransom.	Taking another person and intending to hold the victim for ransom, reward or to intimidate. If someone helps another person to commit this crime they are also guilty of kidnapping for ransom.	PC 667.5(c) PC 1192.7(c)

CODE SECTION	TITLE	PLAIN ENGLISH	STATUTE SOURCE
PC 209.5	Kidnapping During a Carjacking.	Taking a person who is not involved in the carjacking and moving that person to a place away from the carjacking that causes an increased risk of harm to the victim.	PC 667.5(c) PC 1192.7(c)
PC 211 PC 212.5 PC 213	Robbery.	Taking property from someone by force or fear and against their will.	PC 667.5(c) PC 1192.7(c)
PC 214	Train Robbery.	Taking property from any passenger or person on a train; interfering with anything related to the train and railroad; placing dynamite on anything having to do with the train; or stopping or attempting to stop a train with the intent to rob a person on the train.	PC 667.5(c)
PC 215	Carjacking.	Taking a vehicle from another person against their will by force or fear intending to leave the person without the vehicle.	PC 1192.7(c)
PC 220	Assault with intent to commit mayhem, rape, sodomy, oral copulation, rape in concert, lewd or lascivious acts on a child under 14 and genital or anal penetration by a foreign object.	Intentionally causing violent injury to another person while intending to commit mayhem or certain sex offenses listed in PC 220.	PC 667.5(c)
PC 243.4	Sexual battery and attempted sexual battery.	Touching the private parts of a person for sexual purposes without permission while the victim is restrained; is a patient receiving medical care and is seriously disabled or seriously ill; or the perpetrator wrongly believes that the touching is for a professional purpose.	PC 290(c)
PC 244	Throwing acid or flammable substances at another person.	Intentionally trying to disfigure a person by throwing a specified chemical that could injure or disfigure the person.	PC 1192.7(c)
PC 245(c) or (d)	Assault with a deadly weapon or instrument against a peace officer or firefighter.	Intentionally using a deadly weapon to cause violent injury (assault) on a peace officer or firefighter.	PC 1192.7(c)
PC 245.2	Assault with a deadly weapon against a public transit employee.	Intentionally using a deadly weapon to cause violent injury to a person.	PC 1192.7(c)
PC 245.3	Assault with a deadly weapon against a custodial officer.	Intentionally using a deadly weapon to cause violent injury to a person employed by a law enforcement agency as a public officer who is not a peace officer.	PC 1192.7(c)

CODE SECTION	TITLE	PLAIN ENGLISH	STATUTE SOURCE
PC 245.5	Assault with a deadly weapon against a school employee.	Intentionally using a deadly weapon to cause violent injury to a school employee.	PC 1192.7(c)
PC 246	Discharge of a firearm at an inhabited dwelling, vehicle, or aircraft.	Intentionally shooting at a building, vehicle or aircraft when a person or persons are inside.	PC 1192.7(c)
PC 261	Rape.	Sex with a person, not a spouse, without that person's consent and: against the person's will; the person is unconscious or unaware; or the person cannot consent because of a mental disorder or developmental or physical disability.	PC 667.5(c) PC 1192.7(c)
PC 262	Rape of a spouse.	When a person has sex with their spouse and it is either against the spouse's will, the spouse is unconscious or the spouse is prevented from resisting due to intoxication that the person should have known about.	PC 1192.7(c)
PC 264.1	Rape or penetration of genital or anal openings by a foreign object; acting in concert by force or violence.	When 2 or more people have sex with or sexually penetrate a person without that person's consent and against the person's will; when the person is unconscious or unaware; or when the person cannot consent because of a mental disorder or developmental or physical disability.	PC 290(c) PC 667.5(c) PC 1192.7(c)
PC 266	Enticing a minor into prostitution; aiding and abetting.	Convincing, or helping someone convince, a female younger than 18 years old to become a prostitute.	PC 290(c)
PC 266c	Inducing sexual intercourse by fear or consent through fraud.	Having sex, sexual penetration, oral sex or anal sex by misrepresentations to the person or through fear.	PC 290(c)
PC 266h(b)	Pimping a minor.	Sharing in or taking the money earned by a prostitute who is younger than 18 years old.	PC 290(c)
PC 266i(b)	Pandering a minor.	Convincing by threats, violence, or promises, a person younger than 18 years old to become or remain a prostitute.	PC 290(c)
PC 266j	Providing a minor under 16 for lewd or lascivious act.	Intentionally giving, providing, or making available a person younger than 16 years old for an obscene, indecent, or lustful act.	PC 290(c)
PC 267	Abduction of person under 18 for prostitution.	Taking a person younger than 18 years old from their parent or guardian without permission for prostitution.	PC 290(c)

CODE SECTION	TITLE	PLAIN ENGLISH	STATUTE SOURCE
PC 269	Aggravated sexual assault of a child.	Raping, having anal sex, having oral sex, or sexually penetrating a person younger than 14 years old who is 7 or more years younger than the attacker.	PC 290(c)
PC 285	Incest.	Having sexual relations with family members or close relatives.	PC 290(c)
PC 286	Sodomy.	Anal-penile sexual contact (anal sex).	PC 290(c)
PC 288	Lewd or lascivious act upon a child under 14.	Intentionally doing, or trying to do, an obscene, indecent, or lustful act with a person younger than 14 years old.	PC 290(c) PC 1192.7(c)
PC 288a	Oral copulation.	Applying the mouth of one person to the genitals or anus of another person (oral sex).	PC 290(c)
PC 288.2	Felony distribution of lewd material to children.	Intentionally sending inappropriate material to seduce a person younger than 18 years old.	PC 290(c)
PC 288.3	Contact with a minor to commit sexual offense.	Contacting or communicating with a person younger than 18 years old for a specified sexual purpose.	PC 290(c)
PC 288.4	Meeting with a minor for a sexual purpose.	Arranging to meet with a minor younger than 18 years old to expose the genitals or anal area of the minor or the perpetrator; or to do obscene, indecent or lustful acts with the minor.	PC 290(c)
PC 288.5	Continuous sexual abuse of a child.	Abusing a child younger than 14 years old at least 3 times over a period of at least 3 months through sexual contact or obscene, indecent, or lustful acts.	PC 290(c) PC 667.5(c) PC 1192.7(c)
PC 288.7	Sexual conduct with a child 10 years old or younger.	Sexual intercourse, anal-penile sexual contact (anal sex), oral-genital or oral-anal contact (oral sex) with a person younger than 10 years old.	PC 290(c)
PC 289	Sexual penetration by foreign object.	Sexual penetrating against a victim's will by force, violence, or fear when the victim cannot consent because of a mental disorder or developmental or physical disability, or the victim is unconscious or unaware.	PC 290(c)
PC 311.1	Child-related pornography.	Having any connection to images showing a minor younger than 18 years old doing, or pretending to do, sexual acts.	PC 290(c)

CODE SECTION	TITLE	PLAIN ENGLISH	STATUTE SOURCE
PC 311.2(b) PC 311.2(c) PC 311.2(d)	Child-related pornography.	Possessing or distributing images showing a person younger than 18 years old doing, or pretending to do sexual acts for profit.	PC 290(c)
PC 311.3	Sexual exploitation of a child.	Possessing any image showing a minor younger than 18 years old engaging in sexual acts.	PC 290(c)
PC 311.4	Using a minor to assist in making or distributing child pornography.	Knowingly employing a minor younger than 18 years old to make an image or video showing sexual acts.	PC 290(c)
PC 311.10	Advertising or distributing child pornography.	Knowingly advertising for sale or distributing obscene material that shows a minor younger than 18 years old doing, or pretending to do, sexual acts.	PC 290(c)
PC 311.11	Possessing child pornography.	Knowingly possessing or controlling any image showing a person younger than 18 years old doing, or pretending to do sexual acts.	PC 290(c)
PC 314 (1) PC 314 (2)	Lewd or obscene exposure of private parts.	Exposing or getting another minor to expose private parts in an obscene or indecent way in public or where others are present.	PC 290(c)
PC 422	Criminal threats.	Communicating a threat to commit a crime that causes death or serious physical harm to another person and intending this statement to be understood as a threat.	PC 1192.7(c)
PC 451	Arson.	Intentionally setting fire to or burning any structure, forest land or property.	PC 1192.7(c)
PC 460(a)	First Degree Burglary.	Entering a building or a vehicle occupied by people with the intent to steal.	PC 1192.7(c)
PC 487 with PC 664	Grand theft involving a firearm.	Using a firearm to take the property of a person that is worth a certain amount of money or more as listed in the PC 487.	PC 1192.7(c)
PC 518 only if committed as a felony violation of PC 186.22	Extortion when committed in participation with a criminal street gang.	Acting as part of a criminal street gang when taking property from a person by using force or fear or pretending that they have an official right to take the property.	PC 667.5(c)
PC 647.6	Annoy or molest a child under 18 years old.	Harassing or making indecent sexual offers to a minor younger than 18 years old.	PC 290(c)
PC 647a (Former)	Annoy or molest a child under 18 years old.	Harassing or making indecent sexual offers to a minor younger than 18 years old.	PC 290(c)

CODE SECTION	TITLE	PLAIN ENGLISH	STATUTE SOURCE
PC 653f(c)	Solicit another to commit rape, sodomy.	Asking another person to commit rape, anal-penile sexual contact (anal sex), or oral-genital or oral-anal contact (oral sex) by force or violence or other specified sexual offenses.	PC 290(c)
PC 664 with PC 187	Attempted murder.	Trying and failing to kill a person while: acting recklessly; intending to kill a person; intending to commit a felony; or intending to cause bodily injury.	PC 667.5(c) PC 1192.7(c)
PC 664 with any PC 290(c) crime	Attempt to commit any of the PC 290(c) crimes; PC 664 with: PC 220 (except assault to commit mayhem) ; PC 243.4; PC 261(a)(1), (2), (3), (4), or (6); PC 262(a)(1) involving force or violence for which the person is sentenced to state prison; PC 264.1; PC 266; PC 266c; PC 266h(b); PC 266i(b); PC 266j; PC 267; PC 269; PC 285; PC 286; PC 288; PC 288a; PC 288.3; PC 288.4; PC 288.5; PC288.7; PC 289; PC 311.1; PC 311.2(b), (c), or (d); PC 311.3; PC 311.4; PC 311.10; PC 311.11; PC 314(1) or (2); PC 647.6; former PC 647a; PC 653f(c); any offense involving lewd or lascivious conduct under PC 272; any felony violation of PC 288.2; any statutory predecessor that includes all of the elements of one of the above-listed offenses; or any person who, since that date, has been or is convicted of the attempt or conspiracy to commit any of the above-listed offenses.	Trying and failing to commit a crime that would require a person to register as a sex offender if the crime has been committed.	PC 290(c)
PC 664 with any PC 1192.7(c) crime, except for assault	Attempt to commit any of the PC 1192.7(c) crimes except for assault; PC 664 with: PC 136.1; PC 186.22 (if a felony); PC 187; PC 190-190.4; PC 192(a); PC 203; PC 205; PC 207; PC 208; PC 209; PC 209.5; PC 211; PC 212.5; PC 213; PC 244; PC 246;	When a person tries and fails to commit any felony that is punishable by life in prison or death.	PC 1192.7(c)

CODE SECTION	TITLE	PLAIN ENGLISH	STATUTE SOURCE
	PC 261; PC 264.1; PC 286 (c)(2) or (3); PC 288; PC 288a(c)(2); PC 288.5; PC 289(a)(1); PC 422; PC 451; PC 460(a); PC 461; PC 487(d)(2); PC 4503; PC 11418(b) or (c); PC 12022.53; PC 12034(c); PC 12308; PC 12309; or PC 12310.		
PC 4500 (only if on a non-inmate)	Assault on a non-inmate by a prisoner sentenced to life.	When a person who is in prison with a life sentence threatens violent injury to a person who is not an inmate.	PC 1192.7(c)
PC 4501	Assault with a deadly weapon by an inmate.	When a person who is confined in prison uses a deadly weapon to threaten violent injury (assault) on another person.	PC 1192.7(c)
PC 4503	Holding of a hostage by a person confined in a state prison.	When person in state prison holds another person against their will.	PC 1192.7(c)
PC 11418 (b) PC 11418 (c)	Weapons of mass destruction used: (b) against a person, drinking water, or animals, crop seed or seed stock; or (c) in a form causing damage to public natural resources.	When a person uses a weapon of mass destruction against a person, drinking water, or animals, crop seed or seed stock or in a form causing damage to public natural resources.	PC 667.5(c) PC 1192.7(c)
PC 12022.7 PC 12022.8 PC 12022.9 (Before July 1, 1977 PC 213, PC 264, and PC 461)	A felony crime wherein defendant inflicts great physical harm to someone other than an accomplice or where great physical harm is committed in attempted commission of certain sex offenses or injury occurs resulting in termination of a pregnancy.	PC 12022.7: When a person intentionally causes serious physical harm to a person while committing, or attempting to commit a felony. If the victim has certain characteristics or is injured in a certain way, the penalty may be higher. PC 12022.8: When a person inflicts serious physical harm on a person while committing, or attempting to commit, certain sex offenses that are listed in PC 12022.8. PC 12022.9: When a person, knowing that a woman is pregnant, personally injures the woman so that the pregnancy is terminated.	PC 667.5(c)
PC 12022.3(a) PC 12022.5 PC 12022.55	Firearm offenses, including PC 12022.5 the use of a firearm in the commission of any felony, 12022.3(a) use of a firearm in the commission of rape, rape of spouse, rape in concert, sodomy, lewd or	PC 12022.3(a): When a person uses a firearm or deadly weapon while committing: rape (PC 261), rape of a spouse (262), rape in concert and attempted rape in concert (PC 264.1), sodomy (PC 286), lewd or lascivious act	PC 667.5(c)

CODE SECTION	TITLE	PLAIN ENGLISH	STATUTE SOURCE
	lascivious acts upon a child under 14, oral copulation, or Genital or anal penetration by foreign object 12022.55 causing death by discharging firearm into a motor vehicle.	upon a child under 14 and attempted lewd or lascivious act upon a child under 14 (PC 288), oral copulation (PC 288a) or Genital or anal penetration by foreign object and attempted genital or anal penetration by a foreign object (PC 289). PC 12022.5: When a person uses a firearm while committing, or trying to commit, a felony crime. PC 12022.55: When a person shoots a gun into another car while committing, or attempting to commit, a felony and causes injury or death to a person.	
PC 12022.53	Use of firearm in the commission of a specified felony.	Personal use of a firearm while committing a felony that is listed in the statute.	PC 667.5(c) PC 1192.7(c)
PC 12034(c)	Shooting from a vehicle.	When someone shoots a gun from a vehicle at a person in a vehicle.	PC 1192.7(c)
PC 12308	Explosion with intent to commit murder.	When a person explodes, ignites or attempts to explode anything with the intent to kill another person while either acting recklessly or intending to either kill the person, commit a felony or cause bodily injury to a person.	PC 667.5(c)
PC 12309	Explosion that causes great physical harm.	When a person explodes or ignites anything which causes physical harm to a person.	PC 667.5(c)
PC 12310	Explosion causing death.	When a person explodes or ignites anything that causes death, mayhem or serious physical harm to a person.	PC 667.5(c)
WIC 10980(c)(2)	Felony Welfare Fraud.	Intentionally and wrongly receiving CalWORKS/welfare aid worth more than $950.	PC 12305.87(b)(2)
WIC 10980(g)(2)	Felony Food Stamps Fraud.	Intentionally using food stamps or EBT worth more than $950 in an illegal way.	PC 12305.87(b)(2)
Any felony punishable by death or life imprisonment.		The person has committed a felony that has a punishment of death or life in prison	PC 1192.7(c)

CODE SECTION	TITLE	PLAIN ENGLISH	STATUTE SOURCE
Any felony in which the defendant personally inflicts GBI on another person other than an accomplice or any felony in which the defendant personally uses a firearm.		When a person has committed a felony and caused serious physical harm to a person who is not involved in the crime or the person uses a firearm while committing any felony.	PC 1192.7(c)
Any felony in which the defendant personally used a dangerous or deadly weapon.		When the person used a dangerous or deadly weapon while committing a felony.	PC 1192.7(c)
Selling, furnishing, administering, giving, or offering to sell, furnish, administer, or give to a minor any heroin, cocaine, phencyclidine, or any methamphetamine-related drug as specified in 11055(d) of the Health and Safety Code or any of the precursors of methamphetamines as described in Health and Safety Code Section 11055(f) or 11100(a).			PC 1192.7(c)

IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE OF PROVIDER ELIGIBILITY

(ADDRESSEE)

County of: _____

Notice Date: _____
Applicant Provider Name: _____
Recipient Name: _____
Recipient Case Number: _____
IHSS Office Address: _____
_____
IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Applicant Provider

As of the date of this notice, you have been officially enrolled as an IHSS provider. You can now begin providing services for an IHSS recipient(s) and receiving payment from the IHSS program for providing services.

If you have already begun providing IHSS services to a recipient, you may be eligible to receive retroactive payments for any authorized services you provided.

If you have any questions about this letter, call_____ .

IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO APPLICANT PROVIDER OF PROVIDER INELIGIBILITY
TIER 2 CRIMES (SERIOUS/VIOLENT FELONIES; SEX OFFENDER FELONIES; FRAUD AGAINST GOVERNMENT AGENCIES)
[WELFARE & INSTITUTIONS CODE SECTION 12305.87]

(ADDRESSEE)

County of: _____

Notice Date: _____
Applicant Provider Name: _____
Recipient Name: _____
Recipient Case Number: _____
IHSS Office Address: _____
_____
IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Applicant Provider

The county/Public Authority/Non-Profit Consortium has denied your eligibility to be enrolled as an IHSS provider and to receive payment from the IHSS program for providing services.

As part of the provider enrollment process, you submitted fingerprints for a California Department of Justice criminal background check. The background check showed that you had been convicted of a crime(s) that makes you ineligible to be an IHSS provider and to receive payment from the IHSS Program for providing services based on Welfare & Institutions Code, Section 12305.87. The crime(s) which disqualified you is/are listed below:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

The recipient has been sent a notice as well, informing him/her that you have been convicted of a crime that makes you ineligible to be employed as an IHSS provider. The recipient has been notified that his conviction information is highly sensitive and must be kept strictly confidential. The recipient is prohibited by law from sharing any part of this information with any other individual or entity.

If you disagree with this determination, the enclosed SOC 856 form, "To Request Appeal of Provider Enrollment Denial," explains how you can request an appeal. Your written appeal request must be received within sixty (60) calendar days from the date of this letter.

If you believe the information provided by the California Department of Justice is incorrect, you must contact the California Department of Justice, Records Review Unit, at (916) 227-3849 to correct the information contained in your criminal background check.

Even though you have been convicted of the crime(s) listed on page 1, an IHSS recipient can choose to submit to the county a completed SOC 862 form, "IHSS Recipient Request for Provider Waiver," which would allow you to work as an IHSS provider and to receive payment from the IHSS program for providing services to that recipient only.

You may also apply for a general exception that would allow you to work as an IHSS provider for multiple recipients and to receive payment from the IHSS program. Please read the enclosed SOC 863 form, "IHSS Applicant Provider Request for General Exception," on how to request a general exception and how to complete the general exception form.

If you have any questions about this letter, you may call _____ .

TO REQUEST APPEAL OF PROVIDER ENROLLMENT DENIAL:

- This request for appeal must be received within sixty (60) calendar days of the date of the notice informing you that the county has denied your eligibility to serve as an IHSS provider.
- Fill out and sign the second page of this form.
- Provide a copy of your notice from the county denying your eligibility.
- Provide any supporting documentation for your appeal request. You may provide, for example, certified court documents.
- Make a copy of the front and back of this page for your records.
- Send this page to:

California Department of Social Services
Adult Programs Branch
IHSS Provider Enrollment Appeals Unit, MS 19-04
PO Box 944243
Sacramento, CA 94244-2430

- The California Department of Social Servicers (CDSS), IHSS Provider Enrollment Appeals Unit (PEAU), will review the information contained with this request (including both information you provided and all information provided by the county/Public Authority/ Non-Profit Consortium) to make the decision regarding your eligibility. Upon completion of this review of all materials, the PEAU will make a determination of eligibility.
- If you have any questions, call the CDSS PEAU at (916) 556-1156.

TO REQUEST APPEAL OF PROVIDER ENROLLMENT DENIAL

APPEAL REQUEST

I want to appeal the determination of _____ County about my ineligibility to be a provider of In-Home Supportive Services. I believe that the County's decision is not correct. Here's why:

☐ If you need more space, check the box at left and attach a page.

PRINT NAME:		
STREET ADDRESS:		
CITY:	**STATE:**	**ZIP CODE:**
TELEPHONE NUMBER:	**DATE OF BIRTH:**	
SIGNATURE OF APPLICANT PROVIDER:	**DATE:**	

ATTACHMENT D-2

IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT OF PROVIDER ELIGIBILITY

(ADDRESSEE)

County of: _____

Notice Date: _____

Provider Name: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

_____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Recipient

As of the date of this notice, _____, has been officially enrolled as a provider. He/she can now begin providing services for you.

If you have any questions, call _____ .

IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT OF PROVIDER INELIGIBILITY
TIER 2 CRIMES (SERIOUS/VIOLENT FELONIES; SEX OFFENDER FELONIES; FRAUD AGAINST GOVERNMENT AGENCIES)
[WELFARE & INSTITUTIONS CODE SECTION 12305.87]

(ADDRESSEE)

County of: _____

Notice Date: _____
Applicant Provider Name: _____
Recipient Name: _____
Recipient Case Number: _____
IHSS Office Address: _____
_____
IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Recipient

Due to a criminal felony conviction, the person you have chosen to provide IHSS services for you, _____, has been denied eligibility to receive payment from the IHSS program for providing services to you or to any other person.

As part of the provider enrollment process, this person submitted fingerprints for a California Department of Justice criminal background check. The background check showed that he/she had been convicted of a crime(s) that makes him/her ineligible to be an IHSS provider and to receive payment from the IHSS Program for providing services based on Welfare & Institutions Code section 12305.87. The crime(s) which disqualified him/her is/are listed below:

_____

_____

_____

_____

This information regarding the applicant provider's convictions is highly sensitive and must be kept strictly confidential. You are prohibited by law from sharing any part of this information with any other individual or entity.

Despite this individual's felony conviction, you may submit a signed waiver that would allow this person to work as your IHSS provider. If you agree to a waiver, you are accepting the responsibility for this decision and the risk of any potential actions that may occur as a result of this decision. You must complete, date, and sign the enclosed SOC 862 form, "IHSS Recipient Request for Provider Waiver," and submit it to the county/Public Authority/Non-Profit Consortium IHSS office.

The waiver will allow this person to serve as an IHSS provider for you only, and he/she will receive payment from the IHSS program for providing services to you. This waiver will only apply to the disqualifying crimes listed above. If the provider is convicted of any subsequent disqualifying crime(s), another SOC 862 form must be completed and submitted for that subsequent disqualifying crime.

If this person wishes to provide services for multiple recipients, each recipient must submit a separate signed SOC 862 form or this person must seek a general exception by completing an SOC 863 form, "IHSS Applicant Provider Request for General Exception," and submit it with the requested documentation to the California Department of Social Services.

Without this waiver or general exception, you must choose a different person to provide services to you. Otherwise, you will be responsible for paying him/her with your own money for any services provided.

Please do not contact the county/Public Authority/Non-Profit Consortium or the California Department of Social Services for any additional information regarding any of the crimes or convictions listed on page 1. Each of these agencies is prohibited under Penal Code Sections 11105 and 13300 from providing any detail regarding any of these crimes or convictions beyond that listed in this notice.

If you need help finding a different provider, call _____ .

IN-HOME SUPPORTIVE SERVICES (IHSS)
RECIPIENT REQUEST FOR PROVIDER WAIVER

County of: _____
Notice Date: _____
Applicant Provider Name: _____
Recipient Name: _____
Recipient Case Number: _____
IHSS Office Address: _____
_____
IHSS Office Phone Number: _____

I, _____, am submitting this waiver request to _____ in
(Name of County/Public Authority/Non-Profit Consortium)

order to hire the person named below to be my In-Home Supportive Services (IHSS) provider. I understand he/she has been denied eligibility to be paid from the IHSS program, due to a felony criminal conviction(s). Despite this information, I accept the responsibility for my decision, and the possible risks involved, in allowing this person to work in my home as my IHSS provider.

I have chosen to hire _____ to be my IHSS provider and acknowledge
(Applicant Provider)

that he/she has been convicted of the following crime(s):

Date of Conviction	Penal Code Section	Felony Conviction Description
1.		
2.		
3.		
4.		
5.		

IN-HOME SUPPORTIVE SERVICES (IHSS)
RECIPIENT REQUEST FOR PROVIDER WAIVER

AS THE IHSS RECIPIENT WHO WILL HIRE THIS PERSON TO PROVIDE IN-HOME SUPPORTIVE SERVICES, I UNDERSTAND AND AGREE TO THE FOLLOWING STATEMENTS AND ACTIVITIES LISTED BELOW

- I am hiring a person who has been convicted of the felony crime(s) listed on this form.
- I am required to keep this person's criminal information confidential and I am prohibited, by law, from sharing any part of it with any other individual or entity.
- I am completing this waiver request form, which applies only to the crime(s) listed on this form.
- If the county notifies me that this person is convicted of an additional disqualifying felony crime(s) in the future, I will be required to complete and submit another waiver if I wish to continue receiving services from this person.
- A notice will be sent to me when the county has accepted this waiver.
- The county will send a timesheet to the provider I have chosen to hire only after this waiver has been accepted.

By signing this form, I accept the responsibility for hiring the person named on this form to work in my home. I understand the County and the State of California are immune from any liability, due to the risk of any actions that may occur, because of my decision to hire him/her as my IHSS provider.

_____

Signature of Recipient or Recipient's Authorized Representative

_____ _____

Print Name Date

Without an approved waiver to hire the person named on this form, you will be responsible for paying him/her with your own money for any services provided.

Submit this form within ten (10) calendar days from the "Notice Date" listed on the upper right corner of Page 1. You may submit this form by mail or in person to your IHSS county, Public Authority, or Non-Profit Consortium office at the following address:

By mail: _____

_____

_____

In person: _____

_____

_____

IHSS SOCIAL WORKER RESPONSE TO REQUEST FOR WAIVER

Date to Social Worker: Click here to enter a date. Response Due Date: Click here to enter a date.

A response or a status report/response is required within 10 working days of the request date.

FROM:
Provider Enrollment Specialist: Click here to enter text.

TO:
Social Worker: Click here to enter text.
Social Worker Number: Click here to enter text.

WAIVER REQUEST FOR:

Recipient Name: Click here to enter text.
Recipient Case Number: Click here to enter text.

Provider Name: Click here to enter text.
Provider Number: Click here to enter text.
Social Security Number: Click here to enter text.

STATUS REPORT - SOCIAL WORKER RESPONSE

(Check All That Apply)

- ☐ Waiver Request Approved
- ☐ Waiver Request Denied
- ☐ Status Report
- ☐ Waiver Request Pending Home Visit
- ☐ No Record of a Legal Guardian/Conservator
- ☐ Recipient Signature Does Not Match
- ☐ Waiver revoked - Recipient
- ☐ Waiver revoked - Conservator/Legal guardian
- ☐ Other

Reason for denial/approval/comments: Click here to enter text.

AUTHORIZATION

_____

Social Worker Signature Date:

Social Work Supervisor: Click here to enter text. Worker Number: Click here to enter text.

_____

Social Work Supervisor Signature (Indicates Approval) Date

Cancelation of Waiver for Tier 2 Crime

Name of Recipient: Click here to enter text.

Case Number: Click here to enter text.

Requested by: Click here to enter text.
(Enter name if cancelation is requested by anyone other than recipient)

Relationship to recipient: Click here to enter text.

☐ Self ☐ Conservator/legal guardian ☐ Other: Click here to enter text.

I Click here to enter text. hereby withdraw/cancel my request for a waiver of the Tier 2 conviction for:

Name of Provider: Click here to enter text.

Provider Number: Click here to enter text.

Cancelation to be effective on: Click here to enter a date.

Print Name: _____

_____
Signature Date

REVIEWED BY

_____
Social Worker Signature Date

_____
Social Work Supervisor Signature Date

Note: Once a waiver has been canceled, a new "SOC 862 *Recipient Request for Provider Waiver*" form must be completed before the provider may be activated for payment of services.

IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO RECIPIENT OF PROVIDER ELIGIBILITY ACKNOWLEDGEMENT OF RECEIPT OF WAIVER

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____
Applicant Provider Name: _____
Recipient Name: _____
Recipient Case Number: _____
IHSS Office Address: _____
_____
IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Recipient:

On _____ (MM/DD/YYYY), you were informed that, based on Welfare and Institutions Code, Section 12305.87, _____ was denied eligibility to work as an IHSS provider because he/she had been convicted of a felony crime.

On _____, the county/Public Authority/Non-Profit Consortium IHSS program office received your signed waiver request. By signing the waiver, you confirmed that you understand that you are employing the above-named individual to work for you as an IHSS provider with the knowledge of his/her criminal conviction(s) and that the State of California and the County of _____ are not liable for the actions of this individual while in your employ as an IHSS provider.

He/she may begin work as an IHSS provider for you as of the date of this notice. If this individual has already begun providing IHSS services to you, he/she may be eligible to receive retroactive payments for any authorized services he/she provided.

If you have any questions about this notice, call _____.

IN-HOME SUPPORTIVE SERVICES (IHSS)
APPLICANT PROVIDER REQUEST FOR GENERAL EXCEPTION

To request a general exception, you must submit the items listed on this form to the address listed on Page 3 within forty-five (45) calendar days of the date of your denial notice. If you request a general exception, it may take at least seventy-five (75) calendar days to process after a complete exception request and the applicant's criminal offender record information (CORI) are received by the California Department of Social Services (CDSS) Caregiver Background Check Bureau (CBCB). Once all the documents are received, you will receive a written notice stating whether the request has been approved or denied. **You cannot be paid by the IHSS program for any work performed for an IHSS recipient until the general exception request has been approved. (Please note that, if you are currently working for an IHSS recipient because that recipient completed the individual waiver process to hire you, you may continue to work for that recipient.)**

I, _____, am requesting a general exception to become an IHSS provider and work for any IHSS recipient who wishes to hire me. I understand that, at this time, I am denied eligibility to work as an IHSS provider, due to felony criminal conviction(s) listed on my CORI.

I am providing this information for the CBCB to evaluate my request for a general exception:

Applicant Provider Name: _____

Mailing Address: _____

_____

Phone Number: _____

The CBCB will consider the following factors when considering whether to grant the general exception:

A. The nature and seriousness of the crime(s) and the connection to the duties and responsibilities of an IHSS provider.

B. Your activities since conviction, including (but not limited to) your employment, participation in therapy education, or community service that would show your changed behavior.

C. The number of convictions and the time that has passed since the conviction(s).

D. The extent to which you have met the terms of parole, probation, restitution, or other penalty imposed on you.

E. Any evidence of rehabilitation that you have submitted. This includes character references submitted by others on your behalf.

F. Your employment history and current or past employer recommendations. Additional consideration will be given to an employer recommendation from a person who has received in the past or wants to receive personal care services from you.

G. Information about your involvement in the previous crimes(s) that would explain why it is unlikely you would repeat such an offense.

H. The Governor's full and unconditional pardon that was granted to you.

ATTACHMENT K-1

IN-HOME SUPPORTIVE SERVICES (IHSS)
APPLICANT PROVIDER REQUEST FOR GENERAL EXCEPTION

Based on the CBCB factors A through H listed on the previous page, applicant providers must enclose all of the following with this form:

1. A copy of the denial notice (SOC 852A) stating your ineligibility to be an IHSS provider.

2. A copy of form SOC 426 (IHSS Program Provider Enrollment Form), which you previously completed and submitted to the county.

3. Documentation (Minute Order, Court-Issued Judgment of Conviction, or a letter from the Probation Department) showing that your current or last probation period was informal, if applicable.

4. A description of, and verification if available of, any completed training, classes, treatment, counseling, or community service activities that would indicate rehabilitation or changed behavior. Provide verification of completion (for example, certificates or diplomas), if applicable.

5. Evidence of an official pardon by the Governor, if applicable.

6. Employment history for the last 10 years.

7. Copies of all police reports involving the disqualifying crime(s) for which you were convicted or a letter from law enforcement stating that a report no longer exists.

8. Three (3) signed character reference statements that include the following information:
   a. How long the person has known you
   b. How the person knows you (this could be a description of how this person came to know you)
   c. A statement of the person's opinion of your character
   d. A description of any interaction between you and a person who is elderly, blind, or disabled who you have assisted
   e. Other comments that would help describe your desire to work as an IHSS provider

   The reference statements must be obtained and dated after the date of your denial notice. They may be completed by current or former employers or other persons you choose. You are limited to one reference from a family member.

9. A signed personal statement including the following information:

   A. A description of the events surrounding the disqualifying crime(s) for which you were convicted, including what happened, why it happened, how it happened, description of the victim (if known, gender, approximate age, physical characteristics, relationship to victim), and other relevant information about the disqualifying crime(s) or any other conviction(s). The CBCB may compare your statement with police reports and court documents.

AND

B. A description of what you have done since the conviction(s) to ensure you will not be involved in any criminal activity again.

Send this form and all requested documentation within forty-five (45) calendar days from the date of your denial notice to the following address:

California Department of Social Services
Caregiver Background Check Bureau
744 P Street, MS 9-15-65
Sacramento, CA 95814

You must notify the CDSS within ten (10) calendar days of any change to your address or telephone number at the contact information listed above.

_____
Signature of Applicant Provider

_____ _____
Print Name Date

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER ENROLLMENT FORM

READ THE INFORMATION BELOW CAREFULLY BEFORE YOU BEGIN TO COMPLETE THIS FORM

Under state law, if you have been convicted of or incarcerated following a conviction for certain exclusionary crimes within the past 10 years, you are not eligible to be enrolled as a provider or to receive payment from the IHSS program for providing supportive services except as specified below. There are two categories of exclusionary crimes.

- **Tier 1 crimes, as set forth in Welfare and Institutions Code (W&IC) section 12305.81, are:**

  1. Specified abuse of a child (Penal Code [PC] section 273a[a]*),
  2. Abuse of an elder or dependent adult (PC section 368*), and
  3. Fraud against a government health care or supportive services program.

- **Tier 2 crimes , as set forth in W&IC section 12305.87, are:**

  1. A violent or serious felony, as specified in PC section 667.5(c)*, and PC section 1192.7(c)*,
  2. A felony offense for which a person is required to register as a sex offender pursuant to PC section 290(c)*, and
  3. A felony offense for fraud against a public social services program, as defined in W&IC sections 10980(c)(2)* and (g)(2)*.

  A complete listing of Tier 2 crimes is available upon request from the County IHSS Office or IHSS Public Authority.

*See attached form SOC 426C for the text of these PC and W&IC sections.

- As part of the IHSS provider enrollment process, you must submit fingerprints and undergo a criminal background check conducted by the California Department of Justice.

- If your responses on this form or the results of the criminal background check show that you have been convicted of, or incarcerated following a conviction for, either a Tier 1 or Tier 2 crime within the last 10 years, you will not be eligible to be enrolled as an IHSS provider or to receive payment from the IHSS program for providing supportive services.

- For Tier 2 crimes, if you have obtained a certificate of rehabilitation or an expungement (dismissal pursuant to PC section 1203.4), the conviction will not disqualify you from working as an IHSS provider.

- If your conviction is for a Tier 2 crime, you may qualify for an individual waiver or a general exception under certain circumstances which are described below.

- ***There are no waivers or exceptions allowed for Tier 1 crimes.***

GO ON TO THE NEXT PAGE →

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER ENROLLMENT FORM

CONTINUE READING THE INFORMATION BELOW CAREFULLY BEFORE YOU BEGIN TO COMPLETE THIS FORM

Individual Waiver of an Exclusion for Conviction for a Tier 2 Crime

If you are found ineligible based on a conviction for a Tier 2 exclusionary crime but an IHSS recipient (or his/her authorized representative) wishes to hire you as his/her provider in spite of your criminal background, you may obtain a waiver as follows.

- The IHSS recipient who wishes to hire you (or his/her authorized representative) will be informed of your conviction and will be directed to keep the information confidential.
- The recipient who wishes to hire you as his/her provider (or his/her authorized representative) must submit an IHSS Recipient Request for Provider Waiver (SOC 862) to the County IHSS Office or IHSS Public Authority.
- The waiver will allow you to be enrolled to provide services only for the recipient who requested the waiver.
- For more information about requesting a waiver, the IHSS recipient who wishes to hire you as his/her provider should contact the County IHSS Office or IHSS Public Authority.

General Exception of an Exclusion for Conviction for a Tier 2 Crime

If you are found ineligible based on a conviction for a Tier 2 exclusionary crime and you want to be listed on a provider registry or to provide services for a recipient who has not requested an individual waiver –

- You may apply for a general exception of the exclusion by completing the IHSS Applicant Provider Request for General Exception (SOC 863).
- You will be required to provide backup documentation, e.g., employment history, personal references, etc., to support your request for a general exception.
- For more information about requesting a general exception, contact the County IHSS Office or IHSS Public Authority.

- Completion of this form satisfies ONE of the IHSS provider enrollment requirements.
- You must complete ALL of the provider enrollment requirements BEFORE you can be enrolled as an IHSS provider or get paid from the IHSS program for providing authorized services for an eligible IHSS recipient.

GO ON TO THE NEXT PAGE →

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER ENROLLMENT FORM

INSTRUCTIONS:

- Use black or blue ink to fill out. Print information clearly.
- Fill out, sign and return this form in person to the office or location designated by the county. Bring original federal or state government-issued identification and your original Social Security card when returning this form.
- Complete all items in PART A, answer the questions in PART B, and read and sign the declaration in PART C.
- The county will: 1) Review the form to make sure it is complete; 2) Make photocopies of your identification and Social Security card; and 3) Provide you with a copy of the completed form for your records.
- You must let the county know if anything you report on this form changes within ten (10) calendar days of the change.

PART A: PROVIDER INFORMATION

1. Full Name (First Name, Middle Initial, Last Name):	**2.** Date of Birth: If you are under 18 years of age, you must submit a valid Work Permit with this form.		**3.** Gender: ☐ M ☐ F
4. Home Address (Must be physical address, **not** a Post Office box):	City:	State:	ZIP:
5. Mailing Address (if different from home address)*:	City:	State:	ZIP:
6. Telephone Number (with Area Code):	**7.** Social Security Number**:		
8. a. Driver's License # or Government Issued ID #:	**b.** Expiration Date: **c.** Issuing State:		
9. a. Primary Spoken Language:	**b.** Primary Written Language:		

NOTES:

* A paycheck for a provider cannot be mailed to a P.O. Box unless the county has approved a request from the provider.

** The collection of the Social Security Number is required pursuant to W&IC 12305.81(a), and the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a), for the purposes of verifying the individual's identity and authorization to work in the United States.

PART B: PROVIDER DISCLOSURE

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOX:

1. **WITHIN THE PAST 10 YEARS, HAVE YOU BEEN –**
   - **a.** Convicted of or incarcerated following a conviction for a Tier 1* crime? ..... ☐ YES ☐ NO
   - **b.** Convicted of or incarcerated following a conviction for a Tier 2* crime? ..... ☐ YES ☐ NO

   **See Page 1 of this form for a definition of Tier 1 and Tier 2 crimes.*

2. **IF YOU ANSWERED "YES" TO QUESTION 1.b. ABOVE,** have you obtained a certificate of rehabilitation or expungement (dismissal pursuant to PC section 1203.4) of the Tier 2 crime? ..... ☐ YES ☐ NO

   If YES, you must provide the county with a copy of the certificate of rehabilitation or documentation of the expungement along with this completed form.

GO ON TO THE NEXT PAGE →

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER ENROLLMENT FORM

PROVIDER'S NAME: _____

PART C: PROVIDER DECLARATION

I UNDERSTAND AND AGREE THAT –

- I cannot receive IHSS program funds as payment for authorized services I provide to any eligible recipient of IHSS until I have completed the entire provider enrollment process and I have been officially enrolled as a provider by the county.
- As a part of the provider enrollment process, I must provide fingerprints and undergo a criminal background check. I am responsible for paying the costs of fingerprinting and the background check.
- If it is found, either through my responses on this form, the results of the criminal background check, or some other means, that within the past 10 years, I have been convicted of or incarcerated following a conviction for a Tier 1 exclusionary crime, I will not be eligible to be an IHSS provider, and the recipient who wished to hire me will be informed that I am ineligible to be a provider because of a disqualifying criminal conviction which will not be specified.
- If it is found, either through my responses on this form, the results of the criminal background check, or some other means, that within the past 10 years, I have been convicted of or incarcerated following a conviction for a Tier 2 exclusionary crime, and I have not received a certificate of rehabilitation or had the conviction expunged –
  - I will not be eligible to be an IHSS provider, unless an IHSS recipient who wishes to hire me to provide his/her services, requests an individual waiver, or I apply for and I am granted a general exception; and
  - The IHSS recipient who wishes to hire me as his/her provider will be informed of my conviction and the types of crimes for which I was convicted, and he/she will be directed to keep the information confidential.

IF I AM ENROLLED BY THE COUNTY AS AN IHSS PROVIDER, I UNDERSTAND AND AGREE THAT –

- If the person I provide services for receives IHSS through the Medi-Cal program, I will be considered to be a Medi-Cal provider of personal care services. Therefore, I will be required to comply with all Medi-Cal program rules relating to the provision of services.
- Payment for the authorized services I provide to an IHSS recipient will be from federal, state and/or county IHSS funds and any false statement I provide, including false entries on the timesheet, or withholding of information may be prosecuted under federal and/or state laws.
- I will reimburse the IHSS program for any overpayments paid to me and any overpayment, individually or collectively, may be deducted from a future paycheck for services I provide to any recipient of IHSS.
- I will provide all services without discrimination based on race, religion, color, national or ethnic origin, gender, age, sexual orientation, or physical or mental disability.

I declare, UNDER PENALTY OF PERJURY, that all of the information I have provided on this form is true and correct to the best of my knowledge, and that I agree to all of the statements listed above.

Signature:_____ Date:_____

Printed Name:_____

FOR COUNTY USE ONLY

County Representative's Signature (Optional):_____ **DATE:**_____

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
RECIPIENT DESIGNATION OF PROVIDER

INSTRUCTIONS:

- Use black or blue ink. Print information clearly.
- You (or your legally authorized representative) must fill out this form to let the county know who you have chosen to provide your services.
- You (or your legally authorized representative) must sign the declaration at the bottom to show that you understand and agree to all of the terms and conditions listed.
- If you have multiple providers, you must fill out a separate form for each person who will be providing services.
- Please return this form to the county. The county will keep the original form and give you a copy.
- You must let the county know if you change your provider(s). You must tell the county within 10 calendar days of the change.

1. Recipient's Name:	
2. County IHSS Case #:	
3. Provider's Name:	
4. Provider's Address:	
City, State, ZIP Code:	
5. Provider's Telephone Number:	
6. Provider's Date of Birth:	
7. Provider's Gender (check box):	☐ Male ☐ Female
8. Provider's Relationship to Recipient (if any):	☐ Parent ☐ Child ☐ Spouse ☐ Other: _____
9. Provider's Start Date:	

RECIPIENT DECLARATION

- I DECLARE that the person named above is my choice to provide IHSS for me as authorized by the county.
- I UNDERSTAND that the above-named provider cannot be paid federal and/or state IHSS funds for any services provided to me until he/she has completed the entire provider enrollment process, which includes completing, signing and returning (in person) the Provider Enrollment Form (SOC 426), submitting fingerprints and being cleared of disqualifying crimes through a criminal background check, completing a provider orientation, and signing and returning the Provider Enrollment Agreement (SOC 846).
- I UNDERSTAND that I will be informed by the county if the person I have chosen to be my provider does not complete the provider enrollment process, or if he/she is determined ineligible to be a provider.
- **I UNDERSTAND that if I choose to receive services from this person before he/she is enrolled as a provider, and he/she is ultimately found ineligible, or after I have been informed that he/she is ineligible, I will be responsible for paying him/her with my own money.**
- I UNDERSTAND AND AGREE that the county can provide information about my authorized services and service hours to the provider named above.

RECIPIENT'S OR LEGALLY AUTHORIZED REPRESENTATIVE'S SIGNATURE:	DATE:
PRINTED NAME:	

ATTACHMENT M

SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 11-03

March 25, 2011

SUBJECT: **REFERRALS TO THE IHSS PROGRAM INTEGRITY UNIT**

EFFECTIVE DATE: **March 25, 2010**

REFERENCE: **ABX4 1 SECTION 576**

I. PURPOSE

The purpose of this Special Notice is to provide In-Home Supportive Services (IHSS) and other Aging & Independence Services (AIS) staff with instructions on completing a referral to the IHSS Program Integrity Unit.

II. BACKGROUND

The IHSS Program Integrity Unit was created as a result of IHSS legislation ABX4 1 Section 576. The unit is composed of six Social Workers, two Human Services Control Specialists, one Public Assistance Investigator and a Social Work Supervisor. The unit will conduct random unannounced and referred home visits to confirm that services are being provided to recipients. A fraud or other referral will be completed when appropriate.

III. POLICY

Ensure the safety of vulnerable IHSS recipients and the integrity of the IHSS program through additional oversight of individual care providers and the services authorized. *The addition of the IHSS Program Integrity Unit does not change any of the current procedures being used to complete referrals to the Public Assistance Fraud Division (PAFD), the Overpayment Specialist, and/or the IHSS Quality Control/Quality Assurance Unit (QCA).*

IV. GENERAL INFORMATION

SOURCE OF REFERRALS

At this time, referrals to the IHSS Program Integrity Unit will be limited to IHSS staff. In the future referral sources will include:

- AIS Social Workers and Managers
    - APS, MSSP, Linkages, Ombudsman, and SOAR
- AIS Call Center
- ACCESS Center
- Family Resource Centers

- Public Authority (PA)
- Appeals
- Public Assistance Fraud Division (PAFD)
- Fraud Hotline
- Department of Health Care Services (DHCS)

PRIORITIES

The IHSS Program Integrity Unit will give priority consideration to situations that involve the following issues:

- Isolated recipients who are frail and appear unable to manage their own care
- Recipients with family members as providers
- Recipients of Protective Supervision
- Providers who are employed by multiple recipients, with high hours, and working in various locations

REFERRAL CRITERIA

The following situations are broad guidelines to help identify a situation that may (or may not) be questionable. Each situation needs to be individually evaluated, and additional information may need to be provided when the referral is completed.

Recipient Referrals

A referral regarding an IHSS recipient may involve any of the following issues:

- Lack of, or inappropriate care being provided to a severely impaired IHSS recipient
- High need for services and living alone
- An individual who is unable to hire and supervise his/her provider
- An elderly and/or frail family member is the IHSS provider
- Frequent changes in provider that appear unwarranted
- Protective Supervision with questionable need
- History of frequent address changes
- The stated need appears inconsistent with available information
- Does not see a physician regularly nor have a physician of record
- History of failure to report change in provider, medical condition, and household composition
- Recipient is consistently unavailable at scheduled home visit(s) or frequently reschedules home visit appointments
- Suspicion of a "board and care" living situation (multiple unrelated recipients in one home)
- Recipient is a subject of a code enforcement violation

Provider Referrals

A referral regarding an IHSS provider may involve any of the following issues:

- Services being provided to multiple recipients who live at a distance from one another
- Lives at a distance from the recipient and provides 7-day service (e.g. recipient lives in Chula Vista while provider lives in Oceanside)
- Appears incapable of providing services due to age and/or physical ability

- Another job appears to conflict with the ability to provide IHSS services
- Repeatedly turns in timesheet late and needs replacement timesheets
- Appears to receive payment for non-IHSS related tasks
- Male or female provider provides personal care for recipient of opposite sex

V. REFERRAL PROCEDURES

A referral to the IHSS Program Integrity Unit may be made to ensure that all of the authorized services are currently being received by the recipient, and are being completed by the provider of record. The response to the referral will include a home visit *(unannounced once state protocols have been released)* and a written response from the IHSS Program Integrity Unit indicating the results of the home visit.

SUSPECTED FRAUD

A "Fraud" referral may also be made to the Program Integrity Unit when fraud is suspected but a standard referral to the Public Assistance Fraud Division (PAFD) is inappropriate, or the information available is insufficient for the referral. (E.g. the monetary level does not meet the threshold for a referral to PAFD, or evidence of "intent" is questionable.) Suspected fraud referrals will be assigned to the Public Assistance Investigator in the Program Integrity Unit. The procedures below apply to referrals requesting a home visit from the Program Integrity Unit, and to suspected fraud referrals for the PA Investigator.

Step	IHSS Social Worker Procedure
1.	Complete the "12-50A HHSA *IHSS Program Integrity Unit Referral Form*" selecting the destination (Program Integrity Unit or Public Assistance Investigator) from the drop down menu. Attach the following documents from the most recent recertification home visit: • SOC 293 *Needs Assessment* • 12-42 HHSA *IHSS Worksheet* • 12-43 HHSA *Service Activities Narrative* (documenting the issue) • 12-58 HHSA *Client/Employer Responsibilities* or SOC 332 *Recipient/Employer Responsibility Checklist* • Copies of provider or recipient identification if available • Any additional documentation that includes relevant information
2.	Determine if the situation warrants a "Priority Referral". Any situation that includes a referral to Adult Protective Services (APS) is considered a priority referral. Other examples would include a recipient who is bed bound and may not be receiving services, or is non-self directing and it is suspected that he/she is being left unattended.
3.	Document the referral date, type, and the reason for the referral in the case narrative and file a copy of the referral in the case file under the QC tab.

4.	Submit the completed referral form and the required attachments to the Social Work Supervisor for review and approval. If approved, the referral will be forwarded by the supervisor to the Program Integrity Unit. The home visit will be assigned and completed within 30 days.
5.	When the final report on the referral is received from the IHSS Program Integrity Unit the IHSS Social Worker will: • Discuss the results with the Social Work Supervisor • Take action on the recommendations as appropriate • Clarify findings and recommendations with the IHSS Program Integrity Unit Social Worker or Public Assistance Investigator as needed • Document the response from the Program Integrity Unit and the resulting case actions in the case narrative • File a copy of the response in the IHSS case file under the QC tab

Step	Social Work Supervisor Procedures
1.	The Social Work Supervisor will review the following information for all referrals: • Type of referral (DA Investigator, Program Integrity Unit) • Form completion and required documentation (has all of the required information been included in the referral packet) • Review the Social Worker description of the situation for clarity and completeness (e.g. what is the intended goal of the referral?) For suspected fraud referrals ensure that the issue is suspected fraud and not a "program" issue (e.g. authorized hours are not being provided, house is dirty etc.). A program issue can be referred to the Program Integrity Unit but is not, by itself, suspected fraud.
2.	The Social Work Supervisor may return the referral to the IHSS Social Worker for any of the following reasons: • The issue does not fall under the authority of the IHSS Program Integrity Unit • The issue is not clearly stated • The required documents are not included or are incomplete
3.	The Social Work Supervisor will forward the referral to the IHSS Program Integrity Unit Supervisor at appealsclerk.hhsa@sdcounty.ca.gov and include on the cc line: • The IHSS Program Manager • The IHSS Operations Manager The subject line will include "**Attn: IHSS Program Integrity Unit".**

Note: The IHSS Program Integrity Supervisor will assign the Program Integrity Unit referrals to the appropriate unit Social Worker. Referrals for the Public Assisstance Investigator will be forwarded directly to the investigator for evaluation and response.

V. REVIEW STATEMENT

This Special Notice was reviewed by an Organizational Review Committee (ORC).

VI. FILING STATEMENT

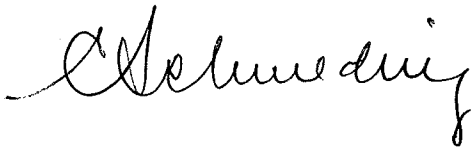
IHSS Special Notices are being archived at the following link:

S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated
And at the county intranet at:

http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AISIHSS

Hard copies of this Special Notice will not be distributed by Program Support.

WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Susan Pullido (858)505-6366

County of San Diego
IHSS PROGRAM INTEGRITY UNIT
REFERRAL FORM

Referral to: Choose an item.
Date of Referral: Click here to enter a date.
E-mail referrals as an attachment to: appealsclerk.hhsa@sdcounty.ca.gov

Recipient Information	Provider Information Total Number of Active Providers: Choose an item. Use page two for information on additional providers
Name: Click here to enter text.	Name: Click here to enter text.
SSN:Click here to enter text.	SSN: Click here to enter text.
DOB:Click here to enter text.	DOB: Click here to enter text.
Gender: ☐M ☐ F	Gender: ☐ M ☐ F
Language: Click here to enter text.	Language: Click here to enter text.
Address: Click here to enter text.	Address: Click here to enter text.
City/State/Zip: Click here to enter text.	City/State/Zip: Click here to enter text.
Telephone Number: Click here to enter text.	Telephone Number: Click here to enter text.
Total Number of Authorized Hours per Month:	Total Number of Authorized Hours per Month:
Frequency: Choose an item. days per Week	Frequency: Choose an item. days per Week

IHSS Social Worker or Other Referring Party Information

Name: Click here to enter text. IHSS SW Worker Number: Click here to enter text.
Agency: Click here to enter text. Telephone Number: Click here to enter text.
Name of Supervisor (as applicable): Click here to enter text.
Supervisor's Telephone Number: Click here to enter text. IHSS Office Location: Choose an item.

Authorized Representative

Is there a current IHSS Release of Information form for the authorized representative? ☐ Yes ☐ No
(If yes, it is not necessary to attach a copy of the release for this referral.)
Name: Click here to enter text. Relationship to Recipient: Click here to enter text.
☐ Authorized Representative ☐ Case Manager (Non-County) (*Check appropriate box.*)
Address/City/State/Zip: Click here to enter text.
Telephone Number: Click here to enter text.

Reason for Referral

☐ Cognitive impairment, mental illness, dementia, Alzheimer's	☐ Concerns about provider not doing work
☐ Bed bound, frail, isolated	☐ Blind, hearing or speech impaired
☐ Protective Supervision	☐ Quadriplegic
☐ Unable to supervise own care	☐ Other: Click here to enter text.
☐ Priority Referral (indicate reason in comments)	

Describe situation in detail: Click here to enter text.

Additional Providers	
Provider Information	**Provider Information**
Name: Click here to enter text.	Name: Click here to enter text.
SSN:Click here to enter text.	SSN: Click here to enter text.
DOB:Click here to enter text.	DOB: Click here to enter text.
Gender: ☐ M ☐ F	Gender: ☐ M ☐ F
Language: Click here to enter text.	Language: Click here to enter text.
Address: Click here to enter text.	Address: Click here to enter text.
City/State/Zip: Click here to enter text.	City/State/Zip: Click here to enter text.
Telephone Number: Click here to enter text.	Telephone Number: Click here to enter text.
Total Number of Authorized Hours per Month:	Total Number of Authorized Hours per Month:
Frequency: Choose an item. days per Week	Frequency: Choose an item. days per Week
Provider Information	**Provider Information**
Name: Click here to enter text.	Name: Click here to enter text.
SSN:Click here to enter text.	SSN: Click here to enter text.
DOB:Click here to enter text.	DOB: Click here to enter text.
Gender: ☐ M ☐ F	Gender: ☐ M ☐ F
Language: Click here to enter text.	Language: Click here to enter text.
Address: Click here to enter text.	Address: Click here to enter text.
City/State/Zip: Click here to enter text.	City/State/Zip: Click here to enter text.
Telephone Number: Click here to enter text.	Telephone Number: Click here to enter text.
Total Number of Authorized Hours per Month:	Total Number of Authorized Hours per Month:
Frequency: Choose an item. days per Week	Frequency: Choose an item. days per Week

SUMMARY OF IHSS REFERRAL PROCEDURES

Refer to:	Issue	Example
Public Assistance Fraud Division (PAFD)	• Suspected or confirmed fraud • Overpayment is $1500 or more must first be referred to PAFD • Overpayment amount is unknown and fraud is suspected or confirmed	• Provider continues to collect payment(s) even after the client's demise, and the overpayment amount is more than $1500.00 • Recipient presents false documentation with the intent to commit fraud
IHSS Program Integrity Unit-Public Assistance Investigator (PAI)	• Suspected Fraud monetary level not met • Information is insufficient	• Amount of resulting overpayment is known to be less than $1500.00 • Fraud is suspected, additional information needs to be gathered using PAI resources
IHSS Program Integrity Unit	• IHSS recipient's safety • Services not being provided to the recipient • Request for home visit to resolve the issue specified on the referral. Note: Refer to the Special Notice for additional reasons for referral.	• Suspicion of inappropriate care or lack of care to frail, bed bound, severely impaired recipients • Suspicion of a board & care living situation where multiple recipients live in the same home & have the same provider • Provider serves multiple recipients living in different locations. The locations may not allow the services to be provided. • Provider is a family member who is suspected of not providing the services.
Overpayment Specialist	• Overpayment is not fraud related • Recipient receives IHSS services to which he/she is not eligible • Provider was paid for services he/she did not provide	• Provider was paid for services while client was in the hospital, rehabilitation facility, and/or skilled nursing facility • Provider collects payment while recipient is out of the state or the country. (Note: Provider is not with the client.)
IHSS Quality Control	• Clarification or support of issue related to IHSS program regulations. • Resolution of program issue involves scheduled home visit.	• Additional documentation to warrant or deny Protective Supervision or other issues • Assistance in clarifying program regulations on complex cases e.g. IHSS applicant or recipient taking care of dependent adults and children or an IHSS client providing services to another IHSS client

SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 11-02

March 15, 2011

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) PLUS OPTION (IPO)

EFFECTIVE DATE: March 01, 2011

EXPIRATION DATE: When incorporated into the IHSS Program Guide

REFERENCE: ALL COUNTY LETTER (ACL) 11-19

I. PURPOSE

To provide In-Home Supportive Services (IHSS) staff with instructions on the implementation of the In-Home Supportive Services (IHSS) Plus Option (IPO) program and the "SOC 864 *In-Home Supportive Services (IHSS) Program Individualized Back-up Plan and Risk Assessment*" form (Attachment A).

II. BACKGROUND

In 2004, California implemented the IHSS Plus Waiver (IPW) program. The IPW program, also known as the Demonstration Waiver, allowed almost all of the IHSS-Residual recipients to move either into the IPW or Personal Care Services Program (PCSP) and receive Federal Financial Participation (FFP). The IPW program expired in 2009 and was replaced by the State Plan Option program for California known as the IHSS Plus Option (IPO). Effective October 1, 2009, all IPW cases transitioned to IPO and continue to receive FFP.

III. POLICY

Effective March 01, 2011, all recipients being served under the IPO program will be required to go through an enhanced assessment process during intake and recertification and to use the new "SOC 864 *In-Home Supportive Services (IHSS) Program Individualized Back-up Plan and Risk Assessment*".

IV. THE IHSS PLUS OPTION PROGRAM

An individual is eligible to the IPO program when he/she is a categorically or medically needy Medi-Cal beneficiary and receives FFP. An individual must have a disabling condition that causes mental and physical impairment that is expected to last at least twelve consecutive months, or that is expected to result in death, and be unable to remain safely at home without the services. Eligibility to the IPO program does not require a disability determination when the individual's linkage to Medi-Cal was not based on disability per Medi-Cal definition.

The following IPW cases have been moved to the IPO program:

- Recipient(s) receiving services from his/her spouse
- A minor child receiving services from his/her parent(s)
- Restaurant Meal Allowance
- Cases with Advance Pay

The following components of IPW cases did not change when transitioned to the IPO program.

- IPO cases are still identified with a Medi-Cal secondary aid code 2L.
- Non-Severely Impaired (NSI) recipients continue to receive a maximum of 195 hours.
- Severely Impaired (SI) recipients receive a maximum of 283 hours.
- Wages paid to a spouse or parent of a minor child are still considered exempt income for Medi-Cal eligibility.

IPO services are the same as for PCSP with the exception that "*Teaching and Demonstration" will not be an authorized service.*

V. REQUIREMENTS FOR IPO CASES

Social Worker Responsibilities

Effective immediately at both intake and recertification, the IHSS Social Worker will:

- Inform recipients of the transition from IPW to IPO
- Inform the recipient that he/she will receive a Notice of Action (NOA) indicating each service and the hours allotted for each service
- Inform the recipient that he/she may request changes to their authorized hours when there is a change in their condition
- Inform the recipient of his/her right to request a state hearing
- Notify IPO recipients verbally that they can voluntarily disenroll from the IPO program by changing the IPO program element(s) (e.g. spouse provider, parent provider of a minor child, Restaurant Meal Allowance and/or Advance Payment).

If an individual chooses to disenroll from the IPO program, he/she will be moved into the State PCSP program.

SOC 864

Effective immediately, completion of the "SOC 864 *In-Home Supportive Services (IHSS) Program Individualized Back-up Plan and Risk Assessment*" form is required for all IPO cases. This form will replace the "SOC 827 *IHSS Program Individual Emergency Back-up Plan*" for all IPO (2L) cases.

At intake and recertification, the IHSS Social Worker will:

- Identify IPO recipients during, or prior to, the home visit (granted cases can be identified by the secondary aid code 2L)
- Complete a new form at the home visit when there are changes to the information from the previous year
- If there are no changes to the information from the previous year, the recipient (or his/her authorized representative) and the Social Worker may re-sign the form and confirm that there are no changes
- Complete a new form at a minimum of every other year
- Provide a copy of the completed and signed form to the applicant/recipient
- File the original form under the "Miscellaneous" tab in the IHSS case file

PCSP (2M) cases and IHSS Residual (2N) cases must have either the SOC 827 or the SOC 864 form completed at intake and recertification and filed in the IHSS case file.

Detailed instructions for completion of the "SOC 864 *In-Home Supportive Services (IHSS) Program Individualized Back-up Plan and Risk Assessment"* are included on page four of the form itself.

Social Worker Training

Mandatory training for IHSS Social Workers will be provided through the California Department of Social Services (CDSS) at a future IHSS Training Academy. Training will include the following topics:

- Utilizing a person-centered planning process
- The risk management process
- Completing the Individualized Back-up Plan and Risk Assessment Form

VI. REVIEW STATEMENT

This notice was not reviewed by an Organizational Review Committee (ORC).

VII. FILING STATEMENT

HSS Special Notices, Bulletins, and Memos are being archived at the following link:
S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated

And at the county intra-net at:
http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AISIHSS

Hard copies of this Special Notice will not be distributed by Program Support.

WILFRED QUINTONG
Assistant Deputy Director

ELLEN SCHMEDING
Assistant Deputy Director

Contact: Susan Pullido (858)505-6366

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
INDIVIDUALIZED BACK-UP PLAN AND RISK ASSESSMENT

SECTION 1 – RECIPIENT'S INFORMATION

RECIPIENT'S NAME:	CASE NUMBER:

INDIVIDUALIZED BACK-UP PLAN

SECTION 2 – SUPPORT CONTACTS

If you need non-emergency assistance, and/or your IHSS care provider has not arrived as scheduled, call:

	Name	Phone
Family Member:		
Friend/Neighbor:		
County Social Services Worker:		
County IHSS Social Services Office:		
Public Authority:		
Other:		

Other important numbers available to you, if needed:

Doctor's Office:		
Advocacy Group(s):		
Police Department:		
Fire Department:		
Other:		

If you need to report abuse, fraud and/or neglect, call:

Adult Protective Services:	
Child Protective Services:	
Deaf or Hard of Hearing Resource Hotline:	**(916) 558-5670**
Fraud & Elder Abuse Hotline:	**(800) 722-0432**
Medi-Cal Fraud Hotline:	**(800) 822-6222**
Social Security Administration Fraud Hotline:	**(800) 269-0271**

If you have an emergency, call: 911

An emergency is an immediate threat to your health, welfare and/or safety.

Distribution: Original/Case File Copy/Recipient

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
INDIVIDUALIZED BACK-UP PLAN AND RISK ASSESSMENT

RECIPIENT'S NAME:	CASE NUMBER:

RISK ASSESSMENT

SECTION 3 – GENERAL RISK ASSESSMENT

A. IHSS Assessment

During this IHSS assessment process, you and your social worker identified risks based on those personal care and domestic and related services for which you may need assistance. Assistance may be met through IHSS or with other formal or informal services.

B. Additional Risk Areas

The following are additional risk areas that you and your social worker discussed that may be outside the scope of the IHSS program (check all that apply):

	Comments
B1. Living Arrangements ☐ Lives with others who may assist ☐ Lives alone, relatives/friends nearby who may assist ☐ Lives alone, no relatives/friends nearby	
B2. Evacuation/Environmental Factors ☐ Can evacuate independently ☐ Can evacuate, but only with supervision/verbal direction ☐ Needs physical assistance to evacuate home in an emergency ☐ Able to access food/water independently ☐ Aware of emergency or crisis numbers/contacts ☐ Able to control lights, heat, cooling or other utilities	
B3. Communication ☐ Communicates without difficulty ☐ Hearing impairment, communication limited ☐ Speech impairment, communication limited ☐ Can speak or hear with the use of assistive device(s) Assistive device(s): _____ ☐ Able to place and receive calls independently ☐ Can use telephone only with assistive device(s) Assistive device(s): _____	

SECTION 4 – DISASTER PREPAREDNESS

In preparation for a disaster, such as hot and cold weather emergencies, fires, floods, and earthquakes, you and your social worker discussed the following:

- Your individual health needs that will be listed in the County's Disaster Preparedness Assessment Plan (if utilized by your county).

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
INDIVIDUALIZED BACK-UP PLAN AND RISK ASSESSMENT

RECIPIENT'S NAME:	CASE NUMBER:

AGREEMENT AND SIGNATURES

SECTION 5 – AGREEMENT AND SIGNATURES

By signing below, you, your social worker, and any other individual(s) you have chosen to be involved in this process, are confirming you discussed and agree with the information contained in this Individualized Back-Up Plan and Risk Assessment.

Recipient

Signature:_____ Date:_____

County Staff

Signature:_____ Date:_____

Print Name and Title:_____

Authorized Representative

Signature:_____ Date:_____

Print Name and Relationship:_____

Other

Signature:_____ Date:_____

Print Name and Relationship:_____

In the event there have been no changes in the Individualized Back-Up Plan and Risk Assessment from the prior year, the Recipient/Social Worker can sign below confirming no change.

Recipient /Authorized Representative

Signature:_____ Date:_____

County Staff

Signature:_____ Date:_____

Print Name and Title: _____

Distribution: Original/Case File Copy/Recipient

SOC 864 (3/11)

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
INDIVIDUALIZED BACK-UP PLAN AND RISK ASSESSMENT

RECIPIENT'S NAME:	CASE NUMBER:

INSTRUCTIONS

Use this form to work with the recipient to allow him/her independence and choice in decisions related to his/her Individualized Back-Up Plan and Risk Assessment.

Ensure that discussion and negotiation occurs between the social worker, the recipient, and any others whom the recipient wants involved while working through this process. **After completion, a copy of the Individualized Back-Up Plan and Risk Assessment shall be provided to the recipient. The original form shall be filed in the recipient's case file. Social worker shall encourage the recipient to post page 1 in an easily accessible area.**

SECTION 1: Fill in the recipient's name, and case number. This information will need to be added to each page until CMIPS II can auto-fill.

SECTION 2: Through discussion with the recipient/others involved in the development of this plan, fill in the recipient's choices and preferences of back-up contacts, as well as other important numbers identified, if needed. Discuss abuse, fraud and neglect with the recipient, the process to report abuse, fraud and neglect, and include the local APS/CPS numbers in their area. Reinforce with the recipient to call 911 if he/she has an emergency.

SECTION 3A: If assistance will be met through other formal or informal services, complete the SOC 450, Voluntary Services Certification, as needed. Identified risks may be mitigated through the authorization of hours in the service plan. If the recipient refuses any service, clearly document the service refused and the identified risks, and that the recipient elects to assume the risks associated with not receiving the service.

SECTION 3B: Also, discuss with the recipient additional risk areas that could be mitigated or improved through discussion and planning (Back-Up Plan).

SECTION 4: Discuss disaster preparedness with the recipient/others involved in the development of the plan. Include a discussion of how individual health needs may be addressed in the event of a disaster.

Section 5: With the recipient's/others' participation, review all sections verifying that each area was discussed during the process. Ensure that all appropriate individuals sign the form to confirm agreement with the information on the form.

Comments/Notes:

Distribution: Original/Case File Copy/Recipient

SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 11-01

January 5, 2011

SUBJECT: SUSPENSION OF SOCIAL SECURITY TITLE XVI SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTAL PAYMENT [SSI/SSP] COST OF LIVING ADJUSTMENTS IN 2011

EFFECTIVE DATE: JANUARY 1, 2011

EXPIRATION DATE: When incorporated into the IHSS Program Guide

REFERENCE: ALL-COUNTY INFORMATION NOTICE 1-99-10

I. PURPOSE

The purpose of this Special Notice is to inform In-Home Supportive Services staff that the SSI/SSP and the Cash Assistance Program for Immigrants (CAPI) payment standards will remain suspended for the year 2011.

II. BACKGROUND

Under the provisions of Assembly Bill (AB) X4 8 (Chapter 8, Statutes of 2009), the California State SSP COLA remains suspended for 2011. In addition, the Department of Social Services (DSS) has been informed by the social Security Administration (SSA) that the federal SSI COLA will not be granted in 2011 due to a decrease in the consumer price index. As a consequence of the SSI/SSP COLA suspension, CAPI payment standards will remain at the same levels as those of 2010.

III. BENEFIT LEVEL PAYMENT

There is no change to the following values for 2011:

- Presumed maximum value of in-kind support and maintenance
- Allowance for ineligible children in deeming situation
- Sponsor's allocation in alien deeming situations
- Allowance for parent(s) in parent-to-child situations

The Benefit Level payments in 2011 remain the same as those of 2010.

Benefit Code –	01	Level $845.00
	02	908.00
	03	737.40
	04	639.66
	05	718.32
	06	517.30
	07	929.00

08	1407.20
09	1554.20
10	1498.20
11	1075.33
12	1222.33
13	1166.33
14	1575.20
15	703.60
16	777.10
17	719.10
18	787.60
19	537.67
20	611.17
21	583.17

IV. 2011 SSI/SSP PAYMENT CHART

The 2011 SSI/SSI payment standards chart which also provides the 2011 CAPI payment levels is available as an attachment to this Special Notice

V. IHSS STAFF PROCEDURES

Since there are no changes in the current SSI/SSP payment standards, there will be no automatic or manual updates to be done on CMIPS.

VI. REVIEW STATEMENT

This Special Notice was not reviewed by the standard review committee due to the informational nature of this notice.

VII. FILING STATEMENT

HSS Special Notices, Bulletins, and Memos are being archived at the following link:
S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated

And at the county intra-net at:
http://hhsa-pg.sdcounty.ca.gov/AisIhss/default.asp?Guide=AISIHSS

Hard copies of this Special Notice will not be distributed by Program Support.

WILFRED QUINTONG
Assistant Deputy Director

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Assistant Deputy Director

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STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES BRANCH
NOVEMBER 2010

CAPI PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2011
BASED ON JANUARY 2011 SSI/SSP STANDARDS
Includes no pass-through of the CPI COLA and suspension of the CNI COLA

	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	**835.00**		845.00	**629.66**		639.66	**846.34**		856.34	**1,076.00**		1,086.00
- without cooking facilities (RMA) 1/	**919.00**		929.00									
BLIND	**898.00**		908.00	**708.32**		718.32	**846.34**		856.34	**1,076.00**		1,086.00
DISABLED MINOR												
- living with parent(s)	**727.40**		737.40	**507.30**		517.30						
- living with non-parent relative or non-relative guardian							**846.34**		856.34	**1,076.00**		1,086.00
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	**1,387.20**	1,397.20	1,407.20	**1,055.33**	1,065.33	1,075.33	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
- without cooking facilities (RMA) 1/	**1,555.20**	1,565.20	1,575.20									
BLIND												
- per couple	**1,534.20**	1,544.20	1,554.20	**1,202.33**	1,212.33	1,222.33	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00
BLIND/AGED OR DISABLED												
- per couple	**1,478.20**	1,488.20	1,498.20	**1,146.33**	1,156.33	1,166.33	**1,699.66**	1,709.66	1,719.66	**2,152.00**	2,162.00	2,172.00

TITLE XIX MEDICAL FACILITY

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

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