

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



June 8, 2006

ALL-COUNTY INFORMATION NOTICE NO. I-43-06

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERSReason For This Transmittal

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by one or More Counties
- Initiated by CDSS

SUBJECT: ASSESSING APPLICANTS WHEN BEING DISCHARGED FROM HOSPITALS, MEDICAL INSTITUTIONS OR NON MEDICAL OUT-OF-HOME CARE FACILITIES

REFERENCE: ALL-COUNTY LETTER 02-68

The purpose of this All-County Information Notice is to remind counties of their responsibility to do preliminary assessments for In-Home Supportive Services/Personal Care Services Program (IHSS/PCSP) applicants when being discharged from hospitals, medical institutions or non medical out-of-home care facilities. Manual of Policies and Procedures Section 30-755.12 allows an applicant of IHSS/PCSP service needs to be preliminarily assessed and services to be authorized prior to the applicant's discharge from an out-of-home care facility and his/her return to the home.

As part of the ongoing efforts to implement the objectives of the Olmstead Plan, the California Department of Social Services (CDSS) would like to reinforce the importance of ensuring that individuals with disabilities are given the opportunity to live in the setting of their choice. In particular for the IHSS program, counties must ensure that persons with disabilities are not unnecessarily discharged from hospitals to nursing homes. Moreover, counties must continue to work within their communities to do outreach to nursing facilities and other medical institutions to inform these agencies that their residents may have access to supportive services. The attached letter, All County Letter 02-68 (Assessing Applicants Ready for Discharge from Medical Facilities or

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Non Medical Out-of-Home Care is provided for your review. You may also access a copy through the CDSS website at:

<http://www.dss.cahwnet.gov/getinfo/acl02/pdf/02-68.pdf>.

If you have any questions regarding this letter, please contact the Operations and Technical Assistance Unit at (916) 229-4000.

Sincerely,

JOSEPH M. CARLIN
Deputy Director
Disability and Adult Programs Division

Attachment

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



August 30, 2002

ALL-COUNTY LETTER NO.: 02-68

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS**REASON FOR THIS TRANSMITTAL**

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by CDSS

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

The purpose of this All-County Letter (ACL) is to remind counties of their responsibility to assess applicants for In-Home Supportive Services/Personal Care Service Program (IHSS/PCSP) services who are ready for discharge from a skilled nursing facility, convalescent home or acute care setting. Program rules (Manual Policy and Procedures (MPP) Section 30-755.12) allow that an applicant's IHSS/PCSP service needs be preliminarily assessed and services authorized prior to the applicant's discharge from the institution.

Although MPP Section 30-761.13 and Section 30-756.33 ordinarily requires that needs assessments be conducted in the home, some applicants cannot be released to their home without a home care plan in place. Therefore, MPP Section 30-755.12 provides for the preliminary assessment of IHSS needs for individuals who apply for IHSS/PCSP while they are in an acute or chronic care facility and who can be safely discharged to their homes. This program regulation allows for service authorization based on that assessment.

NEEDS ASSESSMENT IN THE INSTITUTION

The determination that an IHSS/PCSP applicant can safely return to his or her home is a decision that should be made in conjunction with the applicant's physician or other responsible health care practitioner and, if possible, the applicant's responsible family members.

To enable the applicant to return to his/her own home, the social worker must visit the applicant in the institution to determine what services the applicant will require upon his/her return home.

Services based on the preliminary needs assessment conducted at the facility start when the applicant returns to his/her own home. However, in a situation, that requires removal of hazardous debris or dirt from the applicant's house program regulation

(MPP Section 30-757.12) provides that heavy cleaning may be authorized and performed before the applicant moves into the home.

The social worker will need to conduct a second assessment once the applicant is back in his/her own home using the regular service needs assessment process to determine the final service need and number of service hours the applicant requires.

Please note:

- The Social Security Administration (SSA) establishes an appropriate payment rate for the entire month, based on the consumer's living arrangement on the first of the month.
- It may be necessary for the applicant to advise SSA about their transition from a Non-Medical Out of Home Care (NMOHC) or a Long-Term Care (LTC) facility to a home setting. An applicant may certify that they have contacted SSA to notify them of his/her transition into a home setting. This certification is sufficient for counties to proceed to determine eligibility, and initiate service assessment and authorization. (The attached form may be reproduced and used for the purposes of the certification.)
- If the SSA's process for changing an applicant's SSI/SSP case is still pending after a county initiates a service assessment and authorization, the county must proceed to complete the assessment or service authorization for needed IHSS/PCSP.
- SSA must change the SSI/SSP living arrangement coding on the State Data Exchange from DZ (long term care), DJ (long term hospitalization) or AB (NMOHC) to an independent living arrangement code (AA, AD, AC, CE).
- If the applicant is moving from a NMOHC facility s/he may wish to repay the difference between the NMOHC rate and the independent living arrangement rate to SSA in order to qualify for IHSS/PCSP mid-month.

If you have questions or concerns, you may contact your assigned Operations and Technical Assistance Analyst at (916) 229-4000.

Sincerely,

***Original Signed by Donna L. Mandelstam
Signed on August 30, 2002***

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachment

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

This is to certify that I have notified the Social Security Administration
on _____ that I will be discharged from _____ to
(date) (facility name)
live in my own home located at _____.
(address)

Signature of applicant: _____

Printed name of applicant: _____

Social Security Number: _____

Date: _____