



CDSS

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February 23, 2011

ALL-COUNTY LETTER (ACL) NO. 11-19

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY IHSS PROGRAM MANAGERS

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

REFERENCES: All-County Information Notice (ACIN) I-33-10, dated April 21, 2010; ACL 05-05, dated June 2, 2005; ACL 05-05E, dated July 20, 2005; ACL 07-08, dated January 26, 2007; All-County Welfare Director's Letter (ACWDL) 06-04, dated February 3, 2006; and Welfare and Institutions Code (WIC) section 14132.952

This All-County Letter provides counties with further information regarding implementation of the In-Home Supportive Services Plus Option (IPO) program.

Background

In 2004, California implemented a Social Security Act section 1115 Demonstration Waiver, the IHSS Plus Waiver (IPW) program. This Waiver allowed California to move almost all of the IHSS-Residual (IHSS-R) recipients into either the IPW or Personal Care Services Program (PCSP), and receive Federal Financial Participation (FFP) for services to these recipients. The IPW was limited to five years with a possibility of renewal; however, during that time, the US Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) initiated new options to allow recipients in the IPW to be served in the Medicaid State Plan.

CMS approved a Social Security Act section 1915(j) Self-Directed Personal Assistance Services (PAS) State Plan Option (SPO) program for California. Effective October 1, 2009, this SPO replaced the IPW program and, per WIC section 14132.952, is known as the IHSS Plus Option (IPO). FFP continues for the IPO program.

REASON FOR THIS TRANSMITTAL

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

Transition of the IPW Population to the IPO

Effective October 1, 2009, the IPW population was moved into the new IPO program. The transition to the IPO was seamless for IPO recipients and no notices were issued. The Medi-Cal secondary aid code for this population will continue to be 2L.

IPW and IPO program expenditures will be differentiated in the Case Management, Information and Payrolling System (CMIPS) Legacy and CMIPS II systems based upon service date (i.e., service dates through September 30, 2009 are IPW expenditures, and service dates beginning October 1, 2009 are IPO expenditures).

Individuals who are eligible for full scope FFP Medi-Cal, and have their services provided by a spouse or parent (if the individual is a minor child under 18), or receive Restaurant Meal Allowance or Advance Pay are eligible for the IPO program.

Medi-Cal Exemptions

In accordance with ACWDL #06-04, under the new IPO program, IHSS provider wages paid to a spouse or the parent of a minor child under 18 will continue to be exempt as income for Medi-Cal eligibility as under the IPW program.

IPO Program Hours

Non-Severely Impaired (NSI)/Severely Impaired (SI) Cases

- IPO recipients will continue, as in IPW, to receive a maximum of 195 hours for NSI cases and 283 hours for SI cases [WIC section 14132.952(b)].

Differences Between the IPW and IPO

Unlike the Demonstration Waiver IPW, the IPO is a State Plan Option, and therefore follows the State Plan PCSP regarding program eligibility and services.

Program Eligibility

Under IPW eligibility, a recipient must have had a disability determination completed when the linkage to Medi-Cal was not based on the individual being disabled according to Medi-Cal definitions [Manual of Policies and Procedures (MPP) section 30-785(b)(1)].

Under the IPO program, eligibility is the same as for PCSP, i.e., a recipient is eligible when she/he is a categorically or medically needy Medi-Cal beneficiary as defined in WIC section 14050.1, section 14051, and section 14051.5, who has a disabling condition that causes functional impairment that is expected to last at least twelve consecutive months, or that is expected to result in death within twelve months and who is unable to remain safely at home without the services.

- IPO eligibility, therefore, does not require a disability determination in accordance with Medi-Cal definitions.

Program Services

While IPW services included Teaching and Demonstration, services for the IPO program are the same as for the PCSP and will not include Teaching and Demonstration. Please note, however, there are different rules for recipient services when provided by a spouse or parent(s) (of a minor child under 18) based on program regulations.

New Program Requirements for IPO Cases

The following are new program components required by 42 Code of Federal Regulations (CFR) Part 441:

Enhanced Assessment Process

42 CFR Part 441.464 requires social workers to complete the following enhanced assessment processes during assessments/reassessments (many of which are already standard practice in most counties):

- Inform recipients of the transition from IPW to IPO beginning March 1, 2011
- Inform recipients they will receive a Notice of Action (NOA) indicating each of their services and the hours allotted for each service
- Inform recipients they may request changes to their authorized hours due to a change in their condition
- Inform recipients of their right to request a state hearing if a request for change has been denied or the amount of their authorized hours has been reduced
- Inform recipients of the voluntary disenrollment process
 - If a recipient chooses to voluntarily change one of the IPO program elements (spouse provider, parent of a minor child under 18 provider, Restaurant Meal Allowance and/or Advance Payment), they would then be moved into the traditional State Plan program known as PCSP

- Social Workers will verbally provide notification of the ability to voluntarily disenroll.

Social Worker Training

Social workers shall receive mandatory training on the following:

- Utilizing a person-centered planning philosophy for assessments;
- The risk management process; and
- Completing the Individualized Back-Up Plan and Risk Assessment Form (SOC 864).

Risk Management

The IPW requirement for completion of an Individual Emergency Back-Up Plan (SOC 827) was applied to all IHSS recipients. The IPO also requires an additional risk management process be completed. Thus, a new form was developed for IPO cases, the SOC 864, to help facilitate this new risk management process. Please see detailed instructions on the attached form for completing this process.

This process must be completed every year, but in the event there have been no changes to the Plan from the prior year, the recipient and social worker may sign in the space provided on page three of the form confirming no changes. However, every IPO recipient must have a new form completed every other year.

Social workers will attend training through the Social Worker Training Academy on the risk management process and completing the new form for IPO recipients. All elements of the form will be discussed. Please see the Training section below for more information.

Individualized Back-Up Plan and Risk Assessment Form (SOC 864)

Pilot

The California Department of Social Services (CDSS) developed the SOC 864 with input from counties and stakeholders. The form was piloted in five counties: San Diego, San Joaquin, Lassen, Mariposa and Tuolumne. Time study data, county averages and operational issues were compiled from all five counties and this information, as well as stakeholders' input, was utilized in finalizing the form.

Use of the Form

Effective March 1, 2011, all recipients in the IPO program shall be required to complete the new SOC 864. Counties are instructed to continue using the existing SOC 827 for all recipients in the IPO program through February 28, 2011. Counties shall continue using the SOC 827 for all recipients in the PCSP and IHSS-R programs.

Translation of the New Form

The SOC 864 will be available in the state threshold languages for the IPO population, English and Spanish, as required by section 7295.2 of the Government Code.

You will find the SOC 864 on the CDSS website at:

<http://www.cdss.ca.gov/cdssweb/PG168.htm#s>

Time Study Code

Counties are instructed to continue using the same IPW time-study code PC 1034 (PCSP/IPO-Case Management) for all IPO activities including completing the new SOC 864.

What to Expect in the Future

Training

CDSS and California State University, Sacramento (CSUS) are currently developing an IPO training curriculum to include utilizing a person-centered planning philosophy for assessments; the risk management process; and completing the SOC 864. The IPO training will begin as a pilot and is tentatively scheduled to commence in the spring of 2011. After the pilots and possible regional trainings, CSUS will offer this mandatory training in various counties throughout the State. More information will follow specifying the training details for each county. The IPO training will ultimately be incorporated into the IHSS Training Academy, *IHSS 101 Training*.

Regulations

CDSS is in the process of developing regulations for the IPO and an ACL regarding IPO regulations will be issued in the near future.

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CMIPS II

Legacy CMIPS currently does not have the capacity to generate the new SOC 864; however, the form will be generated and auto populated in CMIPS II.

If you have questions regarding any of this information, please call the Waiver and Policy Development Unit, at (916) 651-5350 or email to APBpolicy@dss.ca.gov.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

Attachment

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.

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**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
<p>B1. Living Arrangements</p> <p><input type="checkbox"/> Lives with others who may assist</p> <p><input type="checkbox"/> Lives alone, relatives/friends nearby who may assist</p> <p><input type="checkbox"/> Lives alone, no relatives/friends nearby</p>	
<p>B2. Evacuation/Environmental Factors</p> <p><input type="checkbox"/> Can evacuate independently</p> <p><input type="checkbox"/> Can evacuate, but only with supervision/verbal direction</p> <p><input type="checkbox"/> Needs physical assistance to evacuate home in an emergency</p> <p><input type="checkbox"/> Able to access food/water independently</p> <p><input type="checkbox"/> Aware of emergency or crisis numbers/contacts</p> <p><input type="checkbox"/> Able to control lights, heat, cooling or other utilities</p>	
<p>B3. Communication</p> <p><input type="checkbox"/> Communicates without difficulty</p> <p><input type="checkbox"/> Hearing impairment, communication limited</p> <p><input type="checkbox"/> Speech impairment, communication limited</p> <p><input type="checkbox"/> Can speak or hear with the use of assistive device(s) Assistive device(s): _____</p> <p><input type="checkbox"/> Able to place and receive calls independently</p> <p><input type="checkbox"/> Can use telephone only with assistive device(s) Assistive device(s): _____</p>	

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).

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**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: _____

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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:

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