

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



January 26, 2007

ALL-COUNTY LETTER NO.: 07-08

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: INDIVIDUAL EMERGENCY BACK-UP PLAN FORM

REASON FOR THIS TRANSMITTAL

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

This All-County Letter (ACL) introduces the new Individual Emergency Back-Up Plan form. Upon issuance of this ACL, county social services staff are mandated to complete the attached Individual Emergency Back-Up Plan form during the initial assessment and re-assessments of every In-Home Supportive Services (IHSS) Plus Waiver, Personal Care Services Program (PCSP) and IHSS-Residual (IHSS-R) participant to help ensure their health and welfare.

Background

Upon the enactment of Senate Bill (SB) 104, the California Department of Social Services (CDSS), in conjunction with the California Department of Health Services (DHS), submitted a Section 1115 Demonstration Waiver application to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). The IHSS Plus Waiver was approved by CMS on July 31, 2004, and now provides Medi-Cal covered services to eligible participants.

As a condition of receiving the Section 1115 Demonstration Waiver, CDSS is required to meet certain federal mandates defined in the IHSS Plus Waiver Special Terms and Conditions (STC). All Section 1115 Demonstration Waivers promote the enhancement of service options and service delivery methods, including Person-Centered Planning. As a component of Person-Centered Planning, federal mandates require that participants have and comprehend their own individual emergency back-up plan to be able to respond appropriately in the event their providers of services are not available and they experience a critical incident. As a result, CDSS developed the Individual Emergency Back-Up Plan form to be completed for every IHSS Plus Waiver participant.

In addition to the IHSS Plus Waiver STC, CDSS' Quality Assurance and Improvement Initiative enacted by SB 1104 (Chapter 229, Statutes of 2004) promotes the use of back-up plans to help participants access other community systems that respond to unusual and critical incidents, including incidents of abuse, neglect or exploitation. Accordingly, CDSS is requiring that the Individual Emergency Back-Up Plan form also be completed for every PCSP and IHSS-R participant.

Individual Emergency Back-Up Plan

County social services staff are to complete the attached Individual Emergency Back-Up Plan form during the initial assessment and re-assessments for all program participants. Once the Individual Emergency Back-Up Plan form is completed and signed by the participant, or his/her Authorized Representative when appropriate, and county social services staff, a copy will be retained in the participant's file in case of an emergency, leaving the original with the participant to be displayed in an appropriate place in the recipient's home.

The ACL and form are online and available in Adobe Acrobat PDF fill-in format for easy completion and printing. With the fill-in online form, counties may input information into the form prior to the visit, print two copies to be finalized and signed during the visit, and eliminate the need to make copies or have duplicate forms sent back to the participant after the visit. A county may attach additional, relevant information if desired.

Funding

Funding is available for county activities to complete this function beginning in the September 2006 quarter. County social services staff are instructed to capture the costs incurred for the completion of the form through the usual time study process for administrative costs for IHSS activities claimed to the following Time Study Codes: #1034 - IHSS – PCSP/WAIVER or 1042 - IHSS – NON-HR/PCSP/WAIVER.

Any questions regarding the Individual Emergency Back-Up Plan form should be directed to Desi Gonzales, Manager, IHSS Plus Waiver Unit, at (916) 229-4000.

Sincerely,

Original Document Signed By:

EVA L. LOPEZ
Deputy Director
Adult Programs Division

Attachment

c: CWDA

In-Home Supportive Services (IHSS) Program
INDIVIDUAL EMERGENCY BACK-UP PLAN

Participant Name: _____ Date: _____

Case #: _____ Declined to participate:

If your Care Provider does not arrive and you need assistance, call:

Family Member: _____

Friend: _____

Neighbor: _____

County Social Services Worker: _____

County IHSS Social Services Office: _____

Public Authority: _____

If you need to report abuse and/or neglect of elderly or disabled individuals, call:

Adult Protective Services: _____

Other important numbers:

Doctor's Office: _____

Medi-Cal Office: _____

Advocacy Group(s): _____

Police Department: _____

Fire Department: _____

Other: _____

If you have an emergency, call 911

Social services staff discussed the above information with the recipient and/or his/her Authorized Representative and all parties are aware of what to do in case of an emergency.

Signature of Participant: _____ Date: _____

Signature of: _____ Date: _____

Authorized Representative, if applicable

Signature of: _____ Date: _____

County Social Services Staff