

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



May 10, 1993

ALL-COUNTY LETTER NO. 93-30

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: PERSONAL CARE SERVICE PROGRAM  
IMPLEMENTATION

REFERENCE: ACIN I-66-92 AND ACL 93-21

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

AB 5 was signed into law by Governor Wilson and is effective April 1, 1993. This bill made three substantive changes to the Personal Care Services Program (PCSP):

- (a) It gives the Department of Health the authority to limit amount, scope and duration of PCSP to assure cost neutrality of the PCSP to the state; and
- (b) It eliminates protective supervision as a PCSP service;
- (c) It creates a sunset provision effective July 1, 1996 of PCSP as a Medi-Cal benefit.

On April 1, 1993, the Department of Finance provided the clearance letter which allowed CDSS to implement PCSP and to restore the 12% IHSS program reductions.

This ACL explains the changes in regulations and procedures since the statewide training. Copies of the CDSS and DHS regulations which were filed with the Secretary of State are attached. An automated CMIPS conversion occurred April 1, 1993. Except as described in this letter, the CMIPS conversion followed the process described in ACL 93-21.

TERMINOLOGY:

The Medi-Cal funded Personal Care Services Program is now called "PCSP." The "residual program" means the non-PCSP portion of the IHSS program.

PROTECTIVE SUPERVISION:

Contrary to previous instructions, protective supervision will not be a PCSP service. There are three changes as a result of the deletion of protective supervision from the PCSP:

- (a) Stand alone protective supervision: Clients who are authorized only "ancillary services" and protective supervision are ineligible for PCSP but continue to be eligible for the residual IHSS program. Ancillary services

continue to be defined as domestic, laundry, shopping and errands, meal preparation and cleanup, accompaniment to medical appointments and alternative resource sites, heavy cleaning, yard hazard abatement and snow removal. These cases were not converted to PCSP.

- (b) PCSP clients who also need protective supervision: Funding for services provided to clients who are authorized personal care services and protective supervision and are otherwise eligible for PCSP will be split. Personal care, paramedical services and ancillary services will be funded from PCSP funds. Protective supervision will be funded from the residual IHSS program.

The April 1, 1993 CMIPS conversion categorized the entire case to PCSP and all their service hours will be funded through PCSP at this time. This process was essential for prompt implementation of PCSP. A bookkeeping process will shift funding of the protective supervision portion of the hours paid to the residual IHSS program.

- (c) Maximum hours for protective supervision cases: As described below, nonseverely impaired recipients who need protective supervision are entitled to an increase above the 195 hours per month only if they have a documented unmet need in tasks other than protective supervision.

**STATUTORY MAXIMUM:**

The section entitled "MAXIMUM" in ACL 93-21 is no longer accurate as written. The following replaces that section:

The non-PCSP program continues to have separate maxima for severely and nonseverely impaired recipients. However, PCSP will only have a single maximum of 283 hours per month. Any nonseverely impaired PCSP recipient who is authorized 195 hours per month and who has any documented unmet need, other than protective supervision, is eligible for an increase in authorization by the amount of the unmet need up to 283 hours. The authority for this increase is Department of Health Services regulations Section 51183 which says in part that Personal Care Services include both personal care services and ancillary services. The county shall identify those recipients and increase their service authorization effective April 1, 1993. A CMIPS listing generated at conversion identifies documented unmet need cases.

Since the recipient whose hours are increased because of the single maximum in PCSP does not meet the statutory definition of severe impairment, he/she is not entitled to the option of advance payment. Special care must be given to assure that the hours of recipients whose authorization increases in excess of the nonseverely impaired maximum be reduced to 195 hours per month if, for some reason, he/she becomes ineligible for PCSP funding.

**CDSS REGULATIONS:**

Draft CDSS regulations transmitted in ACL 93-21 contained pertinent DHS regulation sections as handbook within CDSS regulations. Because of changes in wording of DHS regulations required by last minute legislative changes and the need to adopt emergency regulations immediately, CDSS deleted the handbook sections from its regulations which have been filed. CDSS intends to restore the pertinent sections as soon as administratively feasible to assist counties in administering the PCSP program.

**CONTACT PERSON:**

Any questions about this letter or PCSP implementation should be directed to Mr. Robert A. Barton at (916) 657-2143.



FRED MILLER  
Deputy Director  
Adult Services Division

Attachments (CDSS and DHS regs)

## NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 2-91)

AGENCY State Department of Social Services				AGENCY FILE NUMBER (# any) RDB #0293-03
OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER	PREVIOUS REGULATORY ACTION NUMBER
For use by Office of Administrative Law (OAL) only				
NOTICE			REGULATIONS	

RECEIVED  
OFFICE OF ADMINISTRATIVE LAW  
MAY 5 1993  
4:45 PM  
STATE OF CALIFORNIA

## A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. TOPIC OF NOTICE Personal Care Program (PCP)	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON		TELEPHONE NUMBER
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER		PUBLICATION DATE

## B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)	
TITLE(S) MPP	ADOPT 30-756 and 30-780
SECTIONS AFFECTED	AMEND 30-700, 30-753, 30-755, 30-757, 30-758, 30-759, 30-761, 30-763, 30-765, 30-766, 30-768, 30-769
	REPEAL

## 2. TYPE OF FILING

Regular Rulemaking (Gov. Code, § 11346)

Resubmittal

Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)

Emergency (Gov. Code, § 11346.1(b))

Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.4 - 11346.8 prior to, or within 120 days of, the effective date of the regulations listed above.  
Exempt from OAL review pursuant to Section 8, AB 1773,

Print Only

Other (specify) Chapter 939, Statutes of 1992, and AB 5, Chapter 7, Statutes of 1993.

3. DATE(S) OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs., title 1, §§ 44 and 45) of 1993.

N/A

4. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code § 11346.2)

Effective 30th day after filing with Secretary of State

Effective on filing with Secretary of State

Effective other (Specify)

5. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

Department of Finance (Form STD. 399)

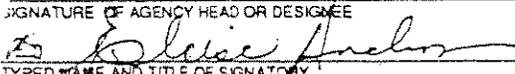
Fair Political Practices Commission

State Fire Marshal

Other (Specify)

6. CONTACT PERSON Jim Rhoads, Assistant Chief, Regulations Development Bureau	TELEPHONE NUMBER 657-2586
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7. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 4/1/93
TYPED NAME AND TITLE OF SIGNATORY ELOISE ANDERSON, Director	

Amend Section 30-753 to read:

30-753 SPECIAL DEFINITIONS

30-753

(a) (1) (Continued)

(2) Administrative activities for PCSP are those activities necessary for the proper and efficient administration of the county PCSP. In addition to all activities listed in Section 30-753(a)(1) as administrative activities for IHSS except Section 30-753(a)(1)(G), the following activities are considered administrative in nature, subject to PCSP funding:

(A) Nursing supervision;

(B) Clerical staff directly supporting nursing supervision of PCSP cases;

(C) Physician certification of medical necessity when such certification is completed by a licensed health care professional who is a county employee;

(D) Provider enrollment certification.

(23) (Continued)

(b) (Continued)

(c) (1) County Plan means the annual plan submitted to the State Department of Social Services specifying ~~the method of IHSS delivery to meet program objectives/ conditions/ and fiscal limitations~~ how the county will provide IHSS and PCSP.

(d) (1) (Continued)

(2) Designated county department means the department designated by the county board of supervisors to administer the IHSS program.

(23) (Continued)

(e) through (k) (Continued)

(l) (1) (Continued)

(2) Licensed Health Care Professional means a person who is a physician/ ~~chiropractor/ podiatrist or dentist~~ as defined and authorized to practice in this state in accordance with the California Business and Professions Code. (Continued)

Amend Section 30-700 to read:

30-700 PROGRAM DEFINITION (Continued)

30-700

- .2 The Personal Care Services Program (PCSP) provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institutions Code Section 14132.95 and Title 22, California Code of Regulations, Division 3 and is subject to all other provisions of Medi-Cal statutes and regulations. The program is operated pursuant to Division 30.
- .3 Individuals who qualify for both IHSS and PCSP funding shall be funded by PCSP.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Section 14132.95, Welfare and Institutions Code.

(m) Minor means any person under the age of eighteen who is not emancipated by marriage or other legal action.

(n) through (r) (Continued)

(s) (1) Severely Impaired Individual means a recipient with a total assessed need, as specified in Section 30-763.265, for 20 hours or more per week of service in one or more of the following areas:

(A) Any ~~nonmedical~~ personal care service listed in Section 30-757.14.  
(Continued)

(4) Spouse means a member of a married couple or a person considered to be a member of a married couple for SSI/SSP purposes. For purposes of Section 30-756.11 for determining PCSP eligibility, spouse means legally married under the laws of the state of the couple's permanent home at the time they lived together. (Continued)

(7) State-mandated program cost means those county costs incurred for the provision of IHSS to recipients, as specified in Section 30-757/1 ~~et seq.~~, in compliance with a state approved county plan. Costs caused by factors beyond county control such as caseload growth and increased hours of service based on individually assessed need, shall also be considered state-mandated. (Continued)

Authority cited: Sections 10553, 10554, and 12301.1, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Sections 10554, 12300(c), 12301, 12304, 12306, 12308, ~~and~~ 13302, 14132.95, 14132.95(e), and 14132.95(f), Welfare and Institutions Code.

Amend Section 30-755 title to read:

30-755 PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM

30-755

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Section 14132.95, Welfare and Institutions Code.

- (i) Repositioning;
- (j) Eating;
- (k) Respiration;
- (l) Memory;
- (m) Orientation; and
- (n) Judgment.

.3 Staff of the designated county department shall use the following criteria to support the determination of functional impairment:

- .31 The recipient's diagnosis may provide information to substantiate demonstrated functional impairments, but the recipient's functioning is an evaluation of the recipient's capacity to perform self-care and daily chores.
- .32 Need may be distinct from current practice. The assessment of need shall identify the recipient's capacity to perform functions safely. The assessment of need shall identify the recipient's capacity rather than level of dependence.
- .33 The recipient's needs shall be assessed within his/her environment, considering the mechanical aids or durable medical appliances the recipient uses.
- .34 The scales are hierarchical. The higher the score, the more dependent the recipient is upon another person to perform IHSS services activities.
- .35 Most functions are evaluated on a five-point scale. However, the functions of memory, orientation and judgment contain only three ranks. The function of respiration contains only ranks 1 and 5. These inconsistencies in the ranking patterns exist because differing functional ability in these areas does not result in significantly different need for human assistance.
- .36 The order in which the physical functions are listed in Sections 30-756.2(a) through (k) is hierarchical.

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HANDBOOK BEGINS HERE

- .361 In 95 percent of any impaired population, people tend to lose functioning in the inverse order of normal infant development. Therefore, it would be unlikely for a recipient to score higher ranks in the functions listed at the bottom of the list than those at the top. This listing should assist in the assessment process.

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HANDBOOK ENDS HERE

Adopt new Section 30-756 to read:

30-756 NEED

30-756

- .1 Staff of the designated county department shall determine the recipient's level of ability and dependence upon verbal or physical assistance by another for each of the functions listed in Section 30-756.2. This assessment shall evaluate the effect of the recipient's physical, cognitive and emotional impairment on functioning. Staff shall quantify the recipient's level of functioning using the following hierarchical five-point scale:
- .11 Rank 1: Independent: able to perform function without human assistance, although the recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his or her safety. A recipient who ranks a "1" in any function shall not be authorized the correlated service activity.
- .12 Rank 2: Able to perform a function, but needs verbal assistance, such as reminding, guidance, or encouragement.
- .13 Rank 3: Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.
- .14 Rank 4: Can perform a function but only with substantial human assistance.
- .15 Rank 5: Cannot perform the function, with or without human assistance.
- .2 Staff of the designated county department shall rank the recipient's functioning in each of the following functions.
- (a) Housework;
- (b) Laundry;
- (c) Shopping and errands;
- (d) Meal preparation and cleanup;
- (e) Mobility inside;
- (f) Bathing and grooming;
- (g) Dressing;
- (h) Bowel, bladder and menstrual;

Amend Section 30-757 to read:

30-757 PROGRAM CONTENT

30-757

.1 Only those services specified below shall be authorized through IHSS. A person who is eligible for a personal care service provided pursuant to the PCSP shall not be eligible for that personal care service through IHSS. A service provided by IHSS shall be equal to the level of the same service provided by PCSP. (Continued)

.14 ~~Nonmedical~~ Personal care services, limited to: (Continued)

(c) Consumption of food and assurance of adequate fluid intake consisting of feeding or related assistance to recipients who cannot feed themselves or who require assistance with special devices in order to feed themselves or to drink adequate liquids.  
(Continued)

(g) Rubbing of skin to promote circulation, turning in bed and other types of repositioning, assistance on and off seats and wheelchairs, or into and out of vehicles/, and range of motion exercises which shall be limited to the following:

(1) General supervision of exercises which have been taught to the recipient by a licensed therapist or other health care professional to restore mobility restricted because of injury, disuse or disease.

(2) Maintenance therapy when the specialized knowledge and judgment of a qualified therapist is not required and the exercises are consistent with the patient's capacity and tolerance.

(A) Such exercises shall include the carrying out of maintenance programs, i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain range of motion in paralyzed extremities; and assistive walking.

(h) (Continued)

(i) Care of and assistance with prosthetic devices and assistance with self-administration of medications.

(1) Assistance with self-administration of medications consists of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken and setting up Medi-sets. (Continued)

.37 Mental functioning shall be evaluated as follows:

.371 The extent to which the recipient's cognitive and emotional impairment (if any) impacts his/her functioning in the 11 physical functions listed in Sections 30-756.2(a) through (k) is ranked in each of those functions. The level and type of human intervention needed shall be reflected in the rank for each function.

.372 The recipient's mental function shall be evaluated on a three-point scale (Ranks 1, 2, and 5) in the functions of memory, orientation and judgment. This scale is used to determine the need for protective supervision.

.4 Notwithstanding Section 30-756.11, staff shall rank a recipient the rank of "1" if the recipient's needs for a particular function are met entirely with paramedical services as described in Section 30-757.19 in lieu of the correlated task.

.41 If all of the recipient's ingestion of nutrients occurs with tube feeding, the recipient shall be ranked "1" in both meal preparation and eating because tube feeding is a paramedical service.

.42 If all the recipient's needs for human assistance in respiration are met with the paramedical services of tracheostomy care and suctioning, the recipient should be ranked a "1" because this care is paramedical service rather than respiration.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Section 12309, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code.

.19 Paramedical services, under the following conditions:

.191 The services shall have the following characteristics:  
(Continued)

(c) are activities which include the administration of medications, puncturing the skin, or inserting a medical device into a body orifice, activities requiring sterile procedures, or other activities requiring judgment based on training given by a licensed health care professional.  
(Continued)

.197 *The authority of the licensed health care professional to order paramedical services and to indicate the time required to perform such services shall not be construed to grant authority to order or to assess the need for other services as specified in III through IIB above!*

.1987 (Continued)

.1998 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Peremptory Writ of Mandate, Disabled Rights Union v. Woods, Superior Court, Los Angeles County, Case #C 380047/i and Sections 12300, 12300(c)(7), 12300(f), 12300(g), and 12300.1, Welfare and Institutions Code.

Amend Section 30-758.21 to read:

30-758 TIME PER TASK AND FREQUENCY GUIDELINES (Continued)

30-758

.2 Counties shall have the authority to develop and use time per task and frequency guidelines for other services, except:

.21 ~~nonmedical~~ personal care services, Section 30-757.14. (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Peremptory Writ of Mandate, Disabled Rights Union v. Woods, Superior Court, Los Angeles County, Case #C 380047; and Section 12300, Welfare and Institutions Code.

Amend Sections 30-761.11, .13, .23, and .3 to read:

30-761 NEEDS ASSESSMENT STANDARDS

30-761

- .1 Services shall be authorized only in cases which meet the following condition:
  - .11 The recipient is eligible as specified in Sections 30-755 or 30-780, except that services may be authorized on an interim basis as provided in Section 30-759.3. (Continued)
  - .13 Social services staff of the designated county department ~~social services staff~~ has had a face-to-face contact with the recipient in the recipient's home at least once within the past 12 months, and has determined that ~~he/she~~ the recipient would not be able to remain safely in his/her own home without IHSS. If the face-to-face contact is due but the recipient is absent from the state but still eligible to receive IHSS pursuant to the requirements stated in Section 30-770.4, Residency, the face-to-face requirement is suspended until such time as the recipient returns to the state. (Continued)
- .2 Needs Assessments (Continued)
  - .23 The designated county ~~welfare~~ department shall not delegate the responsibility to do needs assessments to any other agency or organization. (Continued)
- .3 IHSS staff shall be staff of a designated county department.
  - .31 Classification of IHSS assessment workers shall be at the discretion of the county.
  - .32 IHSS assessment workers shall be trained in the uniformity assessment system.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 14132.95, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code.

Amend Sections 30-759.3, .4, and .7 to read:

30-759 APPLICATION PROCESS (Continued)

30-759

- .3 Pending final determination, a person may be considered blind or disabled for purposes of non-PCSP IHSS eligibility under the following conditions:  
(Continued)
- .4 In-Home Supportive Services payment shall be made for authorizable services, as specified in Section 30-761.28, received on or after the date of application or of the request for services as provided in Section 30-009.224, if either the recipient or the provider does not qualify for PCSP. If the ineligible recipient/provider becomes eligible for payment under PCSP, payment shall be made from PCSP as soon as administratively feasible in lieu of IHSS. (Continued)
- .7 A written notice of action containing information on the disposition of the request for service shall be sent to the applicant in accordance with MPP Sections 10-116 and 30-763.88.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Section 14132.95, Welfare and Institutions Code.

Amend Section 30-763 to read:

30-763 NEEDS ASSESSMENT PROCESS SERVICE AUTHORIZATION

30-763

.1 The needs assessment process consists of four steps:

.11 determination of the total need for IHSS services/

.12 identification of available alternative resources/

.13 determination of services which shall be purchased by IHSS/ and

.14 notification of recipient/

.2 Determination of the total need for IHSS services/

.21 Services staff shall review the list of services available through IHSS/ as specified in Section 30-757 and as modified by the county plan specified in Section 30-766/1/ and shall eliminate from consideration as needs those services which the recipient can perform/ consistent with Section 30-761/14/ and those other services which are clearly not needed or are inappropriate/ determine the need for only those tasks in which the recipient has functional impairments. In the functions specified in Section 30-756.2, a functional impairment shall be a rank of at least 2.

.211 (Continued)

(a) .111 (Continued)

(b) .112 (Continued)

(c) .113 (Continued)

(d) .114 (Continued)

.212 Applicant/recipient failure to cooperate as required in 1/11(a) and (b) above Section 30-763.11 shall result in denial or termination of IHSS services.

.22 Using the needs assessment form, services staff shall calculate the number of hours per week needed for each of the services not eliminated determined to be needed by the procedure described in Section 30-763.21 above.

.23 Shared Living Arrangements: The following steps apply to assessing need for clients who live with another person(s). With certain exceptions specified in Section 30-763.24 below, the need for IHSS shall be determined in the following manner.

.231 (Continued)

(a) .311 (Continued)

(b) .312 (Continued)

(c) .313 (Continued)

(d) .314 (Continued)

.232 (Continued)

(a) .321 (Continued)

(b) .322 (Continued)

.233 (Continued)

(a) .331 (Continued)

(b) .332 (Continued)

.234 (Continued)

.235 Other IHSS Services:

(a) .351 The recipient's need for transportation services, paramedical services and ~~nonmedical~~ personal care services shall be assessed based on the recipient's individual need.

(b) .352 (Continued)

(1a) (Continued)

(2b) (Continued)

(3c) (Continued)

.24 (Continued)

.241 (Continued)

(a) .441 (Continued)

(b) .442 (Continued)

(c) .443 (Continued)

(1a) (Continued)

(2b) (Continued)

- (Zc) (Continued)
- (Zd) (Continued)
- (Ze) (Continued)
- (dY) .444 (Continued)
  - (Za) (Continued)
  - (Zb) (Continued)
  - (Zc) (Continued)
- (eY) .445 (Continued)
  - (Za) ~~Non~~medical personal care services
  - (Zb) (Continued)
- (fY) .446 In addition to those services listed in (eY) ~~above~~ Section 30-763.445, a spouse may be paid to provide the following services when he/she leaves full-time employment or wishes to seek employment but is prevented from doing so because no other suitable provider is available:
  - (Za) (Continued)
  - (Zb) (Continued)
- .242 (Continued)
- (aY) .421 (Continued)
- (b) .422 (Continued)
- .243 (Continued)
- .244 (Continued)
- (aY) .441 (Continued)
- (bY) .442 (Continued)
- (cY) .443 (Continued)
- (dY) .444 (Continued)
- .245 (Continued)

~~12~~Y .451 (Continued)

(1a) (Continued)

(2b) (Continued)

(3c) (Continued)

~~10~~Y .452 For the purposes of ~~12~~Y ~~above~~ Section 30-763.451(b), a suitable provider is any person, other than the recipient's parent(s), who is willing, available, and qualified to provide the needed IHSS.

~~12~~Y .453 (Continued)

(1a) The conditions specified in ~~12~~Y ~~through 13~~ ~~above~~ Sections 30-763.451(a) through (c) shall be met.

(2b) The nonprovider parent shall be unable to provide the services because he/she is absent because of employment or in order to secure education as specified in ~~1244~~ ~~12~~Y ~~above~~ Section 30-763.441, or is physically or mentally unable to provide the services, as specified in ~~1244~~ ~~10~~Y ~~above~~ Section 30-763.442.

(3c) (Continued)

~~12~~Y .454 (Continued)

(1a) (Continued)

(2b) ~~Nonmedical~~ Personal care services, as specified in Section 30-757.14.

(3c) (Continued)

(4d) (Continued)

(5e) (Continued)

.246 (Continued)

~~12~~Y .461 (Continued)

~~10~~Y .462 (Continued)

.247 (Continued)

~~12~~Y .471 Domestic and heavy cleaning services shall not be provided in areas used solely by the provider. The need for related services may be prorated between the provider and the recipient, if the provider and the recipient agree. All other services shall be assessed based on the recipient's individual need, except as provided in Sections 30-763.233 and .234 ~~above~~.

- ~~123~~ Having determined the services needed and the total number of hours required to perform these services social service staff shall determine the amount of the various services which the recipient can provide in partial satisfaction of his/her need/ consistent with Section 30-763.123/
- ~~.285~~ Having estimated the need according to Sections 30-763.21 and .22 above, and after making the adjustments identified in ~~123/ 124/ and 125 above~~ Sections 30-763.3 and .4 as appropriate, the remaining list of services and hours per service is the total need for IHSS services.
- ~~.76~~ (Continued)
- ~~.761~~ (Continued)
- ~~.7611~~ Social services staff shall arrange for the delivery of such alternative resources as necessary in lieu of IHSS program-funded services when they are available and result in no cost to the IHSS program or the recipient except as provided in ~~Subsection 123(b) below~~ Section 30-763.613.
- ~~.7612~~ The IHSS program shall not deliver services which have been made available to the recipient through such alternative resources, except as provided in ~~123 below~~ Section 30-763.613.
- ~~.7613~~ (Continued)
- ~~.762~~ (Continued)
- ~~.7621~~ Social services staff shall obtain from the recipient a signed statement authorizing discussion of the case with any persons specified in ~~122~~ Section 30-763.62.
- ~~.7622~~ (Continued)
- ~~.763~~ (Continued)
- ~~.47~~ (Continued)
- ~~.471~~ (Continued)
- ~~.472~~ (Continued)
- ~~.58~~ (Continued)
- ~~.581~~ (Continued)
- ~~.5811~~ (Continued)
- ~~.5812~~ (Continued)
- ~~.5813~~ (Continued)

.§9 (Continued)

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.§91 (Continued)

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.§92 (Continued)

.§921 (Continued)

.§922 (Continued)

.§93 (Continued)

.§931 (Continued)

.§932 (Continued)

.§94 (Continued)

.§941 (Continued)

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.§942 (Continued)

.§943 For those recipients with an Individual Provider, the listing in Section 30-763.§941 above will be generated through use of a special reason code indicating increased hours due to the Miller vs. Woods court decision.

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Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Sections 12300, 12309, and 14132.95, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code.

Amend Sections 30-765.1 and .2 to read:

30-765 COST LIMITATIONS

30-765

- .1 The following limitations shall apply to all payments made for in-home supportive services:
- .11 The maximum services authorized per month except as provided in Section 30-765.3, under IHSS to any recipient determined to be severely impaired, as defined in Section 30-753 ~~(e)~~(s)(1) shall be that specified in Welfare and Institutions Code Section 12303.4(b) or as otherwise provided by law. (Continued)
  - .12 The maximum services authorized per month except as provided in Section 30-765.3, under ~~IHSS~~ non-PCSP to any recipient determined not to be severely impaired shall be that specified in Welfare and Institutions Code Section 12303.4(a) or as otherwise provided by law. (Continued)
  - .13 The statutory maximum service hours per month shall be inclusive of any payment by IHSS for a restaurant meal allowance established in accordance with the Welfare and Institutions Code Section 12303.7. (Continued)
  - .14 The county shall not make monthly payments of IHSS monies to recipients in excess of the computed maximums in Sections 30-765.11, .12 and .13. The sum of the IHSS monthly payment and the recipient's share of cost, if any, shall not exceed the appropriate maximum.
- .2 The statewide wage rate for individual providers shall be determined by the Department. Effective July 8, 1988, the statewide wage rate is \$4.25.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Section 14132.95, Welfare and Institutions Code.

Amend Section 30-766 to read:

30-766 ~~PROGRAM CONTROLS~~ COUNTY PLANS

30-766

.1 (Continued)

- .11 The plan shall be submitted to §CDSS and shall be based upon relevant information, as specified in Welfare and Institutions Code Sections 12301 and 14132.95, including, but not limited to the information specified below:
- .111 Projected caseload, hours paid, and costs per month/quarter by mode/;
  - .112 Modes of IHSS and PCSP service delivery the county intends to use;
  - .113 Estimated program costs for both the IHSS and PCSP programs;
  - .114 Methods the county will utilize to control non-PCSP program costs to comply with required fiscal limitations; and
  - .115 Program design intended to meet PCSP requirements.

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*//112 Section 12301 of the Welfare and Institutions Code states/*

*The county shall also report which methods of outreach are being utilized by the county regarding the availability of services under this article/*

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.12 (Continued)

- .13 §CDSS shall review each county plan for compliance with Welfare and Institutions Code Sections 12300, et seq. and 14132.95, ~~departmental~~ regulations of CDSS and DHS, and when appropriate, issue departmental approval. (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; Chapter 939, Statutes of 1992.

Reference: Sections 10102, 12301, 12302, 12306, 12308, 13002, and 14132.95, Welfare and Institutions Code/; and Chapter 93, Statutes of 1989 (Budget Act of 1989).

Amend Section 30-769 to read:

30-769 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)

30-769

.3 The County Has The Sole Responsibility For Determining And Investigating  
Fraud And Forgery for Non-PCSP (Continued)

.4 PCSP Fraud or Forgery

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.41 (Reserved)

.42 If PCSP fraud or forgery occurs, DHS will follow the procedures cited  
in DHS regulation Section 50793.

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Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and  
Chapter 939, Statutes of 1992.

Reference: Section 14132.95, Welfare and Institutions Code.

Amend Section 30-768 to read:

30-768 OVERPAYMENTS/UNDERPAYMENTS

30-768

- .1 Definition of Overpayment for Non-PCSP Payments (Continued)
- .2 Amount of Overpayment for Non-PCSP Payments (Continued)
- .3 Recovery of Overpayments for Non-PCSP Payments (Continued)
- .4 Definition of Underpayment for Non-PCSP Payments (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Section 14132.95, Welfare and Institutions Code.

Adopt new Section 30-780 to read:

30-780 PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY

30-780

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.1 (Reserved)

.2 (Reserved)

.3 (Reserved)

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HANDBOOK ENDS HERE

.4 Eligibility for PCSP shall be limited to those IHSS recipients who do not receive IHSS advance payment as specified in Section 30-769.731.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Section 14132.95, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code.

Amend Section 50101 by adding subsection (8) to read:

50101. County Department Responsibilities.

(8) Determine eligibility, assess need, and authorize personal care program services for eligible beneficiaries, as needed.

NOTE: Authority cited: Section 14132.95, Welfare and Institutions Code; Section 8, Chapter 939, Statutes of 1992; Section 3, Chapter 7, Statutes of 1993. Reference: Section 14132.95, Welfare and Institutions Code; Section 1396d(a)(7) of Title 42, of the United States Code; Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code; Section 440.170(f) of Title 42 of the Code of Federal Regulations.

Adopt Section 51003.1 to read:

51003.1. Prior Authorization of Personal Care Benefits.

(a) "Prior Authorization", "reauthorization," or "approval" of a beneficiary of Medi-Cal personal care benefits means authorization granted by the staff of the designated county department.

NOTE: Authority cited: Section 14132.95, Welfare and Institutions Code; Section 8, Chapter 939, Statutes of 1992; Section 3, Chapter 7, Statutes of 1993. Reference: Section 14132.95, Welfare and Institutions Code; Section 1396d(a)(7) of Title 42, of the United States Code; Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code; Section 440.170(f) of Title 42 of the Code of Federal Regulations.

3. Amend Section 51011 to read:

51011. Identification of Beneficiary.

(a) All out-of-hospital and inpatient services may be provided subject to the limitations specified in the scope of benefits, and subject to the Medical Assistance classification of the beneficiary upon presentation by a beneficiary of a valid medical care eligibility card issued by a local welfare department, except where these regulations specify that prior authorization for a specific service is required, and evidence of such authorization is presented or furnished, such card shall be deemed adequate authorization to provide services up to the expiration date specified on the card. Limitations to personal care services are specified in Section 51350.

NOTE: Authority cited: Section 14132.95, Welfare and Institutions Code; Section 8, Chapter 939, Statutes of 1992; Section 3, Chapter 7, Statutes of 1993. Reference: Section 14132.95, Welfare and Institutions Code; Section 1396d(a)(7) of Title 42, of the United States Code; Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code; Section 440.170(f) of Title 42 of the Code of Federal Regulations.

4. Adopt Section 51015.2 to read:

51015.2. Providers of Personal Care Services Grievance and Complaints.

Notwithstanding Section 51015, when a provider of personal care services has a grievance or complaint concerning the processing or payment of money for services rendered, the following procedures must be met:

(a)The provider shall initiate an appeal, by submitting a grievance or complaint in writing, within 90 days of the action precipitating the grievance or complaint, to the designated county department identifying the claims involved and specifically describing the disputed action or inaction regarding such claims.

(b)The designated county department shall acknowledge the written grievance or complaint within 15 days of its receipt.

(c)The designated county department shall review the merits of the grievance or complaint and send a written decision of its conclusion and reasons to the provider within 30 days of the acknowledgement of the receipt of the grievance or complaint.

(d)After following this procedure, a provider who is not satisfied with the decision by the designated county department may seek appropriate judicial remedies in compliance with Section 14104.5 of the Welfare and Institutions Code, no later than one year after receiving notice of the decision.

NOTE: Authority cited: Section 14132.95, Welfare and Institutions Code; Section 8, Chapter 939, Statutes of 1992; Section 3, Chapter 7, Statutes of 1993. Reference: Section 14132.95, Welfare and Institutions Code; Section 1396d(a)(7) of Title 42, of the United States Code; Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code; Section 440.170(f) of Title 42 of the Code of Federal Regulations.

5. Amend Section 51051(b), Providers of Services are:

Add Alphabetically

Personal Care Service Providers

NOTE: Authority cited: Section 14132.95, Welfare and Institutions Code; Section 8, Chapter 939, Statutes of 1992; Section 3, Chapter 7, Statutes of 1993. Reference: Section 14132.95, Welfare and Institutions Code; Section 1396d(a)(7) of Title 42, of the United States Code; Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code; Section 440.170(f) of Title 42 of the Code of Federal Regulations.

6. Adopt Section 51145.1 to read:

51145.1. "Home" Defined for the Personal Care Services Program.

For purposes of Section 51350(b), "home" means that place in which the beneficiary chooses to reside. A person receiving an SSI/SSP payment for a nonmedical out-of-home living arrangement is not considered to be living in his/her "home". The beneficiary's "home" does not include a board and care facility, a facility licensed by the California State Department of Health Services nor a community care facility or a residential care facility licensed by the California State Department of Social Services.

NOTE: Authority cited: Section 14132.95, Welfare and Institutions Code; Section 8, Chapter 939, Statutes of 1992; Section 3, Chapter 7, Statutes of 1993. Reference: Section 14132.95, Welfare and Institutions Code; Section 1396d(a)(7) of Title 42, of the United States Code; Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code; Section 440.170(f) of Title 42 of the Code of Federal Regulations.

7. Adopt Section 51181 to read:

51181. Personal Care Services Provider.

A personal care services provider is that individual, county employee, or county contracted agency authorized by the Department of Health Services to provide personal care services to eligible beneficiaries. An individual provider shall not be a family member, which for purposes of this section means the parent of a minor child or a spouse.

NOTE: Authority cited: Section 14132.95, Welfare and Institutions Code; Section 8, Chapter 939, Statutes of 1992; Section 3, Chapter 7, Statutes of 1993. Reference: Section 14132.95, Welfare and Institutions Code; Section 1396d(a)(7) of Title 42, of the United States Code; Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code; Section 440.170(f) of Title 42 of the Code of Federal Regulations.

8. Adopt Section 51182 to read:

51182. Personal Representative.

For purposes of Sections 51204 and 51350, "personal representative" means the duly appointed guardian or conservator of the individual or a person representing the individual provided that it can be established with reasonable certainty through forms, documents or correspondence that such person is authorized to represent the individual.

NOTE: Authority cited: Section 14132.95, Welfare and Institutions Code; Section 8, Chapter 939, Statutes of 1992; Section 3, Chapter 7, Statutes of 1993. Reference: Section 14132.95, Welfare and Institutions Code; Section 1396d(a)(7) of Title 42, of the United States Code; Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code; Section 440.170(f) of Title 42 of the Code of Federal Regulations.

9. Adopt Section 51183 to read:

51183. Personal Care Services.

Personal care services include (a) personal care services and (b) ancillary services prescribed in accordance with a plan of treatment.

(a) Personal care services include:

(1) Assisting with ambulation, including walking or moving around (i.e. wheelchair) inside the home, changing locations in a room, moving from room to room to gain access for the purpose of engaging in other activities. Ambulation does not include movement solely for the purpose of exercise.

(2) Bathing and grooming including cleaning the body using a tub, shower or sponge bath, including getting a basin of water, managing faucets, getting in and out of tub, or shower, reaching head and body parts for soaping, rinsing, and drying. Grooming includes hair combing and brushing, shampooing, oral hygiene, shaving and fingernail and toenail care.

(3) Dressing includes putting on and taking off, fastening and unfastening garments and undergarments, and special devices such as back or leg braces, corsets, elastic stockings/garments and artificial limbs or splints.

(4) Bowel, bladder and menstrual care including assisting the person on and off toilet or commode and emptying commode, managing clothing and wiping and cleaning body after toileting, assistance with using and emptying bedpans, ostomy and/or catheter receptacles and urinals, application of diapers and disposable barrier pads.

(5) Repositioning, transfer skin care, and range of motion exercises.

(A) Includes moving from one sitting or lying position to another sitting or lying position; e.g., from bed to or from a wheelchair, chair, sofa, and the like, coming to a standing position and/or rubbing skin and repositioning to promote circulation and prevent skin breakdown. However, if decubiti have developed, the need for skin and

wound care is a paramedical service.

(B)Such exercises shall include the carrying out of maintenance programs, i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain range of motion in paralyzed extremities; and assistive walking.

(6)Feeding, hydration assistance including reaching for, picking up, grasping utensil and cup; getting food on utensil, bringing food, utensil, cup to mouth, manipulating food on plate. Cleaning face and hands as necessary following meal.

(7)Assistance with self administration of medications. Assistance with self-administration of medications consists of reminding the beneficiary to take prescribed and/or over-the-counter medications when they are to be taken and setting up Medi-sets.

(8)Respiration limited to nonmedical services such as assistance with self-administration of oxygen, assistance in the use of a nebulizer, and cleaning oxygen equipment.

(9)Paramedical services are defined in Welfare and Institutions Code Section 12300.1 as follows:

(A)Paramedical services include the administration of medications, puncturing the skin or inserting a medical device into a body orifice, activities requiring sterile procedures, or other activities requiring judgment based on training given by a licensed health care professional.

(B)Paramedical services are activities which persons could perform for themselves but for their functional limitations.

(C)Paramedical services are activities which, due to the beneficiary's physical or mental condition, are necessary to maintain the beneficiary's health.

(b)Ancillary services are subject to time per task guidelines when established in

Sections 30-758 and 30-763.235(b) and 30-763.24 of the Department of Social Services' Manual of Policies and Procedures and are limited to the following:

(1) Domestic services are limited to the following:

(A) Sweeping, vacuuming, washing and waxing of floor surfaces.

(B) Washing kitchen counters and sinks.

(C) Storing food and supplies.

(D) Taking out the garbage.

(E) Dusting and picking up.

(F) Cleaning oven and stove.

(G) Cleaning and defrosting refrigerator.

(H) Bringing in fuel for heating or cooking purposes from a fuel bin in the yard.

(I) Changing bed linen.

(J) Miscellaneous domestic services (e.g., changing light bulbs and wheelchair cleaning, and changing and recharging wheelchair batteries) when the service is identified and documented by the case worker as necessary for the beneficiary to remain safely in his/her home.

(2) Laundry services include washing and drying laundry, and is limited to sorting, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry if dryer is not routinely used, mending, or ironing, folding, and storing clothing on shelves, in closets or in drawers.

(3) Reasonable food shopping and errands limited to the nearest available stores or other facilities consistent with the beneficiary's economy and needs; compiling a list, bending, reaching, and lifting, managing cart or basket, identifying items needed, putting items away, phoning in and picking up prescriptions, and buying clothing.

(4) Meal preparation and cleanup including planning menus; e.g., washing, peeling

and slicing vegetables; opening packages, cans and bags, mixing ingredients; lifting pots and pans; reheating food, cooking, and safely operating stove, setting the table and serving the meals; cutting the food into bite-size pieces; washing and drying dishes, and putting them away.

(5) Assistance by the provider is available for accompaniment when the beneficiary's presence is required at the destination and such assistance is necessary to accomplish the travel limited to:

(A) Accompaniment to and from appointments with physicians, dentists and other health practitioners. This accompaniment shall be authorized only after staff of the designated county department has determined that no other Medi-Cal service will provide transportation in the specific case.

(B) Accompaniment to the site where alternative resources provide in-home supportive services to the beneficiary in lieu of IHSS. This accompaniment shall be authorized only after staff of the designated county department have determined that neither accompaniment nor transportation is available by the program.

(6) Heavy Cleaning which involves thorough cleaning of the home to remove hazardous debris or dirt.

(7) Yard hazard abatement which is light work in the yard which may be authorized for:

(A) removal of high grass or weeds and rubbish when this constitutes a fire hazard

(B) removal of ice, snow or other hazardous substances from entrances and essential walkways when access to the home is hazardous.

(c) Ancillary services may not be provided separately from personal care services

listed in section (a) above.

NOTE: Authority cited: Section 14132.95, Welfare and Institutions Code; Section 8, Chapter 939, Statutes of 1992; Section 3, Chapter 7, Statutes of 1993. Reference: Section 14132.95, Welfare and Institutions Code; Section 1396d(a)(7) of Title 42, of the United States Code; Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code; Section 440.170(f) of Title 42 of the Code of Federal Regulations.

10. Adopt Section 51204 to read:

51204. Personal Care Services Provider.

All providers of personal care program services must be approved by Department of Health Services and shall sign the "Personal Care Program Provider/Enrollment Agreement" form [SOC 426(1/93)] designated by the Department agreeing to comply with all applicable laws and regulations governing Medi-Cal and the providing of personal care service. Beneficiaries shall be given a choice of service provider.

(a) Individual providers will be selected by the beneficiary, by the personal representative of the beneficiary, or in the case of a minor, the legal parent or guardian. The beneficiary or the beneficiary's personal representative, or in the case of a minor, the legal parent or guardian shall certify on the provider enrollment document that the provider, in the opinion of the beneficiary, is qualified to provide personal care so long as the person signing is not the provider.

(b) Contract agency personal care providers shall be selected in accordance with Welfare and Institutions Code section 12302.1. The contract agency shall certify to the designated county department that the workers it employs are qualified to provide the personal care services authorized.

NOTE: Authority cited: Section 14132.95, Welfare and Institutions Code; Section 8, Chapter 939, Statutes of 1992; Section 3, Chapter 7, Statutes of 1993. Reference: Section 14132.95, Welfare and Institutions Code; Section 1396d(a)(7) of Title 42, of the United States Code; Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code; Section 440.170(f) of Title 42 of the Code of Federal Regulations.

11. Adopt Section 51350 to read:

51350. Personal Care Services.

(a) Personal care services as specified in section 51183 are provided when authorized by the staff of a designated county department based on the state approved Uniformity Assessment tool. To the extent not inconsistent with statutes and regulations governing the Medi-Cal program, the needs assessment process shall be governed by the Department of Social Services' Manual of Policies and Procedures Sections 30-760, 30-761, and 30-763.

(b) Personal care services may be provided only to a categorically needy beneficiary as defined in Welfare and Institutions Code, Section 14050.1, who has a chronic, disabling condition that causes functional impairment that is expected to last at least 12 consecutive months or that is expected to result in death within 12 months and who is unable to remain safely at home without the services. The services shall be provided in the beneficiary's home or other locations as may be authorized by the Director subject to federal approval. Personal care services authorized shall not exceed 283 hours in a calendar month.

(c) Personal care services will be prescribed by a physician. The beneficiary's medical necessity for personal care shall be certified by a licensed physician. Physician certification shall be done annually.

(d) Registered nurse supervision consists of review of the service plan and provision of supportive intervention. The nurse shall review each case record at least every twelve months. The nurse shall make home visits to evaluate the beneficiary's condition and the effectiveness of personal care services based on review of the case record or whenever determined as necessary by staff of a designated county department. If appropriate, the nurse shall arrange for medical follow-up. All nurse supervision activities shall be documented and signed in the case record of the beneficiary.

(e)Paramedical services when included in the personal care plan of treatment must be ordered by a licensed health professional lawfully authorized by the State. The order shall include a statement of informed consent saying that the beneficiary has been informed of the potential risks arising from receipt of such services. The statement of informed consent shall be signed and dated by the beneficiary, the personal representative of the beneficiary, or in the case of a minor, the legal parent or guardian.

(f)Grooming shall exclude cutting with scissors or clipping toenails.

(g)Menstrual care is limited to external application of sanitary napkin and cleaning. Catheter insertion, ostomy irrigation and bowel program are not bowel or bladder care but paramedical.

(h)Repositioning, transfer skin care, and range of motion exercises have the following limitations:

(1)Includes moving from one sitting or lying position to another sitting or lying position; e.g., from bed to or from a wheelchair, or sofa, coming to a standing position and/or rubbing skin and repositioning to promote circulation and prevent skin breakdown. However, if decubiti have developed, the need for skin and wound care is a paramedical service.

(2)Range of motion exercises shall be limited to the general supervision of exercises which have been taught to the beneficiary by a licensed therapist or other health care professional to restore mobility restricted because of the injury, disuse or disease. Range of motion exercises shall be limited to maintenance therapy when the specialized knowledge or judgment of a qualified therapist is not required and the exercises are consistent with the beneficiary's capacity and tolerance. Such exercises shall include the carrying out of maintenance programs, i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength.

or endurance; passive exercises to maintain range of motion in paralyzed extremities;  
and assistive walking.

NOTE: Authority cited: Section 14132.95, Welfare and Institutions Code; Section 8, Chapter 939, Statutes of 1992; Section 3, Chapter 7, Statutes of 1993. Reference: Section 14132.95, Welfare and Institutions Code; Section 1396d(a)(7) of Title 42, of the United States Code; Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code; Section 440.170(f) of Title 42 of the Code of Federal Regulations.

12. Adopt Section 51454.1 to read:

51454.1. Provider of Personal Care Services Defined.

For purposes of this article, providers of personal care services are defined in Section 51181.

NOTE: Authority cited: Section 14132.95, Welfare and Institutions Code; Section 8, Chapter 939, Statutes of 1992; Section 3, Chapter 7, Statutes of 1993. Reference: Section 14132.95, Welfare and Institutions Code; Section 1396d(a)(7) of Title 42, of the United States Code; Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code; Section 440.170(f) of Title 42 of the Code of Federal Regulations.

13. Adopt Section 51476.2 to read:

51476.2. Personal Care Services Records.

Each county shall keep, maintain, and have readily retrievable, such records as are necessary to fully disclose the type and extent of personal care services provided to a Medi-Cal beneficiary. Records shall be made at or near the time the service is rendered or the assessment or other activity is performed. Such records shall include, but not be limited to the following:

(a) Timesheets

(b) Assessment forms and notes

(c) All service records, care plans, and orders/prescriptions ordering personal care.

NOTE: Authority cited: Section 14132.95, Welfare and Institutions Code; Section 8, Chapter 939, Statutes of 1992; Section 3, Chapter 7, Statutes of 1993. Reference: Section 14132.95, Welfare and Institutions Code; Section 1396d(a)(7) of Title 42, of the United States Code; Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code; Section 440.170(f) of Title 42 of the Code of Federal Regulations.

14. Adopt Section 51483.1 to read:

Section 51483.1. Personal Care Provider Requirements.

All providers of personal care program services must be approved by Department of Health Services and shall sign the "Personal Care Program Provider/Enrollment Agreement" form [SOC 426(1/93)] designated by the Department agreeing to comply with all applicable laws and regulations governing Medi-Cal and personal care service. Beneficiaries shall be given a choice of service provider.

NOTE: Authority cited: Section 14132.95, Welfare and Institutions Code; Section 8, Chapter 939, Statutes of 1992; Section 3, Chapter 7, Statutes of 1993. Reference: Section 14132.95, Welfare and Institutions Code; Section 1396d(a)(7) of Title 42, of the United States Code; Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code; Section 440.170(f) of Title 42 of the Code of Federal Regulations.

15. Adopt Section 51535.2 to read:

51535.2. Reimbursement Rates for Personal Care Services Program.

(a) For the individual provider mode for providing personal care services, the reimbursement rate shall be a maximum of \$5.50 per hour of service; provided, however, that the reimbursement rate in each county shall not exceed the rate in each county for the individual provider mode of service in the IHSS program pursuant to Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code, as it existed on September 28, 1992.

(b) For the contract mode for providing personal care services pursuant to Welfare and Institutions Code Sections 12302 and 12302.1, the reimbursement rates shall be those specified in the contract between the county and the agency contractor not to exceed the following maximum rates for services provided through State fiscal year 1993-1994 as follows:

<u>(1) Butte</u>	<u>\$ 9.65</u>
<u>(2) Nevada</u>	<u>\$10.34</u>
<u>(3) Riverside</u>	<u>\$12.29</u>
<u>(4) San Diego</u>	<u>\$10.49</u>
<u>(5) San Francisco</u>	<u>\$12.28</u>
<u>(6) San Joaquin</u>	<u>\$ 9.50</u>
<u>(7) San Mateo</u>	<u>\$12.65</u>
<u>(8) Santa Barbara</u>	<u>\$11.76</u>
<u>(9) Santa Clara</u>	<u>\$11.11</u>
<u>(10) Santa Cruz</u>	<u>\$13.61</u>
<u>(11) Stanislaus</u>	<u>\$10.51</u>
<u>(12) Tehama</u>	<u>\$11.30</u>
<u>(13) Ventura</u>	<u>\$11.04</u>

(c)Nothing in this section is intended to be a limitation on the rights of providers and beneficiaries or on the duties of the Department of Social Services, pursuant to Welfare and Institutions Code Section 12302.2 subdivision (a). Contributions, premiums and taxes paid pursuant to Welfare and Institutions Code Section 12302.2, subdivision (a) shall be in addition to the hourly rates specified in subdivision (a) of this section.

NOTE: Authority cited: Section 14132.95, Welfare and Institutions Code; Section 8, Chapter 939, Statutes of 1992; Section 3, Chapter 7, Statutes of 1993. Reference: Section 14132.95, Welfare and Institutions Code; Section 1396d(a)(7) of Title 42, of the United States Code; Article 7 (commencing with Section 12300) of Part 3 of Division 9 of the Welfare and Institutions Code; Section 440.170(f) of Title 42 of the Code of Federal Regulations.