

Manual of Policies and Procedures

SOCIAL SERVICE STANDARDS



STATE OF CALIFORNIA
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SOCIAL SERVICES STANDARDS

This User's Manual is issued as an operational too. It contains the following:

- a) Regulations adopted by the California Department of Social Services (CDSS) for the governance of its agents, licensees, and/or beneficiaries;
- b) Regulations adopted by other State Departments affecting CDSS programs;
- c) Statutes from appropriate Codes which govern CDSS programs;
- d) Court decisions; and
- e) Operational standards by which CDSS staff will evaluate performance within CDSS programs.

Regulations of CDSS are printed in gothic type as in this sentence.

Handbook material, which includes reprinted statutory material, other department's regulations and examples, is separated from the regulations by double lines and phrases "**HANDBOOK BEGINS HERE**", "**HANDBOOK CONTINUES**", and "**HANDBOOK ENDS HERE**" in bold print. Please note that both other departments' regulations and statutes are mandatory, not optional.

In addition, please note that revised language in this manual letter will be identified by a vertical line in the left margin.

Questions relative to this Users' Manual should be directed to your usual program policy office.

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SOCIAL SERVICES STANDARDS

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**SOCIAL SERVICES STANDARDS
SERVICE PROGRAMS ADMINISTERED BY CWDS**

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30-002 DEFINITIONS 30-002

- a. (1) "Assessment" means a written document which contains information relevant to the case situation and an appraisal of case services needs.
- b. Reserved
- c. (1) "County" means a county welfare or social services department.
(2) "County of Jurisdiction" means the county where the court with jurisdiction over the dependency, wardship, or guardianship of a child is located.
(3) "County of Residence" means the county in which the child resides.
- d. (1) "Department" means the California Department of Social Services (CDSS).
- e. (1) "Eligible" means entitled to receive necessary services.
 - (A) "Income eligible" means entitled on the basis of having gross annual family income which does not exceed 80 percent of the median income for California for a family of four, adjusted for consideration of family size.
 - (B) "Status eligible" means entitled on the basis of being a Supplemental Security Income/State Supplementary Program (SSI/SSP) or Aid to Families with Dependent Children (AFDC) program recipient.
(2) "Emancipated Youth" means, young adults who are former foster/probation children who have left foster care because they have reached at least 18 years of age and up to the day prior to their 21st birthday.
- f. (1) "Family", for income eligibility purposes, means a basic family unit which resides in the same household, and which consists of one or more children, if any, and adults who are related by blood, marriage including common-law, or adoption. The following are considered one-person families: (1) unrelated adults residing together; (2) related adults other than spouses residing together; (3) children residing with nonlegally responsible relatives; (4) children living under the care of unrelated persons; and (5) emancipated minors.
- g. Reserved
- h. Reserved

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30-002	DEFINITIONS (Continued)	30-002
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- s. (1) (A) "Initial intake" means investigating the circumstances and facts regarding a referral for emergency response services to determine the potential for or existence of any condition(s) which places children at risk and in need of services; and to determine the services which would best serve and protect the children's interest and welfare.
- (2) "Service plan" means a written document which is developed based upon the assessment; and in which social services staff and the recipient and/or his/her family identify a specific goal; the specific services to be used in resolving identified problems; and service delivery methods.
- (3) "Service program" means a set of social services functions organized around a unifying theme, directed at meeting specific needs within the eligible population. Service programs are directed at the goals specified in Section 30-001.1.
- (A) "Mandated service program" means a program which is provided in all geographical areas of the state in accordance with the provisions of the various chapters of this division. The mandated service programs include the following:
- (i) Service Program No. 1: Information and Referral (Chapter 30-050)
 - (ii) Service Program No. 6: Out-of-Home Care for Adults (Chapter 30-600)
 - (iii) Service Program No. 7: In-Home Supportive Services (Chapter 30-700)
 - (iv) Service Program No. 8: Protective Services for Adults (Chapter 30-800)

30-002	DEFINITIONS (Continued)	30-002
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- (G) "Planning" means activity in which social services staff and the recipient and/or his/her family mutually identify a specific goal; the specific services to be used in resolving identified problems; and service delivery methods.
- (H) "Reassessment" means activity to review all past assessments and examine the current condition of the recipient and his/her family.
- (I) "Referral" means activity to inform another service agency that a person desires or requires that agency's services; and to assist the person to avail him/herself of such services.
- (J) "Selection and placement" means activity to locate an out-of-home care facility for a recipient, and to complete the processing of situating the recipient in the facility. If a licensed or approved facility is not available, such activity includes making arrangements for licensing or court actions necessary to legalize the placement.
- (K) "Supervision" means activity to oversee recipient or third-party behavior in order to safeguard the recipient's rights, interests or purposes.
- (L) "Transportation" means activity to convey a recipient from one place to another when mobility is necessary to support a specific service plan, and no other means of conveyance is available.

- (7) "State agency" means the State Department of Social Services.
- (8) "Support activities" means broadly based activities related to overall services operations. Such activities benefit the recipient population in whole or in part, and are federally funded through Titles IV-B, IV-E, or XX. Support activities include the activities defined in (A) through (C) below.
 - (A) "Community planning" means participation in local efforts in order to develop new services to resolve problems, and in order to improve the coordination between existing services.
 - (B) "Recruitment" means activity to find and develop resources which are necessary but do not exist, or which exist but must be expanded.

30-004 **PERSONS SERVED** (Continued) **30-004**

- .12 (Repealed by ML #81-55).
- .13 Persons eligible for In-Home Supportive Services are specified in 30-700.
- .14 Persons eligible for all other mandated services are as follows:
 - .141 Income Eligibles as defined in 30-002.5.
 - .142 Status Eligibles as defined in 30-002.5.
- .15 Persons eligible for optional services are specified in CASP.

.2 Need.

Unless otherwise specified within the chapter governing a particular service program, any eligible person who requests the services of an identified program shall be considered to be in need of such services until an assessment of actual needs has been made. Thereafter, information developed in the assessment shall be the principal determination in the provision or denial of services.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10553 and 10554, Welfare and Institutions Code.

30-006 **PURPOSES AND CONDITIONS OF PROGRAM ELEMENTS** **30-006**

- .1 Each service program, whether mandated or authorized, shall state the minimum purposes to be served by each of its component service activities and service funded resources and any special conditions which may govern their applications.
- .2 Although the components of each service program shall be generally available, the use of any single element shall be determined by the recipient's specific needs and the Primary's resources to meet these needs.

30-009 SERVICE DELIVERY STANDARDS 30-009

Each service program, whether mandated or optional, shall be governed by standards as set forth below:

.1 Standards of a Service Program.

Each service program shall set forth the requirements which are specific to that program and which impose upon social service staff any special considerations.

.2 General Standards.

All service programs shall be governed by the following:

.21 Quality of Service Delivery.

.211 Offer of services: Social services staff shall offer services appropriate to the needs of the individual or family.

.212 Explanation of availability: The Primary shall assure that each person applying for or receiving aid or service shall be made aware of services provided by the agency.

.213 Acceptance of services: Acceptance of services shall be voluntary except when protective in nature.

.214 Refusal to accept an offer of or assessment for a service program shall not affect eligibility for payment of financial assistance or the provision of other service programs.

.215 Social service staff shall explain to recipients who may require protective intervention and to their representatives or guardians that refusal of service may lead to a referral to a law enforcement agency or to the courts.

.22 Application

.221 Any person shall have the right to apply for services or to make application through another person on his behalf. The application may be signed by the applicant or his authorized representative.

.222 A person who indicates to the Primary a desire to apply for services shall be afforded the opportunity to apply immediately.

30-009	SERVICE DELIVERY STANDARDS (Continued)	30-009
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- .223 The application shall be in writing on a form prescribed or approved by the Department, dated and signed, and shall include all information necessary to establish eligibility.
- .224 If the request for services is received by telephone or letter, a social service staff member, with the express authorization of the applicant, may sign the application. However, such an application does not meet the requirements of 30-009.23 for establishing eligibility. Eligibility information must be verified or the applicant must sign the application statement during a face-to-face contact.
- .225 The social worker may sign the application for services on behalf of any child who has been declared a Dependent of the Court pursuant to Section 600, W&I Code, or who is in placement not ordered by a court and whose parents or guardians are not available to sign in his behalf.
- .226 Written application is not required for the information and referral service program or for the protective services programs. Information in the case record describing the basis for initiating the investigation and validation of a need for protective services serves as the written application. However, when such services are provided to a child and/or the child's family and potentially may be funded through Emergency Assistance - Abused, Neglected or Exploited Children Program, an Emergency Assistance Application/Eligibility Determination form (SOC 349) shall be completed.
- .227 The application shall be acted on promptly and the decision on it shall be rendered as soon as possible, but not later than 30 days following the date of application.

- .23 Determination of Eligibility
 - .231 The effective date of eligibility is the actual date of determination unless the determination is made within 30 days of the date of application and the applicant is determined to have been eligible when services were initiated. In no event shall the effective date of eligibility be prior to the date of application.

30-009	SERVICE DELIVERY STANDARDS (Continued)	30-009
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- b. Net income from nonfarm self-employment.
 - c. Net income from farm self-employment.
 - d. Social Security.
 - e. Dividends, interest on saving or bonds, income from estates or trusts, net rental income or royalties.
 - f. Public assistance or welfare payments.
 - g. Pensions and annuities.
 - h. Unemployment compensation and disability insurance benefits.
 - i. Workmen's Compensation.
 - j. Alimony.
 - k. Child support.
 - l. Veteran's pensions.
- .2333 Exclusions from computation of monthly gross income are as follows:
- a. Per capita payments to or funds held in trust for an individual in satisfaction of a judgment of the Indian Claims Commission or the Court of Claims.
 - b. Payments made pursuant to the Alaska Native Claims Settlement Act to the extent such payments are exempt from taxation under Section 21(a) of the Act.
 - c. Money received from sale of property, including stocks, bonds, a house or a car. If the person was engaged in the business of selling such property, the net proceeds shall be counted as income from self-employment.

30-009	SERVICE DELIVERY STANDARDS (Continued)	30-009
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- d. Withdrawals of bank deposits.
- e. Loans.
- f. Tax refunds.
- g. Gifts.
- h. Lump sum inheritances or insurance payments.
- i. Capital gains.
- j. Value of the food stamp coupon allotment in excess of the amount paid for the coupons.
- k. Value of USDA donated foods.
- l. Value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food program for children under the National School Lunch Act.
- m. Payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
- n. Earnings of a child under 14 years of age.
- o. Loans, grants and scholarships, obtained under conditions that preclude their use for current living costs.
- p. Grants or loans to an undergraduate student for educational purposes made or insured under any program administered by the Commissioner of Education under the Higher Education Act.
- q. Home produce utilized for household consumption.

30-009 **SERVICE DELIVERY STANDARDS (Continued)** **30-009**

r. Payments received under the Energy Crisis Assistance Program or the Low Income Energy Assistance Program.

.234 Redetermination of eligibility shall be made:

.2341 When required on the basis of information the agency has obtained about the anticipated changes in the individual situation.

.2342 Promptly, not to exceed 30 days after information is obtained about changes which have occurred in the individual's circumstances that may make him ineligible. Upon redetermination, recipients found to be ineligible for continued services may continue to receive services for a period not to exceed 30 days from the date of the redetermination.

.2343 Periodically, but not less frequently, than every six months.

.235 Assessment by social service staff, of the needs of each applicant for services shall be made promptly upon determination of income eligibility for services.

.236 Notification shall be provided, in writing, to all persons signing written applications for social services concerning eligibility or ineligibility for the particular service for which he applied. The notice shall include information about the individual's right to request a fair hearing under provisions of 10-126.

.24 Service Plan

There shall be a service plan for each recipient determined cooperatively with the recipient which specifies:

.241 The appropriate goal toward which services shall be directed.

.2411 Only one goal may exist at any one time for any single recipient.

30-009	SERVICE DELIVERY STANDARDS (Continued)	30-009
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- .2412 The goal of a recipient shall be changed whenever the circumstances make it appropriate.
- .2413 The services which a recipient receives shall be limited to those mandated or optional service programs having established goals which include the goal selected for the recipient.
- .242 Provision of specific services and the objectives to be accomplished in measurable terms within a designated time.
- .243 Means to resolve identified problems which may inhibit achievement of the goal.
- .244 Methods for delivery of necessary services whether directly, by referral, purchase or other means.
- .25 Services to Individuals in Groups
Services are authorized in group settings, provided that:
 - .251 Each member of the group has been certified as eligible for the services of the program.
 - .252 An individual recipient record is maintained for each member.
 - .253 Membership in the group is voluntary.
- .26 Case Record
 - .261 The Primary shall assure that a service record is maintained and shall document the following:
 - .2611 Eligibility or redetermination of eligibility for services has been established.
 - .2612 Need for service related to one of the goals listed in Section 30-001.2.
 - .2613 Offer of service has been accepted or rejected.
 - .2614 The active service plan.
 - .2615 Six-month reassessment.
 - .2616 Termination of services, giving reason and result.

30-027 FUNDING, COST SHARING AND ALLOWABLE EXPENDITURES 30-027
(Continued)

.2 Cost Sharing

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- .21 State or county funds used by a county to provide SDSS-approved social services may be considered as the nonfederal share in claiming federal financial participation (FFP), when such funds are as described in 45 CFR, Part 74, Subpart G, "Cost Sharing or Matching."

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- .211 Nonpublic third party in-kind contributions shall not be used for the required nonfederal share of the costs of child welfare services or of the Adult Programs Services (Out-of-Home Care, Information and Referral, and Adult Protective Services).

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However, such contributions may be used to reduce program costs or to expand the services provided.

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.3 Allowable Expenditures

Expenditures allowable are subject to the availability of funds and to federal and state conditions and restrictions. Those programs funded only by state and county monies, such as the Adult Protective Services Program, must meet the requirements of Welfare and Institutions Code, Division 9, Part 3, Chapters 5.1 and 13. Adult Services Demonstration Projects must meet the requirements of Welfare and Institutions Code, Division 9, Part 3, Chapter 12.

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Following are the conditions and restrictions on allowable expenditures for social services programs.

- .31 The general principles used in determining allowable administrative costs are identified in 45 CFR, Part 74, Subpart Q. Costs allowable to a county welfare department are not necessarily the same as those allowable to an organization with which a county may contract. Following are the publications which specify the administrative cost principles by type of organization.
 - for local government, Office of Management and Budget (OMB) Circular A-87.
 - for public and nonprofit institutions of higher learning, OMB Circular A-21.
 - for nonprofit agencies, OMB Circular A-122.
 - for profit-making organizations, 48 CFR, Subpart 31.
- .311 Each set of the above cost principles identifies certain costs that are allowable, unallowable, or allowable with prior approval.
- .312 Examples of allowable county welfare department administrative costs are listed below:
 - salaries, fringe benefits and travel of staff engaged in carrying out services or service-related activities.
 - service-related materials, supplies, and communications.
 - expenses for attending meetings incurred by advisory committee members, supportive staff and other technical assistance staff.
 - expenses incurred by agency staff in attending meetings pertinent to the development or implementation of federal and state policies and programs.

HANDBOOK CONTINUES

HANDBOOK CONTINUES

.322 For social services funded under Title XX, the following expenditures are specified as unallowable (42 USCA 1397):

- social services provided in and by employees of any hospital, skilled nursing facility, intermediate care facility, or prison, except services to an alcoholic or drug dependent individual.
- educational service generally available without cost and without regard to income.
- child care services which do not meet applicable state and local standards.
- cash payment as a service (e.g., restaurant meal allowances).
- cash payments for subsistence costs or for board and room. [However, short-term costs are allowable, if they are an integral but subordinate part of a social service (e.g., temporary shelter provided as a protective service)].
- payment of wages as a social service (e.g., In-Home Supportive Service funds cannot be used to pay the wages of a recipient for employment purposes).

.323 For social services funded under Title XX, the following expenditures are specified as allowable with waiver from DHHS (42 USCA 1397):

- purchase or improvement of land or purchase, construction or major permanent improvement of any building or facility.
- medical care (unless it is an integral but subordinate part of a social service, e.g., initial detoxification of an alcoholic or drug dependent individual).

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30-052 SERVICE PROGRAM NO. 1: INFORMATION AND REFERRAL SERVICES Regulations

30-052 SPECIAL DEFINITIONS 30-052

- .1 "Health-related transportation" means taking a Medi-Cal beneficiary to and from a provider of health care services which are within the scope of benefits of the Medi-Cal Program.
- .2 "Urgent need" means a medical condition for which prompt medical treatment is required to avoid permanent injury or severe pain.

30-053 SPECIAL PROGRAM CHARACTERISTIC 30-053

The intent of this service program is to provide immediate, short-term response to needs for information and referral in connection with human service resources. All other considerations shall be subordinate to that intent. Therefore:

- .1 Services under this program may be provided to individuals without requiring a formal application, developing a service plan, specifying a goal and maintaining an individual client record.

EXCEPTION: A SOC 295 form, or an approved CWD equivalent, shall be completed before health-related transportation is provided to any eligible person. The form may be completed through either personal or telephone contact.
- .2 Recipients with needs, identified during the brief information and referral episode which require more extensive involvement shall be given the opportunity to apply for the services of another more appropriate service program.

30-054 PERSONS SERVED 30-054

- .1 Eligibility.

All persons, regardless of income or status, are eligible to receive services under this program.

EXCEPTION: Only currently eligible and certified Medi-Cal beneficiaries are eligible for the health-related transportation component of this program.
- .2 Need for service.

Any person who requests information and/or referral services shall be considered to be in need of those services.

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SOCIAL SERVICES STANDARDS
SERVICE PROGRAM NO. 2: EMERGENCY RESPONSE

CHAPTER 30-100 SERVICE PROGRAM NO. 2: EMERGENCY RESPONSE

Entire chapter either renumbered to Division 31 by CDSS Manual Letter No. CWS-93-01, effective 7/1/93 or repealed by CDSS Manual Letter No. SS-93-03, effective 7/1/93.

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SOCIAL SERVICES STANDARDS
SERVICE PROGRAM 3: FAMILY MAINTENANCE

CHAPTER 30-200 SERVICE PROGRAM NO. 3: FAMILY MAINTENANCE

Entire chapter renumbered to Division 31 by CDSS Manual Letter No. CWS Division 31 by CDSS Manual Letter No. CWS-93-01, effective 7/1/93 or repealed by CDSS Manual Letter No. SS-93-03, effective 7/1/93.

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SOCIAL SERVICES STANDARDS
REIMBURSEMENT FOR VOLUNTARY FAMILY REUNIFICATION SERVICES

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CHAPTER 30-300 REIMBURSEMENT FOR VOLUNTARY FAMILY REUNIFICATION SERVICES

30-302 DEFINITIONS

30-302

- (a) "**Adjusted gross monthly income**" means the total of the family's monthly income, less allowable monthly expenses, plus 1/12 of the value of the family's net liquid assets.
- (b) "**Allowable monthly expenses**" means only the following: court-ordered payments; voluntary payments made for foster care; child care expenses necessary for a parent(s)/guardian(s) employment; State Department of Mental Health charges for mental health services; charges for other mental health services initiated for the purpose of family reunification; dependent support payments; medical expenses in excess of three percent of gross monthly income; and mandated payroll deductions for retirement plans, exclusive of Social Security.
- (c) "**Consumer Price Index**" means the index, prepared by the Federal Bureau of Labor Statistics, in which the change in the cost of typical wage-earner purchases of goods and services is measured.
- (d) "**Consumer Necessities Index**" means the index, prepared by the California Commission on State Finance, based on the weighted average changes for food, clothing, fuel, utilities, rent, and transportation for low income consumers.
- (e) "**Court-ordered payments**" means those payment obligations upon which a court has rendered a decision; upon which a written order of liability has been issued; and which are currently being paid.
- (f) "**Dependent support payments**" means payments for the out-of-home care of a child, spouse, or parent. This deduction is not allowed when the same person or persons are claimed as dependents under the State Department of Mental Health's Uniform Method of Determining Ability to Pay (UMDAP).
- (g) "**FICA annual withholding**" means an amount withheld by a person's employer for that person's social security contribution under the Federal Insurance Contributions Act.

30-302 DEFINITIONS (Continued)

30-302

- (h) "**Gross family annual income**" means the annual income for all family members before deduction of taxes; or, for self-employed persons, the annual income for all family members after deducting the costs of doing business, based on the last taxable year's income or income received during the 12 months immediately preceding application for family reunification services.
- (i) "**Gross family monthly income**" means the monthly income for all family members before deduction of taxes; or, for self-employed persons, the monthly income for all family members after deducting the costs of doing business, based on the calendar month immediately preceding application for family reunification services.
- (j) "**IRS exemption allowance**" means that amount allowed by the Internal Revenue Service as a deduction, for the individual, the spouse, and any persons for whom the taxpayer provided 50% or more support as dependents of the taxpayer, when computing federal income tax payments.
- (k) "**IRS standard deduction**" means that amount allowed by the Internal Revenue Service as a standard deduction based upon the taxpayer's filing status when computing federal income tax payments.
- (l) "**IRS income tax annual withholding**" means the amount withheld from the gross family income for federal income tax payments, based on family size and income.
- (m) "**Liability period**" means the six-month period during which the family of a voluntarily placed child is eligible for family reunification services.
- (n) "**Liquid assets**" means those family assets which can be easily converted into cash, including but not limited to current savings and checking account balances, and the current market values of stocks, bonds, and mutual funds.
- (o) "**Median income**" means that income level at which the California Franchise Tax Board indicates half of California families filing a joint return earn a higher, and half a lower, income.
- (p) "**Median income percentage**" means that percentage weighed for income and family size in determining actual monthly liability.
- (q) "**Mental health expenses**" means that amount currently being paid for mental health care initiated for the purpose of family reunification, exclusive of expenses for persons who are being claimed as dependents under the State Department of Mental Health's Uniform Method of Determining Ability to Pay (UMDAP).

30-302 DEFINITIONS (Continued) 30-302

- (r) **"Monthly liability"** means the amount the parent(s)/guardian(s) is expected to pay to the county and/or to contracting providers for family reunification services received by the family during the calendar month.
- (s) **"Monthly liability schedules"** means those payment schedules established for various economic areas, which have been computed by the department as specified in Sections 30-364.771 through .776, and which may be used to complete the "Monthly Liability Determination" form.

30-364 ADDITIONAL REQUIREMENTS FOR VOLUNTARY PLACEMENTS 30-364

- .1 Renumbered by CDSS Manual Letter No. CWS-93-01, effective 7/1/93.
- .2 Repealed by CDSS Manual Letter No. SS-93-03, effective 7/1/93.
- .3 Repealed by CDSS Manual Letter No. SS-93-03, effective 7/1/93.
- .4 Renumbered by CDSS Manual Letter No. CWS-93-01, effective 7/1/93.
- .5 Repealed by CDSS Manual Letter No. SS-93-03, effective 7/1/93.
- .6 Repealed by CDSS Manual Letter No. SS-93-03, effective 7/1/93.
- .7 The county welfare department shall meet the requirements specified in .72 through .74, and .77 through .776 below when seeking reimbursement for voluntary family reunification services as specified in Welfare and Institutions Code Section 16507.4.

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.71 This statute specifies as follows:

- .711 If the family is not qualified for...(AFDC)..., voluntary family reunification services may be utilized, provided that the county seeks reimbursement from the parent or guardian on a statewide sliding scale according to income.

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REIMBURSEMENT FOR VOLUNTARY FAMILY REUNIFICATION SERVICES

30-364**ADDITIONAL REQUIREMENTS FOR VOLUNTARY PLACEMENTS****30-364**

(Continued)

- .72 County welfare department staff shall complete the Monthly Liability Determination form, and shall request the parent(s)/guardian(s) to sign the form.
- .721 If unable to obtain the parent'(s)/guardian'(s) signature(s) as specified in .72 above, the county welfare department shall document in the case record the reason(s) for the parent'(s)/guardian'(s) failure to sign.
- .73 County welfare department staff shall use the formula specified in .731 through .735 below to compute the family's adjusted gross monthly family income.
- .731 Subtract any allowable monthly expenses from the family's gross monthly income to determine the family's net monthly income.
- .732 Subtract the appropriate liquid assets allowance figure shown on the Monthly Liability Determination form from the total value of the family's gross liquid assets to determine the family's net liquid assets to determine the family's net liquid assets.

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(Continued)

- .733 Divide the family's net liquid assets by 12 to determine the monthly value of the family's liquid assets.
- .734 Subtract the monthly value of the family's liquid assets from the family's net monthly income.
- .74 The maximum liability shall not exceed the costs of services rendered to the family by the county welfare department and/or by contracting providers.

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.75 EXAMPLE:

Mr. Tim Jacobs and his wife, Marlene Jacobs, have three children. The Jacobs live in Mendocino County, where Mr. Jacobs is employed at Compco Manufacturing, with a \$2,000 gross monthly income. Mrs. Jacobs is a homemaker. The Jacobs have \$143 in their checking account and \$950 in their savings account. The Jacobs have no other liquid assets. Mr. Jacobs has one child by a previous marriage and pays \$100 a month in child support. The Jacobs have asked the county welfare department to temporarily place their 13-year-old son, Alan, in foster care because they consider his behavior a threat to their two younger children. The district attorney has not yet obtained a court order obligating the Jacobs to pay some portion of Alan's support while in foster care.

The following sample form illustrates an initial determination of liability based upon the above circumstances. If, at a later date, a court order is issued obligating the Jacobs to pay some portion of Alan's support while in foster care, a redetermination of the Jacobs' liability would be made. This redetermination would include the court-ordered foster care support payments as a monthly allowable expense.

HANDBOOK CONTINUES

REIMBURSEMENT FOR VOLUNTARY FAMILY REUNIFICATION SERVICES

30-364 ADDITIONAL REQUIREMENTS FOR VOLUNTARY PLACEMENTS
(Continued)

30-364

HANDBOOK CONTINUES

MONTHLY LIABILITY DETERMINATION
VOLUNTARY FAMILY REUNIFICATION SERVICESCase Name Jacobs Case Number 12-263-1894 Date 4-14-83 Initial Determination Redetermination Child's Name: Alan JacobsParent(s)/Guardian(s) Name(s) Tim and Marlene Jacobs

Has reimbursement for family reunification services or foster care support payments been requested for this or any other child in the family?

 No Yes Child's NameParent(s)/Guardian(s) Place of Employment: Compico Manufacturing

(1)	Determine gross family monthly income:	Parent/Guardian	\$ <u>2,000</u>	
		Parent/Guardian	<u>0</u>	
		Other	<u>0</u>	Total \$ <u>2,000</u> (A)

(2)	Determine allowable monthly expenses:			
	Court-ordered payments		\$ <u>0</u>	
	Child Care expenses necessary for employment		<u>0</u>	
	Charges of UMDAP for mental health services		<u>100</u>	
	Dependent support payments		<u>0</u>	
	Mandated payroll deductions for retirement plans excluding Social Security		<u>0</u>	Total \$ <u>100</u> (B)

(3) Subtract line (B) from line (A) to determine net income: \$ 1,900 (C)

(4)	Determine total liquid assets:			
	Savings account(s) balance(s)		\$ <u>950</u>	
	Checking account(s) balances(s)		<u>143</u>	
	Current market value(s) of stocks, bonds, or mutual funds		<u>0</u>	
		Total:	\$ <u>1,093</u>	(D)

(5)	Determine liquid asset allowance:			
	Persons in Family	Allowance		
	1	\$ 1500		
	2	2000		
	3-4	2200	\$ <u>2,400</u>	(E)
	5-6	2400		
	7	2600		
	8-9	2800		
	10 or more	3000		

(6) Subtract line (E) from line (D) to determine net liquid assets: \$ 0 (F)(7) Divide line (F) by 12 to determine monthly value of liquid assets: \$ 0 (G)(8) Add line (C) and line (G) to determine adjusted gross monthly income: \$ 1,900 (H)(9) Determine monthly liability from appropriate monthly liability schedule: \$ 116 (I)Determined by: Sally Worker Date: 4/14/83

If redetermination, reason:

I affirm that the statements made herein are true and correct to the best of my knowledge.

Tim Jacobs

Parent/Guardian

Marlene Jacobs

Parent/Guardian

HANDBOOK ENDS HERE

CALIFORNIA-DSS-MANUAL-SS

MANUAL LETTER NO. SS-94-01

Effective 4/8/94

30-364 ADDITIONAL REQUIREMENTS FOR VOLUNTARY PLACEMENTS 30-364
(Continued)

- .76 The following monthly liability schedules have been prepared by the department using the formula specified in .771 through .776 below, and are available for use by the county welfare departments in determining monthly liability to be included in the "Monthly Liability Determination" form.

REIMBURSEMENT FOR VOLUNTARY FAMILY REUNIFICATION SERVICES

30-364

ADDITIONAL REQUIREMENTS FOR VOLUNTARY PLACEMENTS
(Continued)

30-364

HANDBOOK BEGINS HERE

Monthly Liability Schedule I
For Use in The Following Counties:

Alameda
Berkeley City
Contra Costa
Marin
Monterey
Napa
San Benito
San Francisco
San Luis Obispo
San Mateo
Santa Clara
Santa Cruz
Solano
Sonoma

Adjusted Gross Monthly Income	1	2	NUMBER OF PERSONS 50% OR MORE DEPENDENT ON INCOME			7	8	9	10 or more	
			3	4	5	6				
0 - 475										
476 - 675	3	2								
676 - 825	4	4	3							
826 - 925	6	5	4	1						
926 - 1025	8	5	4	4	3					
1026 - 1125	15	10	6	6	4					
1126 - 1225	23	16	12	10	8	5	4			
1226 - 1305	30	22	18	15	13	9	7	5		
1306 - 1375	34	27	20	18	14	11	8	6	5	
1376 - 1455	41	31	27	23	18	14	13	8	7	
1456 - 1494	44	37	30	24	21	18	14	11	8	
1495 - 1519	52	40	34	28	23	19	16	13	9	
1520 - 1544	56	43	39	32	28	21	18	14	11	
1545 - 1569	60	48	42	35	31	24	22	18	14	
1570 - 1594	69	51	44	39	33	28	24	19	15	
1595 - 1619	74	58	52	44	36	31	26	21	18	
1620 - 1644	79	63	55	49	42	36	31	24	21	
1645 - 1669	85	67	59	53	45	40	33	29	24	
1670 - 1694	95	73	65	56	49	44	36	31	26	
1695 - 1719	102	78	69	61	53	49	43	36	31	
1720 - 1744	110	89	79	69	61	53	45	40	33	
1745 - 1769	121	94	84	74	66	57	50	43	36	
1770 - 1794	128	100	89	79	70	61	53	45	42	
1795 - 1819	136	105	94	84	74	66	62	53	45	
1820 - 1844	144	119	107	94	85	74	66	57	49	
1845 - 1869	159	125	112	100	90	79	69	62	53	
1870 - 1895	168	132	120	107	95	85	74	65	61	
1896 - 1937	176	139	127	114	100	89	85	74	66	
1938 - 1979	186	148	135	128	113	100	89	79	69	
1980 - 2020	196	162	148	135	121	108	94	85	73	
2021 - 2062	215	172	157	142	135	121	109	94	85	
2063 - 2104	227	180	173	157	141	128	114	100	89	
2105 - 2145	238	190	183	166	149	135	121	108	93	
2146 - 2187	256	208	192	175	157	140	127	121	107	
2188 - 2229	272	219	202	183	176	158	143	127	113	
2230 - 2270	283	230	219	201	184	166	149	135	120	
2271 - 2311	299	248	232	211	192	175	157	140	135	
2313 - 2354	309	263	242	220	202	183	166	157	141	
2355 - 2395	321	276	253	231	211	202	183	166	148	
2396 - 2437	337	288	264	242	230	211	192	174	157	
2438 - 2480	356	300	283	260	243	222	202	183	165	
2481 - 2520	374	314	301	278	253	232	211	202	183	
Over 2520		For each \$40.00 increment increase in monthly income over \$2,520, add:								
	\$12.00	\$10.00	\$10.00	\$9.00	\$8.00	\$8.00	\$7.00	\$7.00	\$6.00	\$5.00
	to	to	to	to	to	to	to	to	to	to
	374	314	301	278	253	232	211	202	183	164

HANDBOOK CONTINUES

REIMBURSEMENT FOR VOLUNTARY FAMILY REUNIFICATION SERVICES

30-364 ADDITIONAL REQUIREMENTS FOR VOLUNTARY PLACEMENTS
(Continued)

HANDBOOK CONTINUES

Monthly Liability Schedule II
For Use in The Following Counties:

Alpine	El Dorado	Kings	Merced	Sacramento	Tehama
Amador	Fresno	Lake	Modoc	San Joaquin	Trinity
Butte	Glenn	Lassen-Plumas	Mono	Shasta	Tulare
Calaveras	Humboldt	Madera	Nevada	Sierra	Tuolumne
Colusa	Inyo	Mariposa	Placer	Siskiyou	Yolo
Del Norte	Kern	Mendocino	Plumas	Stanislaus	Yuba-Sutter

Adjusted Gross Monthly Income	NUMBER OF PERSONS 50% OR MORE DEPENDENT ON INCOME										
	1	2	3	4	5	6	7	8	9	10 or more	
0 - 475											
476 - 675	3	2									
676 - 825	5	4	2								
826 - 925	9	6	5	1							
926 - 1025	14	9	6	4	3						
1026 - 1125	20	13	11	5	4	2					
1126 - 1225	25	18	14	8	6	3	2				
1226 - 1305	33	24	22	12	8	5	4	2			
1306 - 1375	41	30	24	18	14	11	8	5	3		
1376 - 1455	48	36	31	24	22	16	14	9	8	5	
1456 - 1494	52	43	33	29	24	20	16	13	9	7	
1495 - 1519	59	45	40	31	25	23	18	14	11	8	
1520 - 1544	64	52	43	38	31	24	21	17	13	11	
1545 - 1569	70	54	48	41	34	30	24	19	15	13	
1570 - 1594	79	58	52	44	39	31	27	23	18	14	
1595 - 1619	85	67	58	52	41	34	30	24	20	15	
1620 - 1644	91	73	64	55	48	41	36	30	24	20	
1645 - 1669	100	78	69	60	52	45	39	32	27	22	
1670 - 1694	110	84	74	64	57	49	41	34	30	24	
1695 - 1719	119	89	79	70	61	57	49	41	35	30	
1720 - 1744	126	100	90	79	70	62	53	45	39	31	
1745 - 1769	138	108	97	85	74	66	58	49	41	34	
1770 - 1794	148	114	100	90	80	70	61	52	48	41	
1795 - 1819	157	121	109	97	85	75	71	62	53	44	
1820 - 1844	166	136	122	110	97	85	75	66	56	48	
1845 - 1869	183	144	130	115	104	91	79	71	60	56	
1870 - 1895	193	151	138	123	110	99	85	74	71	61	
1896 - 1937	204	160	146	130	116	103	99	85	74	66	
1938 - 1979	215	169	152	147	130	116	103	91	80	67	
1980 - 2020	226	190	170	154	138	123	110	97	85	79	
2021 - 2062	245	197	181	164	156	139	124	110	97	85	
2063 - 2104	262	207	197	181	162	147	130	115	103	98	
2105 - 2145	274	218	211	191	173	156	138	123	119	103	
2146 - 2187	292	238	219	200	181	161	146	138	122	109	
2188 - 2229	310	253	231	210	198	181	164	146	130	115	
2230 - 2270	327	264	248	228	211	192	172	155	137	130	
2271 - 2312	342	283	266	243	222	201	181	161	155	138	
2313 - 2354	357	301	279	253	232	211	190	181	162	145	
2355 - 2395	370	318	290	266	242	229	207	190	171	153	
2396 - 2437	379	330	303	278	262	242	220	199	180	160	
2438 - 2480	407	345	320	296	279	255	231	211	189	178	
2481 - 2520	425	359	339	314	291	266	242	229	207	187	
Over 2520		For each \$40.00 increment increase in monthly income over \$2,520, add:									
	\$14.00	\$12.00	\$11.00	\$10.00	\$10.00	\$9.00	\$8.00	\$8.00	\$7.00	\$6.00	
	to	to	to	to	to	to	to	to	to	to	
	425	359	339	314	291	266	242	229	207	187	

HANDBOOK CONTINUES

REIMBURSEMENT FOR VOLUNTARY FAMILY REUNIFICATION SERVICES

30-364 ADDITIONAL REQUIREMENTS FOR VOLUNTARY PLACEMENTS
(Continued)

HANDBOOK CONTINUES

Monthly Liability Schedule III
For Use in The Following Counties:

Adjusted Gross Monthly Income	Los Angeles Orange		Santa Barbara Tri-City		Ventura					
	1	2	3	4	5	6	7	8	9	10 or more
0 - 475										
476 - 675	3	2								
676 - 825	4	3	2							
826 - 925	6	4	3	1						
926 - 1025	11	7	5	3	2					
1026 - 1125	18	13	9	4	3	2				
1126 - 1225	24	17	14	8	6	4	3			
1226 - 1305	32	23	19	11	8	6	5	3		
1306 - 1375	37	27	22	17	14	10	8	5	3	
1376 - 1455	43	33	29	24	20	14	12	8	8	5
1456 - 1494	47	40	31	25	22	18	14	11	8	6
1495 - 1519	54	42	36	29	24	21	18	13	10	7
1520 - 1544	58	45	40	33	29	23	18	14	11	9
1545 - 1569	64	51	43	38	32	27	23	18	14	12
1570 - 1594	72	53	47	41	34	29	24	21	16	13
1595 - 1619	79	62	53	47	39	32	27	23	18	14
1620 - 1644	84	66	58	52	43	39	33	26	23	18
1645 - 1669	89	71	62	54	48	41	34	30	24	20
1670 - 1694	100	76	67	58	52	44	39	32	26	22
1695 - 1719	108	81	73	64	54	52	44	39	32	26
1720 - 1744	114	93	82	73	64	55	49	41	34	29
1745 - 1769	128	100	89	78	68	58	53	44	39	32
1770 - 1794	135	104	93	83	73	64	54	48	43	38
1795 - 1819	143	111	100	89	78	68	64	55	48	46
1820 - 1844	150	125	112	100	89	79	68	59	52	43
1845 - 1869	166	130	120	105	94	84	73	64	54	52
1870 - 1895	176	138	126	112	100	89	79	67	64	54
1896 - 1937	186	147	132	120	107	94	89	79	69	59
1938 - 1979	196	156	140	133	120	107	94	84	72	62
1980 - 2020	207	171	156	140	127	112	100	89	77	73
2021 - 2062	224	181	165	148	141	128	113	100	89	78
2063 - 2104	238	190	181	165	148	134	118	106	94	89
2105 - 2145	252	199	192	175	157	141	128	112	108	94
2146 - 2187	268	218	201	183	165	148	132	128	112	100
2188 - 2229	285	231	211	192	183	166	149	132	120	105
2230 - 2270	299	242	229	209	193	175	157	141	125	120
2271 - 2312	312	259	243	215	202	183	166	148	141	126
2313 - 2354	327	276	254	224	212	192	173	166	148	131
2355 - 2395	338	290	265	242	222	211	192	174	157	139
2396 - 2437	355	301	278	258	240	222	202	183	164	147
2438 - 2480	374	314	294	272	256	232	211	192	173	164
2481 - 2520	392	328	314	290	266	243	220	209	196	171
Over 2520										
		For each \$40.00 increment increase in monthly income over \$2,520, add:								
\$13.00	\$11.00	\$10.00	\$10.00	\$9.00	\$8.00	\$7.00	\$7.00	\$7.00	\$6.00	
to	to	to	to	to	to	to	to	to	to	
392	328	314	290	266	243	220	209	196	171	

HANDBOOK CONTINUES

REIMBURSEMENT FOR VOLUNTARY FAMILY REUNIFICATION SERVICES

30-364 ADDITIONAL REQUIREMENTS FOR VOLUNTARY PLACEMENTS
(Continued)

30-364

HANDBOOK CONTINUES

Monthly Liability Schedule IV
For Use in The Following Counties:

Adjusted Gross Monthly Income			NUMBER OF PERSONS 50% OR MORE DEPENDENT ON INCOME								
	1	2	3	4	5	6	7	8	9	10 or more	
0 - 475											
476 - 675	3	2									
676 - 825	4	3	1								
826 - 925	6	4	3	2							
926 - 1025	11	7	5	4	2						
1026 - 1125	18	13	10	8	4	2					
1126 - 1225	24	18	13	11	6	4	2				
1226 - 1305	32	24	20	18	8	6	4	3			
1306 - 1375	41	32	26	20	14	11	8	5	3		
1376 - 1455	45	33	30	24	21	15	13	9	8	5	
1456 - 1494	49	40	32	28	23	18	14	12	9	6	
1495 - 1519	57	43	39	30	25	21	17	14	11	7	
1520 - 1544	62	48	41	35	30	24	18	15	13	10	
1545 - 1569	66	52	45	39	32	29	23	18	14	13	
1570 - 1594	74	55	49	43	36	30	24	21	17	13	
1595 - 1619	81	64	56	49	40	33	29	24	18	14	
1620 - 1644	87	69	61	53	45	40	33	28	23	18	
1645 - 1669	94	74	66	57	49	43	36	31	24	21	
1670 - 1694	104	79	71	62	53	45	40	33	28	23	
1695 - 1719	112	85	76	66	58	53	46	40	33	28	
1720 - 1744	120	96	85	76	66	58	51	43	36	30	
1745 - 1769	132	101	91	80	72	62	54	46	39	33	
1770 - 1794	139	109	97	86	76	66	58	49	45	39	
1795 - 1819	148	115	102	91	81	72	66	58	50	43	
1820 - 1844	157	129	116	103	92	81	72	62	53	45	
1845 - 1869	175	137	118	110	100	87	76	66	57	53	
1870 - 1895	184	144	130	117	104	94	81	71	66	58	
1896 - 1937	194	151	138	125	110	99	94	81	72	62	
1938 - 1979	204	161	147	138	124	110	99	87	75	65	
1980 - 2020	215	176	162	147	131	118	104	92	80	76	
2021 - 2062	233	187	171	156	148	132	119	104	92	80	
2063 - 2104	247	196	188	171	154	138	124	110	98	92	
2105 - 2145	261	207	199	181	165	148	132	118	112	98	
2146 - 2187	278	225	208	190	171	154	138	132	116	102	
2188 - 2229	298	240	219	198	190	171	156	138	122	110	
2230 - 2270	310	262	238	217	201	181	164	148	130	124	
2271 - 2312	325	268	253	231	211	191	172	154	148	130	
2313 - 2354	338	287	265	241	220	199	181	171	154	138	
2355 - 2395	352	301	276	253	224	218	197	181	163	146	
2396 - 2437	370	314	288	264	248	231	210	190	170	152	
2438 - 2480	388	328	306	282	266	242	220	199	180	170	
2481 - 2520	406	340	325	300	276	253	230	215	196	178	
Over 2520			For each \$40.00 increment increase in monthly income over \$2,520, add:								
	\$14.00	\$11.00	\$11.00	\$10.00	\$9.00	\$8.00	\$8.00	\$7.00	\$7.00	\$6.00	
	to	to	to	to	to	to	to	to	to	to	
	406	340	325	300	276	253	230	215	196	178	

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REIMBURSEMENT FOR VOLUNTARY FAMILY REUNIFICATION SERVICES

30-364 ADDITIONAL REQUIREMENTS FOR VOLUNTARY PLACEMENTS 30-364
(Continued)

- .77 The Department or county welfare department (CWD) shall use the formula specified in Section 30-364.771 through .776 to compute monthly liability schedules.
- .771 Multiply the gross family annual income by the following factors and subtract the resultant sums from the gross family annual income to obtain the adjusted gross family annual income:
- (a) FICA withholding percentage.
 - (b) SDI withholding percentage.
- .772 Subtract the following factors from the adjusted gross family annual income to obtain the actual gross family annual income:
- (a) IRS income tax annual withholding.
 - (b) State income tax annual withholding.
- .773 Subtract the following factors from the actual gross family annual income to obtain the adjusted net family annual income.
- (a) IRS standard deduction for married persons filing jointly or head of household.
 - (b) IRS exemption allowance for number of persons in the family.
- .774 Multiply the adjusted family annual income by the following factors and subtract the resultant sums from the adjusted net family annual income to obtain the actual net family annual income:
- (a) Federal Consumer Price Index percentage increase for the most closely located economic area (San Francisco, Los Angeles, or San Diego).
 - (b) California Consumer's Necessities Index percentage increase.
- .775 Divide the actual net family annual income by the California mean income for married persons filing jointly; apply the resultant percentage to the actual net family annual income to obtain the realized net family annual income.
- .776 Divide the realized net family annual income by 12 to obtain the realized net family monthly income.

REIMBURSEMENT FOR VOLUNTARY FAMILY REUNIFICATION SERVICES**30-364 ADDITIONAL REQUIREMENTS FOR VOLUNTARY PLACEMENTS 30-364**
(Continued)

- .777 If the gross family annual income is equal to or less than the California mean income for married persons filing jointly, multiply the realized net family monthly income by 15%; if the gross family annual income is more than the California mean income for married persons filing jointly, multiply the realized net family monthly income by 20%. This is the family's monthly liability.

HANDBOOK BEGINS HERE**.778 EXAMPLE:**

The Andersons are a family of four with a gross family annual income of \$22,140. The Andersons reside in Bakersfield. The following sample computation illustrates a computation of monthly liability based upon the above circumstances:

Gross family annual income	\$22,140
less .0715 FICA percentage	- 1,583
less .009 SDI	- 199
Adjusted Gross Family Annual Income	= \$20,358
less IRS withholding	- 2,200
less state withholding	- 533
Actual Gross Family Annual Income	= \$17,625
less IRS standard deduction	- 3,670
less IRS exemption allowance x 4 persons	- 4,320
Adjusted Net Family Annual Income	= \$ 9,635
less 4.03 CPI increase for LA area	- 388
less 4.8 CNI increase	- 462
Actual Net Family Annual Income	= \$ 8,785
CA Mean Income:	\$30,410
CA Mean Income % (8.785/30,410)	= 29%
Realized Net Family Annual Income	= \$ 2,548
Divided by 12 equals	
Realized Net Family Monthly Income	\$ 212
Multiplied by 15% liability factor equals	
Total Family Monthly Liability for Services	\$ 32

HANDBOOK CONTINUES

REIMBURSEMENT FOR VOLUNTARY FAMILY REUNIFICATION SERVICES

30-364

ADDITIONAL REQUIREMENTS FOR VOLUNTARY PLACEMENTS
(Continued)

30-364

HANDBOOK CONTINUES

.78 Sliding Fee Scale for Determining Monthly Liability for Voluntary Family Reunification

ANNUAL GROSS INCOME	FAMILY SIZE: MONTHLY GROSS INCOME	LIABILITY:										
		1	2	3	4	5	6	7	8	9	10 OR MORE	
No More Than												
\$ 7,080	\$ 590 or under	0	0	0	0	0	0	0	0	0	0	0
\$ 8,400	\$ 591 - 700	0	0	0	0	0	0	0	0	0	0	0
\$ 9,600	\$ 701 - 800	6	0	0	0	0	0	0	0	0	0	0
\$ 10,740	\$ 801 - 895	9	0	0	0	0	0	0	0	0	0	0
\$ 11,820	\$ 896 - 985	12	6	0	0	0	0	0	0	0	0	0
\$ 12,900	\$ 986 - 1,075	15	8	5	0	0	0	0	0	0	0	0
\$ 13,920	\$ 1,076 - 1,160	18	11	8	5	0	0	0	0	0	0	0
\$ 14,940	\$ 1,161 - 1,245	22	14	10	7	0	0	0	0	0	0	0
\$ 16,140	\$ 1,246 - 1,345	27	18	14	10	7	0	0	0	0	0	0
\$ 17,340	\$ 1,346 - 1,445	32	22	18	14	10	7	0	0	0	0	0
\$ 18,540	\$ 1,446 - 1,545	37	27	22	17	13	10	7	0	0	0	0
\$ 19,720	\$ 1,546 - 1,645	42	33	27	22	17	13	10	7	0	0	0
\$ 20,940	\$ 1,646 - 1,745	48	39	33	27	22	17	13	9	6	0	0
\$ 22,140	\$ 1,746 - 1,845	54	45	39	32	27	21	17	13	9	6	0
\$ 23,340	\$ 1,846 - 1,945	60	52	45	38	32	26	21	17	12	9	0
\$ 24,540	\$ 1,946 - 2,045	67	59	52	45	38	32	26	21	16	12	0
\$ 25,740	\$ 2,046 - 2,145	74	66	58	51	44	37	31	26	20	16	0
\$ 26,940	\$ 2,146 - 2,245	80	74	66	58	51	44	37	31	24	20	0
\$ 28,140	\$ 2,246 - 2,345	87	82	73	65	57	50	43	36	29	25	0
\$ 29,340	\$ 2,346 - 2,445	94	90	81	72	64	57	49	43	35	30	0
\$ 30,540	\$ 2,446 - 2,545	101	98	89	80	72	64	56	49	41	35	0
\$ 31,740	\$ 2,546 - 2,645	144	141	130	117	106	95	84	74	62	55	0
\$ 32,940	\$ 2,646 - 2,745	154	149	141	128	116	104	93	83	70	63	0
\$ 34,140	\$ 2,746 - 2,845	166	160	153	140	127	115	103	92	79	72	0
\$ 35,340	\$ 2,846 - 2,945	179	170	163	151	138	125	113	102	88	81	0
\$ 36,540	\$ 2,946 - 3,045	191	184	175	163	150	137	124	112	98	90	0
\$ 37,740	\$ 3,046 - 3,145	204	194	185	175	161	148	135	123	107	99	0
\$ 38,940	\$ 3,146 - 3,245	218	205	200	188	173	160	147	134	117	109	0
\$ 40,140	\$ 3,246 - 3,345	230	219	209	200	186	171	158	145	128	120	0
\$ 41,340	\$ 3,346 - 3,445	243	230	225	213	198	184	169	156	138	130	0
\$ 42,540	\$ 3,446 - 3,545	256	245	235	226	211	196	182	168	149	141	0
\$ 43,740	\$ 3,546 - 3,645	269	253	247	238	223	209	194	179	160	152	0
\$ 44,940	\$ 3,646 - 3,745	283	267	258	248	235	220	206	192	172	163	0
\$ 46,140	\$ 3,746 - 3,845	297	280	270	260	248	233	218	204	183	175	0
\$ 47,340	\$ 3,846 - 3,945	311	294	282	277	261	245	230	216	195	187	0
\$ 48,540	\$ 3,946 - 4,045	325	308	295	285	275	258	243	227	206	199	0
\$ 49,740	\$ 4,046 - 4,145	340	322	307	295	288	271	255	240	217	210	0
\$ 50,940	\$ 4,146 - 4,245	354	337	325	319	301	284	268	252	229	222	0
\$ 52,140	\$ 4,246 - 4,345	368	351	335	325	315	298	281	265	241	234	0
\$ 53,340	\$ 4,346 - 4,445	382	364	347	340	329	312	295	278	253	246	0
\$ 55,740	\$ 4,446 - 4,645	411	392	380	370	356	339	322	305	279	271	0
\$ 56,940	\$ 4,646 - 4,745	426	407	395	387	370	353	335	319	292	284	0
\$ 58,140	\$ 4,746 - 4,845	441	421	405	395	384	366	349	332	305	298	0
\$ 59,340	\$ 4,846 - 4,945	456	436	425	417	398	380	362	345	317	311	0
\$ 60,540	\$ 4,946 - 5,045	471	451	437	425	412	394	376	358	330	320	0
\$ 61,740	\$ 5,046 - 5,145	487	467	445	440	428	409	400	372	343	327	0
\$ 62,940	\$ 5,146 - 5,245	503	482	462	455	443	423	404	386	356	350	0

For each additional \$100 of monthly income, add \$10 of liability fee.

.79 The following form has been prepared by the department, and may be used by the county welfare departments for completing the monthly liability determination.

HANDBOOK CONTINUES

SOCIAL SERVICES STANDARDS
SERVICE PROGRAM NO. 5: PERMANENT PLACEMENT

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CHAPTER 30-400 PERMANENT PLACEMENT

Entire chapter either renumbered to Division 31 by CDSS Manual Letter No. CWS-93-01, effective 7/1/93 or repealed by CDSS Manual Letter No. SS-93-03, effective 7/1/93.

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CHAPTER 30-500 SERVICE PROGRAM NO. 5: INDEPENDENT LIVING PROGRAM**30-501 GENERAL****30-501**

- .1 The purpose of the Independent Living Program is to provide services and activities to assist all eligible youth to prepare to live independently.
- .2 Independent Living Programs shall be designed to deliver services and utilize funds only for the purposes specified in this chapter.
- .3 Independent Living Program funds shall not be used to supplant any other funds which are available for the same general purpose.

NOTE: Authority cited: Sections 10553, 10554, and 10609.4, Welfare and Institutions Code. Reference: Sections 366, 706.6, 727.2 and .3, 10609.4, 16501, and 16501.5, Welfare and Institutions Code; and 42 U.S.C. Sections 675 and 677.

30-502 SPECIAL DEFINITIONS**30-502**

- (a) Reserved
- (b) Reserved
- (c) (1) "County Plan" means, for the purpose of the Independent Living Program, a written document that describes the county programs goals and objectives to meet the services needs and activities of ILP youth.
- (d) Reserved
- (e) Reserved
- (f) (1) "Foster Care" means 24 hour substitute care for children placed away from their parents or guardians and for whom the state or county agency has placement and care responsibility. A child is considered to be in foster care, for the purposes of the ILP, if he/she is likely to remain in foster care until age 18.
- (g) Reserved
- (h) Reserved
- (i) Reserved

30-502 GENERAL (Continued)

30-502

- (j) Reserved
- (k) Reserved
- (l) Reserved
- (m) Reserved
- (n) Reserved
- (o) Reserved
- (p) Reserved
- (q) Reserved
- (r) Reserved
- (s) Reserved
- (t) Reserved
- (u) Reserved
- (v) Reserved
- (w) Reserved
- (x) Reserved
- (y) (1) "Youth" means, for the purpose of the Independent Living Program, children 16 years of age up to the day prior to their 21st birthday.
- (z) Reserved

NOTE: Authority cited: Sections 10553, 10554, and 10609.4, Welfare and Institutions Code; and Section 1559.110, Health and Safety Code. Reference: Sections 366, 706.6, 727.2 and .3, 10609.4, 16501, and 16501.5, Welfare and Institutions Code; and 42 U.S.C. Sections 675 and 677.

SOCIAL SERVICES STANDARDS

Regulations

SERVICE PROGRAM NO. 5: INDEPENDENT LIVING PROGRAM

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30-503 COUNTY PLANS AND REPORTING REQUIREMENTS

30-503

- .1 County agencies shall collect and report client data, program activities, and costs including, but not limited to, the SOC 405A (Rev. 10/02) and the Annual ILP Narrative Report and Plan. These reports shall confirm that expenditures were specific to the purpose of ILP and meet federal and state requirements against fraud and abuse. The counties shall also include a plan for program improvements.

NOTE: Authority Cited: Sections 10553, 10554, and 10609.4, Welfare and Institutions Code. Reference: Sections 366, 706.6, 727.2 and .3, 10609.4, 16501, and 16501.5, Welfare and Institutions Code; and 42 U.S.C. Sections 675 and 677.

30-504 SERVICE DELIVERY METHODS

30-504

- .1 Independent living services shall be provided to all eligible youth, based on the needs, services and goals identified in the most recently completed Transitional Independent Living Plan (TILP).

NOTE: Authority Cited: Sections 10553, 10554, and 10609.4, Welfare and Institutions Code. Reference: Sections 366, 706.6, 727.2 and .3, 10609.4, 16501, and 16501.5, Welfare and Institutions Code; and 42 U.S.C. Sections 675 and 677.

30-505 ELIGIBILITY STANDARDS

30-505

- .1 Eligibility for the ILP shall be determined pursuant to the requirements set forth in Section 31-525. Eligibility shall not be determined by outside agencies such as contractors and vendors.

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- .11 Welfare and Institutions Code Section 16501(c) specifies, in part, as follows:

- .111 Counties shall not contract for needs assessment, client eligibility determination, or any other activity as specified by regulations of the State Department of Social Services, except as specifically authorized in Section 16100.

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NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 16501(c), Welfare and Institutions Code; and 42 U.S.C. Section 677.

30-506 COUNTIES' RESPONSIBILITIES**30-506**

- .1 Counties shall administer the county Independent Living Program (ILP) and shall adhere to all reporting requirements including, but not limited to, the SOC 405A (Rev. 10/02) and the Annual ILP Narrative Report and Plan.
- .2 The county of jurisdiction shall be financially responsible for provision of ILP services for eligible foster/probation youth.
- .3 The county of an emancipated youth's last jurisdiction shall be financially responsible for provision of the ILP.
- .4 The county in which the youth resides shall ensure that eligible youth are given the opportunity to participate in the ILP regardless of whether the youth is residing in their county of jurisdiction. This also applies to emancipated youth who are awaiting the county of last jurisdiction to complete the fiscal and/or administrative process to fund the ILP services that they are receiving.
 - .41 For dependent youth or wards placed out of county, the county of the youth's jurisdiction shall collaborate with the county of placement to ensure that eligible youth receive ILP core services, based upon the youth's most recent TILP. These ILP core services shall be initiated at least 10 working days from the date of the most recently completed TILP, or as soon as practically possible, as documented in the TILP.
 - .42 The county of residence shall collaborate with the county of last jurisdiction to provide emancipated youth with ILP core services within 10 working days from the date of most recently completed TILP and/or the youth's written request for services, or as soon as practically possible, as documented by the county of residence.
 - .43 The ILP of the county of residence shall, within 72 hours or sooner if needed, provide referral services to emancipated youth who have an immediate, urgent, need for food, shelter or clothing services.
 - .44 No core services shall be denied or delayed to an eligible youth because the county of jurisdiction has not completed the fiscal and/or administrative process to fund ILP services.
- .5 Counties shall offer and provide ILP core services as identified in MPP Section 31-236 to emancipated youth, legally emancipated minors, and KinGap youth who are otherwise eligible.
- .6 Counties shall collaborate with other public and private agencies to ensure the availability of core services identified in MPP Section 31-525 and shall not duplicate or replace services that are available through other agencies, programs or funding sources.

SOCIAL SERVICES STANDARDS

30-506 COUNTIES' RESPONSIBILITIES (Continued) 30-506

- .7 Counties shall expend not more than 30% of their ILP allocation, for a fiscal year, for room and board for eligible emancipated youth up to 21 years of age.
- .8 Counties shall ensure that none of their ILP allocation will be expended for room and board for any child who has not attained 18 years of age.
- .9 Counties shall ensure that benefits, services, and treatment are fair and equitable to all eligible youth and shall provide core services as identified in MPP Section 31-525 based on individual needs and goals as documented in the TILP.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 358.1(b), 366, 706, 727.2, 11215, 16500.1, 16500.5, 16501, 16502.1, and 18987.6, Welfare and Institutions Code; and 42 U.S.C. Sections 675 and 677.

30-507 EMANCIPATED YOUTH STIPEND 30-507

- .1 Independent Living Program (ILP) Coordinators may utilize the Emancipated Youth Stipend to provide assistance to emancipated youth who are eligible for the ILP pursuant to Welfare and Institutions Code Section 10609.3.

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- .11 Welfare and Institutions Code Section 10609.3(e) states:
 - “(1) Effective July 1, 2000, the department, in consultation with the Independent Living Program Strategic Planning Committee, shall develop and implement a stipend to supplement and not supplant the Independent Living Program. To qualify for this stipend, a youth shall be otherwise eligible for the Independent Living Program, have been emancipated from foster care to live on his or her own, and be approved by the county. The stipend may provide for, but not be limited to, assisting the youth with the following independent living needs:
 - “(A) Bus passes.
 - “(B) Housing rental deposits and fees.

HANDBOOK CONTINUES

30-507 EMANCIPATED YOUTH STIPEND (Continued) 30-507

HANDBOOK CONTINUES

- “(C) Housing utility deposits and fees.
- “(D) Work-related equipment and supplies.
- “(E) Training-related equipment and supplies.
- “(F) Education-related equipment and supplies.

- “(2) Notwithstanding Section 10101, the state shall pay 100 percent of the nonfederal costs associated with the stipend program in paragraph (1), subject to the availability of funding provided in the annual Budget Act.”

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NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 10609.3(e)(1), Welfare and Institutions Code.

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CHAPTER 30-600 SERVICE PROGRAM NO. 6: OUT-OF-HOME CARE FOR ADULTS

30-600 GENERAL 30-600

- .1 Services provided under this program shall be directed only at Goals 3, 4, and 5.

30-602 DEFINITIONS 30-602

- .1 **"Out-of-home care"** means a living arrangement in which a recipient is provided with room and board in a protective setting.
- .2 **"Out-of-home care for adults"** means those activities and purchases by social services staff on behalf of adults who cannot remain in their own homes or other independent living arrangements, and are in or are being considered for placement in out-of-home care facilities. Such activities include providing necessary assistance with placement, care, adjustment, discharge or transfer into and from foster family settings, halfway houses, nonmedical out-of-home care facilities, and medical facilities.
- .3 **"Nonmedical out-of-home care facility"** means a facility licensed to provide residential care or a private home or other facility which provides personal care and supervision.
- .4 **"Medical facility"** means a general acute care hospital, acute psychiatric hospital, skilled nursing facility, or intermediate care facility in which an individual receives necessary medical care.

30-610 ELIGIBILITY 30-610

- .1 An adult shall be eligible to receive out-of-home care for adults if he/she is one of the following:
 - .11 A recipient of SSI/SSP, as defined in Section 30-002(y)(3).
 - .12 An income eligible as defined in Section 30-002(h)(1).
- .2 Any eligible adult who requests services, or for whom a referral is received for out-of-home care for adults, shall be considered to be in need of such services until an assessment of actual needs has been made which indicates otherwise.

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SOCIAL SERVICES STANDARDS
SERVICE PROGRAM NO. 7: IN-HOME SUPPORTIVE SERVICES

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30-700 **PROGRAM DEFINITION** **30-700**

- .1 The In-Home Supportive Services (IHSS) Program provides assistance to those eligible aged, blind and disabled individuals who are unable to remain safely in their own homes without this assistance. IHSS is an alternative to out-of-home care. Eligibility and services are limited by the availability of funds.
- .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.
- .4 All civil rights laws, rules, and regulations of Division 21 shall be complied with in administering IHSS program regulations.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Section 14132.95, Welfare and Institutions Code.

30-701 **SPECIAL DEFINITIONS** **30-701**

- (a) (1) Administrative costs are those costs necessary for the proper and efficient administration of the county IHSS program as defined below. Activities considered administrative in nature include, but are not limited to:
- (A) Determine eligibility;
 - (B) Conduct needs assessments;
 - (C) Give information and referrals;
 - (D) Establish case files;
 - (E) Process Notices of Action;
 - (F) Arrange for services;
 - (G) Compute shares of cost;
 - (H) Monitor and evaluate contractor performance;
 - (I) Respond to inquiries;
 - (J) Audit recipient and individual provider timesheets;

30-701 SPECIAL DEFINITIONS (Continued) 30-701

- (K) Enter case and payroll information into the CMIPS;
- (L) Screen potential providers and maintain a registry or list.
- (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.
- (3) Allocation means federal, state, and county monies which are identified for a county by the Department for the purchase of services in the IHSS Program.
- (b) (1) Base Allocation means all federal, state and county monies identified for counties by the Department for the purchase of services in the IHSS Program, exclusive of any provider COLA allocation, but including recipient COLA.
- (2) Base Rate means the amount of payment per unit of work before any premium is applied for overtime or related extraordinary payments.
- (c) (1) Certified Long-Term Care Insurance Policy or Certificate or certified policy or certificate means any long-term care insurance policy or certificate, or any health care service plan contract covering long-term care services, which is certified by the California Department of Health Services as meeting the requirements of Welfare and Institutions Code Section 22005.
- (2) Compensable services are only those services for which a provider could legally be paid under the statutes.
- (3) Consumer means an individual who is a current or past user of personal care services, as defined by Section 30-757.14, paid for through public or private funds or a recipient of IHSS or PCSP.
- (4) County Plan means the annual plan submitted to the California Department of Social Services specifying how the county will provide IHSS and PCSP.
- (5) CRT or Cathode Ray Tube means a device commonly referred to as a terminal which is used to enter data into the IHSS payrolling system.

30-701 **SPECIAL DEFINITIONS (Continued)** **30-701**

- (6) CRT County means a county in which one or more CRTs have been located allowing the county to enter its data directly into the payrolling system.
- (d) (1) Deeming means procedures by which the income and resources of certain relatives, living in the same household as the recipient, are determined to be available to the recipient for the purposes of establishing eligibility and share of cost.
- (2) Designated county department means the department designated by the county board of supervisors to administer the IHSS program.
- (3) Direct advance payment means a payment to be used for the purchase of authorized IHSS which is sent directly to the recipient in advance of the service actually being provided.
- (e) (1) Employee means the provider of IHSS under the individual delivery method as defined in Section 30-767.13.
- (2) Employer means the recipient of IHSS when such services are purchased under the individual delivery method as defined in Section 30-767.13.
- (3) Equity Value means a resource's current market value after subtracting the value of any liens or encumbrances against the resources which are held by someone other than the recipient or his/her spouse.
- (f) (Reserved)
- (g) Gatekeeper Client means a person eligible for, but not placed in a skilled or intermediate care facility as a result of preadmission screening.
- (h) (1) Hours Worked means the time during which the provider is subject to the control of the recipient, and includes all the time the provider is required or permitted to work, exclusive of time spent by the provider traveling to and from work.
- (2) Housemate means a person who shares a living unit with a recipient. An able and available spouse or a live-in provider is not considered a housemate.
- (i) (1) "Intercounty Transfer" means a transfer of responsibility for the provision of IHSS services from one county to another when the recipient moves to a new county and continues to be eligible for IHSS:
 - (A) "Transferring County" means the county currently authorizing IHSS services.
 - (B) "Receiving County" means the county to which the recipient moves to make his/her home.

30-701 SPECIAL DEFINITIONS (Continued) 30-701

- (C) "Transfer Period" means the period during which the transferring county remains responsible for payment of IHSS services, after which the receiving county will be responsible for payment. The transfer period starts when the transferring county sends the documentation, including the notice of transfer form, and records to the receiving county.

- (D) "Expiration of Transfer Period" means the end of the transfer period. The transfer period shall end as soon as administratively possible but no later than the first day of the month following 30 calendar days after the notification of transfer form is sent to the receiving county or as allowed in Section 30-759.96.

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(E) Example: The transferring county sends a notification of transfer form along with documents to the receiving county on January 20th.

The receiving county has 30 calendar days to return the transfer form. The receiving county returns the transfer form on February 19th, stating that they will assume responsibility effective March 1st.

- The transfer period begins January 20th.

- The transfer period ends on March 1st. IHSS payment is terminated by the transferring county.

- The receiving county begins IHSS payment effective March 1st and the transfer is complete.

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(j) (Reserved)

(k) (Reserved)

(l) (1) Landlord/Tenant Living Arrangement means a shared living arrangement considered to exist when one housemate, the landlord, allows another, the tenant, to share housing facilities in return for a monetary or in-kind payment for the purpose of augmenting the landlord's income. A landlord/tenant arrangement is not considered to exist between a recipient and his/her live-in provider. Where housemates share living quarters for the purpose of sharing mortgage, rental, and other expenses, a landlord tenant relationship does not exist, though one housemate may customarily collect the payment(s) of the other housemate(s) in order to pay mortgage/rental payments in a lump sum.

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

(3) Live-In Provider means a provider who is not related to the recipient and who lives in the recipient's home expressly for the purpose of providing IHSS-funded services.

30-701 SPECIAL DEFINITIONS (Continued) 30-701

- (4) A list means any informal or formal listing or registry of written name(s) of prospective In-Home Support Services providers maintained by the county agency, county social services staff, a contractor as defined under Welfare and Institutions Code Section 12302.1, or any public or private agency for purposes of referring the prospective providers for employment.
- (m) Minor means any person under the age of eighteen who is not emancipated by marriage or other legal action.
- (n) (1) Net Nonexempt Income means income remaining after allowing all applicable income disregards and exemptions.
- (2) Nonprofit consortium means an association that has a tax-exempt status and produces a tax exempt status certificate and meets the definition of a nonprofit organization as contained in OMB Circular A-122 found at Federal Register, Vol. 45, No. 132, dated July 8, 1980.

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- (A) OMB Circular A-122 found at Federal Register, Vol. 45, No. 132, dated July 8, 1980, defines a nonprofit organization as one which:
 - (1) Operates in the public interest for scientific, educational, service or charitable purposes;
 - (2) Is not organized for profit making purposes;
 - (3) Is not controlled by or affiliated with an entity organized or operated for profit making purposes; and
 - (4) Uses its net proceeds to maintain, improve or expand its operations.

HANDBOOK ENDS HERE

- (o) (1) Out-of-Home Care Facility means a housing unit other than the recipient's own home, as defined in (o) (2) below. Medical out-of-home care facilities include acute care hospitals, skilled nursing facilities, and intermediate care facilities. Nonmedical out-of-home care facilities include community care facilities and homes of relatives which are exempt from licensure, as specified in Section 46-325.5, where recipients are certified to receive board and care payment level from SSP.
- (2) Own Home means the place in which an individual chooses to reside. An individual's "own home" does not include an acute care hospital, skilled nursing facility, intermediate care facility, community care facility, or a board and care facility. 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.

30-701	SPECIAL DEFINITIONS (Continued)	30-701
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- (p) (1) Paper County means a county which sends its data in paper document form for entry into the payroll system to the IHSS payroll contractor.
- (2) Payment Period means the time period for which wages are paid. There are two payment periods per month corresponding to the first of the month through the fifteenth of the month and the sixteenth of the month through the end of the month.
- (3) Payrolling System means a service contracted for by the state with a vendor to calculate paychecks to individual providers of IHSS; to withhold the appropriate employee taxes from the provider's wages; to calculate the employer's taxes; and to prepare and file the appropriate tax return.
- (4) Personal Attendant means a provider who is employed by the recipient and, as defined by 29 CFR 552.6, who spends at least eighty percent of his/her time in the recipient's employ performing the following services:
- (A) Preparation of meals, as provided in Section 30-757.131.
 - (B) Meal clean-up, as provided in Section 30-757.132.
 - (C) Planning of menus, as provided in Section 30-757.133.
 - (D) Consumption of food, as provided in Section 30-757.14(c).
 - (E) Routine bed baths, as provided in Section 30-757.14(d).
 - (F) Bathing, oral hygiene and grooming, as provided in Section 30-757.14(e).
 - (G) Dressing, as provided in Section 30-757.14(f).
 - (H) Protective supervision, as provided in Section 30-757.17.
- (5) Preadmission Screening means personal assessment of an applicant for placement in a skilled or intermediate care facility, prior to admission to determine the individual's ability to remain in the community with the support of community-based services.
- (6) Provider Cost-of-Living Adjustment (COLA) means all federal, state and county monies identified for counties by SDSS for the payment of wage and/or benefit increases for service providers in the IHSS program.

30-701**SPECIAL DEFINITIONS (Continued)****30-701**

- (7) Public Authority means:
- (A) An entity established by the board of supervisors by ordinance, separate from the county, which has filed the statement required by Section 53051 of the Government Code, and
 - (B) A corporate public body, exercising public and essential governmental functions and that has all powers necessary and convenient to carry out the delivery of in-home supportive services, including the power to contract for services and make or provide for direct payment to a provider chosen by a recipient for the purchase of services.
- (q) (Reserved)
- (r) (1) Recipient means a person receiving IHSS, including applicants for IHSS when clearly implied by the context of the regulations.
- (2) Reduced payment means any payment less than full payment that may be due.
- (s) (1) Severely Impaired Individual means a recipient with a total assessed need, as specified in Section 30-763.5, for 20 hours or more per week of service in one or more of the following areas:
- (A) Any personal care service listed in Section 30-757.14.
 - (B) Preparation of meals.
 - (C) Meal cleanup when preparation of meals and consumption of food (feeding) are required.
 - (D) Paramedical services.
- (2) Shared Living Arrangement means a situation in which one or more recipients reside in the same living unit with one or more persons. A shared living arrangement does not exist if a recipient is residing only with his/her able and available spouse.
- (3) Share of cost means an individual's net non-exempt income in excess of the applicable SSI/SSP benefit level which must be paid toward the cost of IHSS authorized by the county.
- (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.

30-701	SPECIAL DEFINITIONS (Continued)	30-701
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- (5) SSI/SSP means the Supplemental Security Income and State Supplementary Program administered by the Social Security Administration of the United States Department of Health and Human Services in California.
- (6) State Allocation Plan means that process whereby individual county IHSS program allocations are developed in a manner consistent with a) Welfare and Institutions Code Sections 10102 and 12300 et seq., and b) funding levels appropriated and any control provision contained in the Annual Budget Act.
- (7) State-mandated program cost means those county costs incurred for the provision of IHSS to recipients, as specified in Section 30-757, 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.
- (8) Substantial Gainful Activity means work activity that is considered to be substantial gainful activity under the applicable regulations of the Social Security Administration, 20 CFR 416.932 through 416.934. Substantial work activity involves the performance of significant physical or mental duties, or a combination of both, productive in nature. Gainful work activity is activity for remuneration of profit, or intended for profit, whether or not profit is realized, to the individual performing it or to the persons, if any, for whom it is performed, or of a nature generally performed for remuneration or profit.
- (9) Substitute Payee means an individual who acts as an agent for the recipient.
- (t) Turnaround Timesheet means a three-part document issued by the state consisting of the paycheck, the statement of earnings, and the timesheet to be submitted for the next pay period.
- (u) (Reserved)
- (v) (1) Voluntary Services Certification is the form numbered SOC 450 (10/98) which is incorporated by reference and which is to be used statewide by person(s) providing voluntary services without compensation.
- (w) (Reserved)
- (x) (Reserved)
- (y) (Reserved)
- (z) (Reserved)

NOTE: Authority cited: Sections 10553, 10554, 12301.1, and 22009(b), Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 10554, 11102, 12300(c), 12301, 12301.6, 12304, 12306, 12308, 13302, 14132.95, 14132.95(e), 14132.95(f), and 22004, Welfare and Institutions Code.

30-755 PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM**30-755****.1 Eligibility**

.11 A person is eligible for IHSS who is a California resident living in his/her own home, and who meets one of the following conditions:

.111 Currently receives SSI/SSP benefits.

.112 Meets all SSI/SSP eligibility criteria including income, but does not receive SSI/SSP benefits.

.113 Meets all SSI/SSP eligibility criteria, except for income in excess of SSI/SSP eligibility standards and meets applicable share of cost obligations.

.114 Was once eligible for SSI/SSP benefits, but became ineligible because of engaging in substantial gainful activity, and meets all of the following conditions:

(a) The individual was once determined to be disabled in accordance with Title XVI of the Social Security Act (SSI/SSP).

(b) The individual continues to have the physical or mental impairments which were the basis of the disability determination.

(c) The individual requires assistance in one or more of the areas specified under the definition of "severely impaired individual" in Section 30-753.

(d) The individual meets applicable share of cost obligations.

.12 Otherwise eligible applicants, currently institutionalized, who wish to live in their own homes and who are capable of safely doing so if IHSS is provided, shall upon application receive IHSS based upon a needs assessment.

.121 Service delivery shall commence upon the applicant's return home, except that authorized services as specified in Section 30-757.12 may be used to prepare for the applicant's return home.

.2 Eligibility Determination

.21 Eligibility shall be determined by county social service staff at the time of application, at subsequent 12-month intervals, and when required based on information received about changes in the individual's situation.

.22 Eligibility for current recipients of SSI/SSP shall be determined by verifying receipt of SSI/SSP. This can be done in any of the following ways:

30-755 PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM (Continued) 30-755

.221 Seeing the current SSI/SSP Notice of Determination.

.222 Seeing the current SSI/SSP benefit check.

.223 Contacting the Social Security District Office.

.224 Checking the Medi-Cal Eligibility Data System (MEDS) or the State Data Exchange (SDX) screens.

.23 Eligibility for those persons described in Sections 30-755.112, .113, and .114 above shall be determined as follows:

.231 Age, blindness, and disability shall be determined by social service staff using the eligibility standards specified in Sections 30-770 through 30-775.

(a) Age, blindness or disability may be established by looking at the third and fourth digits of the Medi-Cal number. If the number is 10, the recipient is aged; if 20, the recipient is blind; and if 60, the recipient is disabled. However, if the third and fourth digits of the number are not 20 or 60, a new determination of blindness or disability may be required.

.232 Residence, property, and net nonexempt income shall be determined by social service staff using the eligibility standards specified in Sections 30-770 through 30-775.

.233 Net nonexempt income in excess of the applicable SSI/SSP benefit level shall be applied to the cost of IHSS.

(a) Payment of the entire obligated share of cost is a condition of eligibility for IHSS.

(b) Providers shall have the primary responsibility for collecting any share of cost owed to them.

(1) The county may collect the share of cost.

(2) Counties shall have the responsibility for collection of any share of cost which must be paid against the provider's tax liability.

(c) If a recipient fails to pay his/her entire obligated share of cost within the month for which it is obligated, IHSS shall be terminated.

30-755 PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM (Continued) 30-755

- (1) Termination will be effective the last day of the month following the month of discovery of the recipient's failure to pay his/her entire obligated share of cost.
- (d) If an applicant/recipient states verbally or in writing that he/she will not pay his/her share of cost, the applicant/recipient shall not be eligible for IHSS services.
- .24 Notwithstanding Section 30-755.232 above, net nonexempt income for persons specified in Section 30-755.113 above shall be determined, depending on the aid category to which the individual was linked in December, 1973, according to the Old Age Security (OAS), Aid to the Blind (AB) and Aid to the Totally Disabled (ATD) income regulations which would have been applicable in the individual's case in June, 1973, if it is to the person's advantage and either of the following conditions is met:
- .241 In December 1973 the person was receiving only homemaker/chore services or was receiving an OAS, AB or ATD cash grant solely for attendant care, and has received IHSS services continuously since that date.
- .242 In December 1973 the person had applied for attendant care of homemaker/chore service, met all eligibility requirements in that month, and has received IHSS services continuously since that date.
- .25 The case record for persons specified in .111 above shall indicate the information used to determine receipt of SSI/SSP benefits.
- .26 The case record for persons specified in Sections 30-755.112, .113, and .114 above shall include:
- .261 The information used by the county to determine age, blindness or disability.
- .262 The information regarding the recipient's property, income, and living situation used by the county in determining eligibility. Such information shall be recorded on a statement of facts form which shall be signed by the recipient or his/her authorized representative under penalty of perjury, and shall be dated. The county shall verify income. The county may verify other information if necessary to insure a correct eligibility determination.

30-755 PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM (Continued) 30-755

.263 For persons eligible under .114 above, the information used to decide that the recipient was once determined to be eligible for SSI/SSP, was once determined to be disabled as provided in .114(a) above, and was discontinued from SSI/SSP because of engaging in substantial gainful activity.

.264 The computation of the amount the recipient must pay toward the cost of in-home supportive services.

.3 Medi-Cal

.31 Recipients of services under .112, .113, and .114 above are eligible for Medi-Cal, provided that any net nonexempt income in excess of the SSI/SSP benefit level shall be applied to the cost of in-home supportive services.

NOTE: Authority cited: Sections 10553, 10554, and 12150, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 10554, 12304.5, 12305, and 14132.95, Welfare and Institutions Code.

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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;

30-756 NEED (Continued) 30-756

- (f) Bathing and grooming;
 - (g) Dressing;
 - (h) Bowel, bladder and menstrual;
 - (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.

30-756 **NEED** (Continued) **30-756**

- .36 The order in which the physical functions are listed in Sections 30-756.2(a) through (k) is hierarchical.

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.

HANDBOOK ENDS HERE

- .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.

NOTE: 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.

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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.

- .11 Domestic services which are limited to the following:
 - (a) Sweeping, vacuuming, washing and waxing of floor surfaces.
 - (b) Washing kitchen counters and sinks.
 - (c) Cleaning the bathroom.
 - (d) Storing food and supplies.
 - (e) Taking out garbage.
 - (f) Dusting and picking up.
 - (g) Cleaning oven and stove.
 - (h) Cleaning and defrosting refrigerator.
 - (i) Bringing in fuel for heating or cooking purposes from a fuel bin in the yard.
 - (j) Changing bed linen.
 - (k) Miscellaneous domestic services (e.g., changing light bulbs) when the service is identified and documented by the caseworker as necessary for the recipient to remain safely in his/her home.

- .12 Heavy cleaning which involves thorough cleaning of the home to remove hazardous debris or dirt.
 - .121 The county shall have the authority to authorize this service only at the time IHSS is initially granted, to enable the provider to perform continuous maintenance; or if a lapse in eligibility occurs, eligibility is reestablished, and IHSS has not been provided within the previous 12 months. The county shall also have the authority to authorize this service should the recipient's living conditions result in a threat to his/her safety and such service may be authorized where a recipient is at risk of eviction for failure to prepare his/her home or abode for fumigation as required by statute or ordinance. The caseworker shall document the circumstances, justifying any such allowance.

- .13 Related services limited to:
 - .131 Preparation of meals, includes such tasks as washing vegetables, trimming meat, cooking, setting the table, serving the meals, and cutting the food into bite-size pieces.
 - .132 Meal clean-up, including washing and drying dishes, pots, utensils, and culinary appliances, and putting them away.
 - .133 Planning of menus.

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30-757 **PROGRAM CONTENT (Continued)** **30-757**

.134 Restaurant meal allowance.

(a) An aged or disabled client who has adequate cooking facilities at home but whose disabilities prevent their use shall be advised of his/her option to receive a restaurant meal allowance in lieu of the services specified in .131 through .133, above, and shopping for food which the recipient would otherwise receive.

(1) The amount of the restaurant meal allowance shall be that specified in Welfare and Institutions Code Section 12303.7 or as otherwise provided by law.

(A) IHSS restaurant meal allowances established in accordance with Welfare and Institutions Code Section 12303.7 shall be as follows:

<u>Allowance for an Individual</u>	<u>Allowance for a Couple</u>
\$62.00 per month	\$124.00 per month

(2) A recipient who receives a restaurant meal allowance as part of his/her SSP grant shall not receive a restaurant meal allowance from IHSS.

(3) An aged or disabled recipient who is an SSP recipient, who requests a restaurant meal allowance, and who does not have adequate cooking facilities at home shall be referred to SSP.

30-757 **PROGRAM CONTENT (Continued)** **30-757**

- .135 Laundry services including the tasks of washing and drying laundry, mending, ironing, folding, and storing clothes on shelves or in drawers.
 - (a) Laundry facilities are considered available in the home if, at a minimum, there exists a washing machine and a capability to dry clothes on the premises.
 - (b) The need for out-of-home laundry services exists when laundry facilities are not available on the premises and it is therefore necessary to go outside the premises to accomplish this service. Included in out-of-home laundry is the time needed to travel to/from a locally available laundromat or other laundry facility.

- .136 Reasonable food shopping and other shopping/errands limited to the nearest available stores or other facilities consistent with the client's economy and needs.
 - (a) The county shall not authorize additional time for the recipient to accompany the provider.
 - (b) Food shopping includes the tasks of making a grocery list, travel to/from the store, shopping, loading, unloading, and storing food.
 - (c) Other shopping/errands includes the tasks of making a shopping list, travel to/from the store, shopping, loading, unloading, and storing supplies purchased, and/or performing reasonable errands such as delivering a delinquent payment to avert an imminent utility shut-off or picking up a prescription, etc.

- .14 Personal care services, limited to:
 - (a) Bowel and bladder care, such as assistance with enemas, emptying of catheter or ostomy bags, assistance with bed pans, application of diapers, changing rubber sheets and assistance with getting on and off commode or toilet.
 - (b) Respiration limited to nonmedical services such as assistance with self-administration of oxygen and cleaning IPPB machines.
 - (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.

30-757 **PROGRAM CONTENT (Continued)** **30-757**

- (d) Routine bed baths.
- (e) Bathing, oral hygiene and grooming.
- (f) Dressing.
- (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) Moving into and out of bed.
- (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.
- (j) Routine menstrual care, limited to application of sanitary napkins and external cleaning.
- (k) Ambulation, consisting of assisting the recipient with walking or moving the recipient from place to place.

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30-757 **PROGRAM CONTENT (Continued)** **30-757**

- .15 Assistance by the provider is available for transportation when the recipient's presence is required at the destination and such assistance is necessary to accomplish the travel, limited to:
 - .151 Transportation to and from appointments with physicians, dentists and other health practitioners.
 - .152 Transportation necessary for fitting health related appliances/devices and special clothing.
 - .153 Transportation under .151 and .152 above shall be authorized only after social service staff have determined that Medi-Cal will not provide transportation in the specific case.
 - .154 Transportation to the site where alternative resources provide in-home supportive services to the recipient in lieu of IHSS.
- .16 Yard hazard abatement is light work in the yard which may be authorized for:
 - .161 Removal of high grass or weeds, and rubbish when this constitutes a fire hazard.
 - .162 Removal of ice, snow or other hazardous substances from entrances and essential walkways when access to the home is hazardous.
 - .163 Such services are limited by Sections 30.763.235(b) and .24.
- .17 Protective supervision consisting of observing recipient behavior in order to safeguard the recipient against injury, hazard, or accident.

30-757 PROGRAM CONTENT (Continued) 30-757

.171 This service is available for monitoring the behavior of nonself-directing, confused, mentally impaired, or mentally ill persons, with the following exceptions:

- (a) Protective supervision does not include friendly visiting or other social activities.
- (b) Supervision is not available when the need is caused by a medical condition and the form of the supervision required is medical.
- (c) Supervision is not available in anticipation of a medical emergency.
- (d) Supervision is not available to prevent or control anti-social or aggressive recipient behavior.

.172 Protective supervision is available under the following conditions:

- (a) Social service staff have determined that a twenty-four-hour need exists for protective supervision and that the recipient can remain at home safely if protective supervision is provided.
- (b) Services staff determine that the entire twenty-four-hour need for protective supervision can be met through any of the following, or combination of the following:
 - (1) IHSS
 - (2) Alternative resources.
 - (3) A reassurance phone service when feasible and appropriate.

.173 Services staff shall discuss with the recipient, or the recipient's guardian or conservator, the appropriateness of out-of-home care as an alternative to protective supervision.

| .174 (Reserved)

| .175 (Reserved)

30-757 **PROGRAM CONTENT (Continued)** **30-757**

.176 County Social Services staff shall obtain a signed statement from the provider(s) of record or any other person(s) who agrees to provide any In-Home Supportive Services (IHSS) or PCSP compensable service voluntarily. The statement [Form SOC 450 (10/98)] shall indicate that the provider knows of the right to compensated services, but voluntarily chooses not to accept any payment, or reduced payment, for the provision of services.

(a) The voluntary services certification for IHSS shall contain the following information:

- (1) Services to be performed;
- (2) Recipient(s) name;
- (3) Case number;
- (4) Day(s) and/or hours per month service(s) will be performed;
- (5) Provider of services;
- (6) Provider's address and telephone number;
- (7) Provider's signature and date signed;
- (8) Name and signature of Social Service Worker;
- (9) County; and
- (10) Social Security Number (Optional, for identification purposes only [Authority: Welfare and Institutions Code Section 12302.2]).

.18 Teaching and demonstration services provided by IHSS providers to enable recipients to perform for themselves services which they currently receive from IHSS. Teaching and demonstration services are limited to instruction in those tasks specified in .11, .13, .14, and .16 above.

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30-757 **PROGRAM CONTENT (Continued)** **30-757**

- .181 This service shall be provided by persons who ordinarily provide IHSS. The hourly rate of provider compensation shall be the same as that paid to other IHSS providers in the county for the delivery method used.
- .182 This service shall only be provided when the provider has the necessary skills to do so effectively and safely.
- .183 Services shall be authorized for no more than three months.
- .184 Services shall be authorized only when there is a reasonable expectation that there will be a reduction in the need for a specified IHSS funded service as a result of the service authorized under this category which is at least equivalent to the cost of the services provided under this category.
 - (a) The reduction in cost is equivalent if the full cost of service authorized under this part is recovered within six months after the conclusion of the training period.
- .185 Within seven months after completion of teaching and demonstration in a specific case, social service staff shall report in to the Department on the results of the service. The report shall include:
 - (a) The tasks taught.
 - (b) The instructional method used.
 - (c) The delivery method used.
 - (d) The frequency and duration of the instruction.
 - (e) The total need for each service to be affected both before and six months after the instruction.
 - (f) The results of instruction including the number of hours of each authorized IHSS funded service to be affected by the instruction both before and six months after the end of the instruction in hours per month.
 - (g) The hourly rate paid the provider.

30-757 PROGRAM CONTENT (Continued) 30-757

- .19 Paramedical services, under the following conditions:
 - .191 The services shall have the following characteristics:
 - (a) are activities which persons would normally perform for themselves but for their functional limitations,
 - (b) are activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health.
 - (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.
 - .192 The services shall be provided when ordered by a licensed health care professional who is lawfully authorized to do so. The licensed health care professional shall be selected by the recipient. The recipient may select a licensed health care professional who is not a Medi-Cal provider, but in that event shall be responsible for any fee payments required by the professional.
 - .193 The services shall be provided under the direction of the licensed health care professional.
 - .194 The licensed health care professional shall indicate to social services staff the time necessary to perform the ordered services.
 - .195 This service shall be provided by persons who ordinarily provide IHSS. The hourly rate of provider compensation shall be the same as that paid to other IHSS providers in the county for the delivery method used.
 - .196 The county shall have received a signed and dated order for the paramedical services from a licensed health care professional. The order shall include a statement of informed consent saying that the recipient 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 recipient, or his/her guardian or conservator. The order and consent shall be on a form developed or approved by the department.

30-757 **PROGRAM CONTENT (Continued)** **30-757**

- .197 In the event that social services staff are unable to complete the above procedures necessary to authorize paramedical services during the same time period as that necessary to authorize the services described in .11 through .18, social services staff shall issue a notice of action and authorize those needed services which are described in .11 through .18 in a timely manner as provided in Section 30-759. Paramedical services shall be authorized at the earliest possible subsequent date.

- .198 In no event shall paramedical services be authorized prior to receipt by social services staff of the order for such services by the licensed health care professional. However, the cost of paramedical services received may be reimbursed retroactively provided that they are consistent with the subsequent authorization and were received on or after the date of application for the paramedical services.

NOTE: 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; Miller v. Woods/Community Services for the Disabled v. Woods, Superior Court, San Diego County, Case Numbers 468192 and 472068; and Sections 12300, 12300(c)(7), 12300(f), 12300(g), and 12300.1, Welfare and Institutions Code.

30-758 **TIME PER TASK AND FREQUENCY GUIDELINES** **30-758**

- .1 When assessing the need for the services specified in .11 through .15 below in accordance with the provisions of Section 30-763.2, the assessed time shall not exceed the guidelines listed except as provided in .4 below.

- .11 Domestic services - The guideline time for "domestic services" shall not exceed 6.0 hours total per month per household.

HANDBOOK BEGINS HERE

- .111 Tasks included in domestic services are identified in Section 30-757.11.

HANDBOOK ENDS HERE

- .12 Laundry -
 - .121 For laundry services where laundry facilities are available in the home, the guideline time shall not exceed 1.0 hours total per week per household.

HANDBOOK BEGINS HERE

- (a) In-home laundry service is defined and limited in Section 30-757.135.
- (b) In assessing time for in-home laundry services, it is expected that the provider will accomplish other tasks while clothes are washing and drying.

HANDBOOK ENDS HERE

.122 For laundry services where laundry facilities are not available in the home, the guideline time shall not exceed 1.5 hours total per week per household.

HANDBOOK BEGINS HERE

- (a) Out-of-home laundry service is defined and limited in Section 30-757.135.
- (b) It is expected that the typical provider will use a local laundromat during nonpeak hour time and will utilize as many machines simultaneously as necessary for efficient time utilization.

HANDBOOK ENDS HERE

.13 Food Shopping - The guideline time for "food shopping" shall not exceed 1.0 hour total per week per household.

HANDBOOK BEGINS HERE

.131 Food shopping is defined and limited in Section 30-757.136.

HANDBOOK ENDS HERE

.14 Other shopping errands - The guideline time for "other shopping/errands" shall not exceed 0.5 hours total per week per household.

HANDBOOK BEGINS HERE

.141 Other shopping/errands is defined and limited in Section 30-757.136.

HANDBOOK ENDS HERE

- .2 Counties shall have the authority to develop and use time per task and frequency guidelines for other services, except:
 - .21 personal care services, Section 30-757.14.
 - .22 meal preparation, Section 30-757.131.
 - .23 meal clean-up, Section 30-757.132.
 - .24 paramedical services, Section 30-757.19.
- .3 No exceptions to time per task guidelines shall be made due to inefficiency or incompetence of the provider.
- .4 Welfare and Institutions Code Section 12301.2 states: Time per task guidelines can be used only if appropriate in meeting the individual's particular circumstances. Exceptions to time per task guidelines shall be made when necessary to enable the recipient to establish and maintain an independent living arrangement and/or remain safely in his/her home or abode of his/her own choosing.
 - .41 When an exception to a time per task guideline is made in an individual case, the reason for the exception shall be documented in the case file.

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

HANDBOOK BEGINS HERE

- .411 Documentation of the reason for the exception will provide necessary data to audit the effectiveness of each guideline in terms of:
- (a) achieving equity in assessments; and
 - (b) evaluating program costs.

HANDBOOK ENDS HERE

NOTE: 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.

30-759 **APPLICATION PROCESS** **30-759**

- .1 Each request or application for services shall have been made in accordance with Section 30-009.22.
- .11 Recipient information including ethnicity and primary language (including sign language) shall be collected and recorded in the case file.
- .2 Applications shall be processed, including eligibility determination and needs assessment, and notice of action mailed no later than 30 days following the date the written application is completed. An exception may be made for this requirement when a disability determination in accordance with Section 30-771 has not been received in the 30-day period. Services shall be provided, or arrangements for their provision shall have been made, within 15 days after an approval notice of action is mailed.
- .3 Pending final determination, a person may be considered blind or disabled for purposes of non-PCSP IHSS eligibility under the following conditions:
- .31 For a disabled applicant, eligibility may be presumed if the applicant is not employed and has no expectation of employment within the next 45 days, and if in the county's judgment the person appears to have a mental or physical impairment that will last for at least one year or end in death.
 - .32 For a blind applicant, eligibility may be presumed if in the county's judgment the person appears to meet the requirements of Section 30-771.2.

SOCIAL SERVICES STANDARDS**Regulations****SERVICE PROGRAM NO. 7: IN-HOME SUPPORT SERVICES****30-759 (Cont.)**

30-759 APPLICATION PROCESS (Continued)**30-759**

- .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.
- .5 Once services have been authorized, the authorization shall continue until there is a change in eligibility or assessed level of need.
- .6 The availability or continuity of services to a recipient shall not be limited or reduced because the county fails to comply with administrative processing standards in this section and in Section 30-761.2, unless the recipient has substantially contributed to the county's failure to comply.
- .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 30-763.8.
- .8 Emergency services may be authorized to aged, blind, or disabled persons prior to the completion of a needs assessment if the recipient meets the eligibility criteria specified in .3 above or in Section 30-755 and the recipient's needs warrant immediate provision of service. The county shall subsequently perform a complete needs assessment within 30 days after the date of application as specified in .4 above, and comply with the standards for application processing.
- .9 An intercounty transfer shall be initiated by the transferring county after receiving notification from the recipient or person as described in Section 30-760.1 of his/her move to a new county. This transfer shall be accomplished in accordance with the following procedures:
 - .91 The transferring county shall, within ten calendar days from the original date of notification, send (by mail or FAX) a notification of transfer form which includes a place for the names and numbers and telephone numbers of the social service workers from both the sending and receiving counties, the statement "Please sign and return a copy of this document which will verify that your county will accept responsibility for the case effective (date to be filled in)," a space for additional comments, and other documents pertaining to the transfer of responsibility and provision of IHSS to the receiving county. If faxed, mailed copy(ies) shall follow in a timely manner for auditing purposes.
 - .911 The documents required in Section 30-759.91 include, but are not limited to, an application for In-Home Supportive Services (SOC 295, 10/90); the most recent IHSS assessment, an IHSS provider eligibility update, a personal care services program provider enrollment form (SOC 428, 5/90), if applicable; a paramedical authorization form (SOC 321, 10/88), if applicable; current NOAs, and any information pertaining to overpayments and fraud investigations, if applicable.
- .92 There shall be no interruption or overlapping of services as the result of a recipient moving from one county to another.

30-759 APPLICATION PROCESS (Continued) 30-759

- .921 The transferring county is responsible for authorizing and funding services until the transfer period expires, at which time the receiving county becomes responsible.
- .922 If the recipient moves from the receiving county to a third county during the transfer period, the transferring county is responsible for canceling the transfer to the original receiving county and initiating the transfer to the new receiving county.
- .93 The receiving county shall complete and return a notification of transfer form to the transferring county within 30 days of receipt of the form.
- .931 If the notification of transfer form has not been returned within 30 calendar days by the receiving county, the transferring county shall contact the receiving county to assure that the new county has received the notification of transfer and is taking action.
- .94 As part of the transfer process, the receiving county shall complete a face-to-face assessment with the recipient during the transfer period.
- .941 There shall be no change in the recipient's level of authorized hours/benefits taken or initiated by the transferring county during the transfer period unless there is a substantive change in living arrangements or other eligibility factors as verified by the receiving county.

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- (a) Some examples of what is considered a "substantive change in living arrangements" follow:
1. A change in the number of persons living in the household;
 2. A change in the age(s) of persons living in the household;
 3. A change in the layout or location of living areas;
 4. A change in the number of rooms in the living space;
 5. A change in the availability of cooking facilities;
 6. A change in the availability of alternate resources.
- (b) The receiving county should be notified immediately once appropriate action, including a notice of action (NOA) is taken.

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30-759	APPLICATION PROCESS (Continued)	30-759
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- .95 When services are discontinued by the transferring county during the transfer period, and the recipient does not appeal the discontinuance through the state hearing process, any reapplication shall be treated as a new application with the county in which the recipient currently resides (receiving county).
- .96 When an IHSS recipient appeals a discontinuance, decrease of hours, or any adverse action against him/her by the transferring county during the transferring process, the transferring county shall maintain full responsibility for the case. The transferring county is accountable for the hearing and aid paid pending (if applicable), until a hearing decision is made, after which the transfer of the case to the receiving county can be completed.
- .97 If a person has an IHSS application pending at the time he/she moves to a new county, the responsibility for completion of the application shall remain with the transferring county in accordance with the following:
 - .971 If the person is eligible at the time the county of residence changes, a transfer process can be initiated.
 - .972 If a Determination of Disability is pending, responsibility shall be retained by the transferring county until the disability determination is received. The transferring county shall forward the disability determination, along with a notification of transfer form (see Section 30-759.91), within 10 calendar days of the date the determination was received.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 10950, 11102, 12301, and 14132.95, Welfare and Institutions Code.

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30-760	RESPONSIBILITIES	30-760
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.1 Applicant/Recipient Responsibilities

The applicant/recipient, his/her conservator, or in the case of a minor, his/her parents or guardian shall be responsible for:

- .11 Completing or participating in completion of all documents required in the determination of eligibility and need for services.
- .12 Making available to the county all documents that are in his/her possession or available to him/her which are needed to determine eligibility and need for service.
- .13 Reporting all known facts which are material to his/her eligibility and level of need.
- .14 Reporting within ten calendar days of the occurrence, any change in any of these facts.
- .15 Reporting all information necessary to assure timely and accurate payment to providers of service.
- .16 Reporting within 10 calendar days when a change of residence places the recipient within the jurisdiction of another county.

.2 County Responsibilities

- .21 Informing recipients of their rights and responsibilities in relation to eligibility and need for services.
- .22 Evaluating the capacity of applicants or recipients to discharge their responsibilities as set forth in .1 above.
- .23 Assisting recipients as needed in establishing their eligibility and need for service.
- .24 Correctly determining eligibility and need.
- .25 Complying with administrative standards to insure timely processing of recipient requests for service.

NOTE: Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 11102, 12301, and 14132.95, Welfare and Institutions Code.

30-761	NEEDS ASSESSMENT STANDARDS	30-761
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- .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.
 - .12 A needs assessment establishes a need for the services identified in Section 30-757 consistent with the purposes of the IHSS program, as specified in Section 30-750, except as provided in Section 30-759.8.
 - .13 Social services staff of the designated county department 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 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.
 - .14 Performance of the service by the recipient would constitute such a threat to his/her health/safety that he/she would be unable to remain in his/her own home.

30-761	NEEDS ASSESSMENT STANDARDS (Continued)	30-761
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.2 Needs Assessments

.21 Needs assessments are performed:

.211 Prior to the authorization of IHSS services when an applicant is determined to be eligible, except in emergencies as provided in Section 30-759.8.

.212 Prior to the end of the twelfth calendar month from the last assessment.

(a) If a reassessment is completed before the twelfth calendar month, the month for the next assessment shall be adjusted to the 12-month requirement.

.213 Whenever the county has information indicating that the recipient's physical/mental condition, or living/social situation has changed.

.22 Repealed by Manual Letter No. 82-67 (10/1/82).

.23 The designated county department shall not delegate the responsibility to do needs assessments to any other agency or organization.

.24 The needs assessment shall identify the types and hours of services needed and the services which will be paid for by the IHSS program.

.25 No services shall be determined to be needed which the recipient is able to perform in a safe manner without an unreasonable amount of physical or emotional stress.

30-761 NEEDS ASSESSMENT STANDARDS (Continued) 30-761

- .26 Social service staff shall determine the need for services based on all of the following:
- .261 The recipient's physical/mental condition, or living/social situation.
 - (a) These conditions and situations shall be determined following a face-to-face contact with the recipient, if necessary.
 - .262 The recipient's statement of need.
 - .263 The available medical information.
 - .264 Other information social service staff consider necessary and appropriate to assess the recipient's needs.
- .27 A needs assessment and authorization form shall be completed for each case and filed in the case record. The county shall use the needs assessment form developed or approved by the Department. The needs assessment form shall itemize the need for services and shall include the following:
- .271 Recipient information including age, sex, living situation, the nature, and extent of the recipient's functional limitations, and whether the recipient is severely impaired.
 - .272 The types of services to be provided through the IHSS program, the service delivery method and the number of hours per service per week.
 - .273 Types of IHSS provided without cost or through other resources, including sources and amounts of those services.
 - .274 Unmet need for IHSS.
 - .275 Beginning date of service authorization.

30-761 NEEDS ASSESSMENT STANDARDS (Continued) 30-761

- .28 Services authorized shall be justified by and consistent with the most recent needs assessment, but shall be limited by the provisions of Section 30-765.

- .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.

NOTE: 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.

30-763 SERVICE AUTHORIZATION 30-763

- .1 Services staff shall 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.

- .11 The applicant/recipient shall be required to cooperate to the best of his/her ability in the securing of medical verification which evaluates the following:
 - .111 His/her present condition.
 - .112 His/her ability to remain safely in his/her own home without IHSS services.
 - .113 His/her need for either medical or nonmedical out-of-home care placement if IHSS were not provided.
 - .114 The level of out-of-home care necessary if IHSS were not provided.

30-763 SERVICE AUTHORIZATION (Continued) 30-763

- .12 Applicant/recipient failure to cooperate as required in Section 30-763.11 shall result in denial or termination of IHSS.
- .2 Using the needs assessment form, services staff shall calculate the number of hours per week needed for each of the services determined to be needed by the procedure described in Section 30-763.1.
- .3 Shared Living Arrangements: The following steps apply to assessing need for clients who live with another person(s). With certain exceptions specified in Section 30-763.4, the need for IHSS shall be determined in the following manner.
 - .31 Domestic Services and Heavy Cleaning
 - .311 The living area in the house shall be divided into areas used solely by the recipient, areas used in common with others, and areas not used by the recipient.
 - .312 No need shall be assessed for areas not used by the recipient.
 - .313 The need for services in common living areas shall be prorated to all the housemates, the recipient's need being his/her prorated share.
 - .314 For areas used solely by the recipient, the assessment shall be based on the recipient's individual need.
 - .32 Related Services need shall be assessed as follows:
 - .321 When the need is being met in common with those of other housemates, the need shall be prorated to all the housemates involved, and the recipient's need is his/her prorated share.

30-763 **SERVICE AUTHORIZATION (Continued)** **30-763**

- .322 When the service is not being provided by a housemate, and is being provided separately to the recipient, the assessment shall be based on the recipient's individual need.
- .33 The need for protective supervision shall be assessed based on the recipient's individual need provided that:
 - .331 When two (or more) IHSS recipients are living together and both require protective supervision, the need shall be treated as a common need and prorated accordingly. In the event that proration results in one recipient's assessed need exceeding the payment and hourly maximums provided in Section 30-765, the apportionment of need shall be adjusted between the recipients so that all, or as much as possible of the total common need for protective supervision may be met within the payment and hourly maximums.
 - .332 For service authorization purposes, no need for protective supervision exists during periods when a provider is in the home to provide other services.
- .34 The need for teaching and demonstration services shall be assessed based on the recipient's individual need, except when recipients live together and have a common need, the need shall be met in common when feasible.
- .35 Other IHSS Services:
 - .351 The recipient's need for transportation services, paramedical services and personal care services shall be assessed based on the recipient's individual need.
 - .352 The need for yard hazard abatement shall not be assessed in shared living arrangements, except when all housemates fall into one or more of the following categories:
 - (a) Other IHSS recipients unable to provide such services.
 - (b) Other persons physically or mentally unable to provide such services.
 - (c) Children under the age of fourteen years.

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30-763	SERVICE AUTHORIZATION (Continued)	30-763
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- .4 Exceptions when assessing needs in shared living arrangements:
- .41 Able and Available Spouse
- .411 When an IHSS recipient has a spouse who does not receive IHSS, the spouse shall be presumed able to perform certain specified tasks unless he/she provides medical verification of his/her inability to do so.
- .412 An able spouse of an IHSS recipient shall be presumed available to perform certain specified tasks except during those times he/she is out of the home for employment, health or for other unavoidable reasons and the service must be provided during his/her absence.
- .413 When the recipient has an able and available spouse there shall be no payment to the spouse or any other provider for the following services as described in 30-757:
- (a) Domestic
 - (b) Related Services
 - (c) Yard Hazard Abatement
 - (d) Teaching and Demonstration
 - (e) Heavy Cleaning
- .414 When an able spouse is not available because of employment, health, or other unavoidable reasons, a provider may be paid for the following services only if they must be provided during the spouse's absence:
- (a) Meal Preparation
 - (b) Transportation
 - (c) Protective Supervision
- .415 An able and available spouse or other provider may be paid for providing:
- (a) Personal care services
 - (b) Paramedical service

30-763**SERVICE AUTHORIZATION (Continued)****30-763**

- .416 In addition to those services listed in 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:
- (a) Transportation
 - (b) Protective Supervision
- .42 Landlord/Tenant Arrangements
- .421 When the recipient is the tenant, the need for domestic and heavy cleaning services shall be based on the living area used solely by the recipient. No need for yard hazard abatement shall be assessed. The needs assessment shall take into account any services the landlord is obligated to perform under the rental agreement.
- .422 When the recipient is the landlord, the need for domestic and heavy cleaning services shall be assessed for all living areas not used solely by the tenant. The needs assessments shall take into account any services the tenant is obligated to perform under the rental agreement.
- .43 If the recipient has moved into a relative's home primarily for the purpose of receiving services, the need for domestic and heavy cleaning services shall be assessed only for living areas used solely by the recipient. Yard hazard abatement services shall not be provided.

30-763 **SERVICE AUTHORIZATION (Continued)** **30-763**

- .44 When the recipient is under eighteen years of age and is living with the recipient's parent(s), IHSS may be purchased from a provider other than the parent(s) when no parent is able to provide the services for any of the following reasons:
- .441 when the parent(s) is absent because of employment or education or training for vocational purposes.
 - .442 if the parent(s) is physically or mentally unable to perform the needed services.
 - .443 when the parent is absent because of on-going medical, dental or other health-related treatment.
 - .444 up to eight hours per week may be authorized for periods when the parent(s) must be absent from the home in order to perform shopping and errands essential to the family, or for essential purposes related to the care of the recipient's siblings who are minors.
- .45 When the recipient is under eighteen years of age and is living with the recipient's parent(s), IHSS may be purchased from a parent under the following conditions:
- .451 All of the following conditions shall be met:
 - (a) The parent has left full-time employment or is prevented from obtaining full-time employment because of the need to provide IHSS to the child;
 - (b) There is no other suitable provider available;
 - (c) If the child does not receive the listed services the child may inappropriately require out-of-home placement or may receive inadequate care.
 - .452 For the purposes of 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.

30-763 SERVICE AUTHORIZATION (Continued) 30-763

.453 When both parents are in the home, a parent may receive a payment as an IHSS provider only under the following conditions:

- (a) The conditions specified in Sections 30-763.451(a) through (c) shall be met.
- (b) 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 Section 30-763.441, or is physically or mentally unable to provide the services, as specified in Section 30-763.442.
- (c) If the nonprovider parent is unable to provide services because he/she is absent for employment or educational purposes, payment shall be made to the provider parent only for services which are normally provided during the periods of the nonprovider parent's absence as indicated above.

.454 The IHSS provided shall be limited to:

- (a) Related services, as specified in Section 30-757.13.
- (b) Personal care services, as specified in Section 30- 757.14.
- (c) Assistance with travel, as specified in Section 30-757.15.
- (d) Paramedical services, as specified in Section 30-757.19.
- (e) Protective supervision, as specified in Section 30-757.17, limited to that needed because of the functional limitations of the recipient. This service shall not include routine child care or supervision.

.46 When the recipient is a parent living with his/her child(ren) who is under fourteen years of age and who is not eligible or does not need IHSS.

30-763 **SERVICE AUTHORIZATION (Continued)** **30-763**

- .461 The recipient's need for domestic and heavy cleaning services in common living areas, and for related services shall be assessed as if the child(ren) did not live in the home.
- .462 The child(ren)'s needs shall not be considered when assessing the need for services, including domestic or heavy cleaning in areas used solely by the child(ren).
- .47 Live-in Providers:
 - .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 30-763.33 and .34.
- .5 Having estimated the need according to Sections 30-763.1 and .2, and after making the adjustments identified in Sections 30-763.3 and .4 as appropriate, the remaining list of services and hours per service is the total need for IHSS services.
- .6 Identification of Available Alternative Resources
 - .61 Social services staff shall explore alternative in-home services supportive services which may be available from other agencies or programs to meet the needs of the recipient as assessed in accordance with Section 30-761.26.
 - .611 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 Section 30-763.613.

30-763 SERVICE AUTHORIZATION (Continued) 30-763

- .612 The IHSS program shall not deliver services which have been made available to the recipient through such alternative resources, except as provided in Section 30-763.613.
- .613 In no event shall an alternative resource be used at the financial expense of the recipient, except:
 - (a) At the recipient's option; or
 - (b) When the recipient has a share of cost obligation which shall be reduced by the amount necessary for the purchase of the alternative resource.
- .62 Social services staff shall explore with the recipient the willingness of relatives, housemates, friends or other appropriate persons to provide voluntarily some or all of the services required by the recipient.
 - .621 Social services staff shall obtain from the recipient a signed statement authorizing discussion of the case with any persons specified in Section 30-763.62.
 - .622 Social services staff shall not compel any such volunteer to provide services.
- .63 Social services staff shall document on the needs assessment form the total need for a specific service, which shall then be reduced by any service available from an alternative resource. The remaining need for IHSS is the adjusted need.
- .64 Social Services staff shall obtain a signed statement from the provider(s) of record or any other person(s) who agrees to provide any IHSS/PCSP compensable service voluntarily. The statement [Form SOC 450 (10/98)] shall indicate that the provider(s) knows of the right to compensated services, but voluntarily chooses not to accept any payment, or reduced payment, for the provision of services. (See MPP Section 30-757.176 for information regarding the voluntary services certification form).
- .7 The Determination of Services Which Shall be Purchased by IHSS
 - .71 Services shall be authorized to meet all of the adjusted need for IHSS up to the appropriate service maximum identified in Section 30- 765.
 - .72 These services shall not be authorized concurrently with the SSI/SSP nonmedical out-of-home care living arrangement.
- .8 Notice of Action

30-763 **SERVICE AUTHORIZATION (Continued)** **30-763**

- .81 Whenever an IHSS needs assessment is completed the recipient shall be sent a notice of action in accordance with the requirements of MPP 10-116 and 30-759.7. In addition to the information required in 10- 116, the notice shall include:
 - .811 a description of each task for which need is assessed.
 - .812 the number of hours authorized for the completion of the task.
 - .813 identification of hours for tasks increased or decreased and the difference from previous hours authorized.

- .9 Miller vs. Woods and Community Service Center for the Disabled vs. Woods.

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.91 Background

On October 21, 1983 the Court of Appeal, Fourth Appellate District, issued a decision in the consolidated case of Miller vs. Woods and Community Service Center for the Disabled vs. Woods. The court declared invalid MPP 30-463.233c (now 30-763.233c) which provided that no need for protective supervision may be assessed when a housemate is in the home.

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.92 Case Review Procedures

- .921 The county shall identify no later than June 30, 1984 all open IHSS cases with recipients living with a housemate where a need for protective supervision as defined in 30-757.17 may exist.
- .922 The county shall determine through recipient contact whether a need for protective supervision exists unless the case record provides conclusive evidence which indicates that no need exists.

.93 Authorization and Notification

- .931 The county shall complete a new Needs Assessment form to authorize protective supervision. The authorization shall be effective as of May 1, 1984.

30-763 SERVICE AUTHORIZATION (Continued) 30-763

.932 The county shall send a Notice of Action to all affected recipients which shall state: "Hours for protective supervision are authorized based on the Miller vs. Woods and Community Service Center for the Disabled vs. Woods court action."

.94 Recordkeeping

.941 The county shall maintain a listing of those recipients who were previously not authorized to receive protective supervision because of the presence of a housemate.

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.942 DSS will provide each county with a computer generated listing which identifies any recipient whose address matches the address of an Individual Provider. The listing should be used as an aid and cross-check in the case review process; the listing is not a substitute for the case review.

.943 For those recipients with an Individual Provider, the listing in Section 30-763.941 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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NOTE: 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; and Miller v. Woods/Community Services for the Disabled v. Woods, Superior Court, San Diego County, Case Numbers 468192 and 472068.

30-764 **INDIVIDUAL PROVIDER COMPENSATION** **30-764**

- .1 Computation of Payment
 - .11 Social service staff shall determine the amount of the IHSS payment required to purchase services to meet the IHSS adjusted need as specified in 763.41 above.
 - .12 The IHSS payment shall be determined by multiplying the monthly adjusted need for IHSS hours by the base payment rate used by the county, except as provided in .14 below.
 - .13 The hours and amount of compensation available for personal attendant providers shall be determined by county social services staff. The payment shall be the minimum necessary to obtain adequate service to meet the authorized service needs of the recipient.

- .2 Rate of Compensation
 - .21 The base rate of compensation used by the county shall not be less than the legal minimum wage in effect at the time the work is performed, except when personal attendants are employed.
 - .22 In advance pay cases, the base rate paid by the recipient to the provider shall not be less than the base rate used by the county for the authorized IHSS payment.
 - .23 The recipient shall develop a work schedule which is consistent with the authorized service hours at the county's base rate. If the recipient finds that a work schedule cannot be established without requiring payment in excess of the county's base rate, the recipient shall bring such information to the county's attention. The county will determine if payment in excess of the base rate is necessary. Any additional costs resulting from the recipient's actions in work scheduling or increasing the rate paid per work unit shall be borne by the recipient unless prior county approval has been obtained.
 - .24 No adjustments in the IHSS payment shall be made for meals and lodging provided to the provider by the recipient except as specified in Section 30-763. However, any income received by the recipient through this means is countable income for eligibility purposes as specified in Section 30-775 and shall be reported as such by the recipient.

30-764 INDIVIDUAL PROVIDER COMPENSATION 30-764

.3 Employer Responsibilities

- .31 As employers recipients have certain responsibilities for standards of compensation, work scheduling and working conditions as they apply to IHSS individual providers. The county will assure that all recipients understand their basic responsibilities as employers.

- .32 Non live-in employees shall be compensated at the base rate for the first forty hours worked during a work week. Each hour, or fraction thereof, worked in excess of forty hours during a work week shall be compensated at one and one-half times the base rate.

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(s)(1) shall be that specified in Welfare and Institutions Code Section 12303.4(b) or as otherwise provided by law.

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- .111 The IHSS service hours for a severely impaired recipient receiving services through the individual provider mode of delivery shall not exceed 283 hours per month effective July 8, 1988. (Welfare and Institutions Code Section 12303.4(b)(1)).
- .112 Repealed by CDSS Manual Letter No. SS-00-02, effective 4/14/00.
- .113 Welfare and Institutions Code Section 12300(g)(2) states:

"Any recipient receiving services under both Section 14132.95 and this article shall receive no more than 283 hours of service per month, combined, and any recipient of services under this article shall receive no more than the applicable maximum specified in Section 12303.4." (See Section 30-765.11.)

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- .12 The maximum services authorized per month except as provided in Section 30-765.3, under 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.

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- .121 The IHSS service hours for a recipient who is not determined to be severely impaired and receives services through the individual provider mode of service delivery shall not exceed 195 hours per month effective July 8, 1988 (Welfare and Institutions Code Section 12303.4(a)(1)).
- .122 Repealed by CDSS Manual Letter No. SS-00-02, effective 4/14/00.

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30-765 COST LIMITATIONS (Continued)**30-765**

- .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.
- .131 The statutory maximum for individuals receiving services through the individual provider mode of service delivery and eligible for the restaurant meal allowance shall be determined by multiplying the statutory maximum hours of service by the county wage rate, subtracting the restaurant meal allowance (see Section 30-757.134(a)(1)(A)) from this product and dividing the remainder by the county hourly wage rate.
- .132 Repealed by CDSS Manual Letter No. SS-00-02, effective 4/14/00.
- .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.

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- .21 DHS regulation Section 51535.2 reads:

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.

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(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:

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

(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.

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30-765	COST LIMITATIONS (Continued)	30-765
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- .3 IHSS recipients receiving services through the individual provider mode of delivery shall not receive less service hours per month than he/she received during June 1988, without a reassessment of need. The reassessment shall not result in an automatic reduction in authorized hours, unless the recipient no longer needs the hours.

- .4 These regulations shall remain in effect until July 1, 1990, unless a later enacted regulation extends or repeals that date.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 12300, 12303.4, and 14132.95, Welfare and Institutions Code.

30-766 COUNTY PLANS**30-766**

- .1 Each county welfare department shall develop and submit a county plan to CDSS no later than 30 days following receipt of its allocation, which specifies the means by which IHSS will be provided in order to meet the objectives and conditions of the program within its allocation.
 - .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.
 - .12 County plans and amendments shall be effective upon submission.
 - .13 CDSS shall review each county plan for compliance with Welfare and Institutions Code Sections 12300, et seq. and 14132.95, regulations of CDSS and DHS, and when appropriate, issue departmental approval.
 - .131 CDSS, when appropriate, shall adjust funding levels contained in the plan, as a condition of approval.
 - .132 A county plan which includes IHSS administrative costs shall not be issued departmental approval.
 - .133 If, after review, CDSS determines that a county plan is not in compliance, the Department shall require the county to amend its plan.
 - .134 CDSS shall develop a county plan for counties which have not submitted plans within the required time frame, based on CDSS' estimate for those counties. Such plans shall be effective upon written notification to the county.

30-766 COUNTY PLANS (Continued) 30-766

- .14 In the event that funds are available for reallocation, special consideration shall be given to those counties which submit their county plans by the due date.
 - .141 CDSS shall be permitted to reallocate funds from counties which are late based on CDSS's estimate for those counties.
- .15 Each county shall monitor its expenditures monthly. Upon discovery by either CDSS or the county that anticipated expenditures will exceed the amount of the county's base allocation, the county shall immediately submit to CDSS for approval an amended plan.
 - .151 Repealed by CDSS Manual Letter No. SS-90-02, effective 10/4/90.
 - .152 Repealed by CDSS Manual Letter No. SS-90-02, effective 10/4/90.
- .16 Counties shall not reduce authorized services or hours of service to recipients in order to remain within their allocation.
- .17 All state-mandated program costs, after the required county contribution, shall be eligible for reimbursement from state social service funds. If appropriated funds are insufficient to reimburse counties for all state-mandated costs, the state shall fully reimburse the counties for all state-mandated program costs, less the required county contribution.
- .18 The portion of county expenditures which, after the county contribution, exceeds the allocation, shall not be eligible for reimbursement from state social service funds if such deficit is caused by:
 - .181 Noncompliance with the requirements of the state-approved county plan or State allocation plan; or
 - .182 Non-state-mandated costs; or
 - .183 IHSS administrative costs.

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- (a) Some examples of situations where reimbursement would not be made are:
- (1) A county chooses to give a wage/benefit increase to IHSS providers which is higher than that provided in the Budget Act; or
 - (2) A county chooses to expand its use of a more expensive service delivery mode beyond the level of caseload and hours growth for each mode that is built into the Budget Act; or
 - (3) A county chooses to enter into a third party contract at an hourly rate higher than the maximum established for that county; or
 - (4) A county chooses to shift to a more expensive mode without providing for noncomitant offsetting savings in other areas, and causing a cost overrun.

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NOTE: 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).

30-767	SERVICE DELIVERY METHODS	30-767
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- .1 The county shall arrange for the provision of IHSS through one or more of the methods specified below in accordance with an approved county plan:

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Counties may choose modes of delivery that best meet the needs of their recipient population in their county demographic situation (WIC 12302). However, state reimbursement can be available only within the constraints imposed by the annual budget act (WIC 12300) and state allocation plan (WIC 10102), all of which must be reflected in state-approved individual county plans. Counties which exceed the constraints run the risk of not receiving full reimbursement if the cost overrun was due to non-state mandated costs, i.e., costs within county control, or more expensive modes used beyond amounts approved in an individual county plan.

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30-767 SERVICE DELIVERY METHODS (Continued)**30-767**

- .11 County Employment.
 - .111 The county shall be permitted to hire service providers in accordance with established county civil service requirements or merit system requirements. The county shall be permitted to consider such providers as temporary employees if approved by the appropriate civil service system.
 - .112 The county shall insure that each service provider is capable of and is providing the services authorized.
- .12 Purchase of Service from an Agency.
 - .121 The county may contract with an agency to provide service in accordance with the requirements of Division 10 and 23. The contract shall include a provision requiring the contractor to maintain a listing of contract recipients, their authorized hours, service hours provided and the amount paid for those services to the contract agency.
 - .122 The county shall insure that the contractor guarantees the continuity and reliability of service to recipients, supervision of service providers, that each service provider is capable of and is providing the service authorized and complies with the requirements of Division 21 (Civil Rights).
 - .123 The county shall insure that preference is given to the selection of providers who are recipients of public assistance or other low-income persons who would qualify for public assistance in the absence of such employment, except in regard to persons recruited by the recipient.
- .13 Purchase of Service From An Individual.
 - .131 The county shall make payment under this delivery method through the payrolling system as described in Section 30-769.
 - .132 The county shall make a reasonable effort to assist the recipient to obtain a service provider when the recipient is unable to obtain one individually.

30-767 SERVICE DELIVERY METHODS (Continued)**30-767**

.133 The county shall have the right to change from one to another of the three delivery methods outlined above or from payment in advance to payment in arrears when any of the following apply:

- (a) It has been determined that a recipient is using his/her payment for other than the purchase of authorized services.
- (b) The recipient has failed to submit time sheets, as specified in Section 30-769.737 within 90 days from the date of payment.
- (c) The recipient has not provided timely payment to his/her providers.

.2 Counties may elect to contract with a nonprofit consortium or may create a public authority to provide for the delivery of IHSS.

.21 The board of supervisors shall establish a public authority by ordinance.

.211 The public authority shall be separate from the county. Employees of the public authority shall not be considered to be employees of the county for any purpose.

.212 The ordinance shall designate the governing body of the public authority and specify the qualifications of the individual members, the procedures for nomination, selection, appointment, tenure and removal of members, and such other matters as the board of supervisors deems necessary for the operation of the public authority.

- (a) The board of supervisors may designate itself as the governing body of the public authority.
 - (1) If the board of supervisors is the governing body, the ordinance shall require the appointment of an advisory committee of no more than 11 members.
 - (2) No fewer than 50 percent of the advisory committee shall be consumers as defined in Manual of Policies and Procedures Section 30-753(c)(1).
- (b) If the board of supervisors does not designate itself the governing body of the public authority, it shall specify by ordinance the membership of the governing body of the public authority.

30-767 SERVICE DELIVERY METHODS (Continued)**30-767**

- (1) No fewer than 50 percent of the members of the governing body shall be consumers as defined in Manual of Policies and Procedures Section 30-753(c)(1).
- .213 Before appointing members to the governing body or advisory committee, the board of supervisors shall solicit recommendations from the general public and interested persons and organizations through a fair and open process which includes reasonable written notice and a reasonable time to respond.
- (a) The provisions at Section 30-767.213 shall be met by satisfying the requirements governing legislative bodies outlined in Government Code and other state and federal law, including, but not limited to, the Ralph M. Brown Act (Government Code Section 54950 et seq.) and the Americans with Disabilities Act.
- .214 Prior to initiating delivery of IHSS through a public authority, the county shall enter an agreement with the public authority specifying the purposes, scope or nature of the agreement, the roles and responsibilities of each party including provisions which ensure compliance with all applicable state and federal labor laws, and compliance with all statutory and regulatory provisions applicable to the delivery of IHSS. This agreement shall also specify the fiscal provisions under which the public authority shall be reimbursed for its performance under the agreement. The county, in exercising its option to establish a public authority, shall not be subject to competitive bidding requirements.
- .215 Prior to initiating the delivery of IHSS through a public authority, the county shall submit to the California Department of Social Services a copy of the agreement as specified in Section 30-767.214 along with the following information concerning the public authority:
- (a) Organization chart of the public authority.
- (b) Funding provision for public authority costs, including how the proposed rate was developed.
- (1) The rate development process and the public authority hourly rate must be approved by Department of Health Services prior to initiating the delivery of services.
- (c) Public authority staffing classifications and duties.
- (d) A description of how the functional requirements of Welfare and Institutions Code Section 12301.6(e) will be met.

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- (e) The requirements of Welfare and Institutions Code Section 12301.6(e) are listed in Section 30-767.23.

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- .216 If the public authority contracts with another entity to provide the delivery of IHSS, the agreement shall satisfy the requirements of Manual of Policies and Procedures Chapter 23-600 relating to contracting.
- .217 All costs claimed for the delivery of services under an agreement as specified in Section 30-767.214 shall be claimed in compliance with criteria for rate setting found at Section F, attachment 4.19-B of the California Medicaid State Plan.
 - (a) A county shall use county-only funds to fund both the county share and the state share of any increase in the cost of the program, including employment taxes, due to any increase in provider wages or benefits negotiated or agreed to by a public authority or nonprofit consortium unless otherwise provided for in the annual budget act or appropriated by statute. No increase in wages or benefits negotiated or agreed to pursuant to this section shall take effect until the Department has obtained the approval of the State Department of Health Services.
- .22 A county may contract with a consortium for delivery of services.
 - .221 A consortium entering a contract under Section 30-767.22 shall have a governing body composed as described in Section 30-767.212(b)(1), or shall have established an advisory committee composed as described in Sections 30-767.212(a)(1) and (2).
 - .222 Such contracts shall be subject to the provisions of Manual of Policies and Procedures Chapter 23-600.
 - .223 A consortium entering a contract under Section 30-767.22 shall be deemed to be the employer of IHSS personnel referred to recipients as described in Section 30-767.23 for the purposes of collective bargaining over wages, hours and other terms and conditions of employment.
- .23 Any public authority or consortium shall provide the following minimum services:

30-767 SERVICE DELIVERY METHODS (Continued)**30-767**

- .231 Provide registry services to recipients receiving services pursuant to Section 30-767.23.
- (a) Assistance in finding providers through the establishment of a registry.
 - (b) Investigation of the qualifications and background of potential providers listed on the registry.
 - (c) Establishment of a referral system under which potential providers are made known to recipients.
- .232 Provide access to training for providers and recipients.

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- (a) Access to training for providers and recipients does not mean that the county or the Public Authority is under any obligation:
 - (1) to provide the training directly, to pay for training provided in the community, to pay for the provider's time to attend or to accompany the recipient to training, to pay for transportation to the training, or to pay for any materials required by the training; or
 - (2) to screen or be responsible for the content of any training it tells providers and/or recipients is available in the community; or
 - (3) to ensure that any provider or recipient attended/completed any training.

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- .233 Perform any other function related to the delivery of IHSS.
- .234 Ensure that the requirements of the Personal Care Services Program pursuant to Subchapter 19 (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code are met.
- .24 Any public authority may adopt reasonable rules and regulations for the administration of employer-employee relations.

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.241 The Employer-Employee Relations Policy for Public Authorities Delivering In-Home Supportive Services is available from the California Department of Social Services as a model for public authorities. Public authorities may adopt, reject, or modify the policy in part or in its entirety.

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.25 Public authorities and consortia must submit cost reports and such other data as required for the Case Management, Information and Payrolling System (CMIPS).

.26 Any county that elects to provide for in-home supportive services pursuant to this section shall be responsible for any increased costs to the CMIPS attributable to such election. The Department shall collaborate with any county that elects to provide in-home supportive services pursuant to this section prior to implementing the amount of financial obligation for which the county shall be responsible.

.3 No recipient of any services specified in Section 30-757.14 or .19 shall be compelled to accept services from any specific individual, except for individuals recruited by the recipient's guardian, conservator, or, in the case of recipients who are minors, by their parents.

.31 For those recipients who are receiving services through the delivery methods described in .11 and .12 above, hiring preference shall be given to qualified persons recruited by the recipient to deliver services. For the purpose of this section a qualified person is one who meets the minimum requirements established by the contract agency or the County Civil Service or Merit Systems.

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.4 Personal Care Services Program Providers

DHS regulation Section 51181 reads:

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.

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| .5 Personal Care Services Program Provider Enrollment

DHS regulation Section 51204 reads:

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 providers.

- (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.

| .6 Provider Audit Appeals

DHS regulation Section 51015.2 reads:

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.

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30-767	SERVICE DELIVERY METHODS (Continued)	30-767
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- (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 acknowledgment 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.

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NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 12301.6, 12302, 12302.1, and 14132.95, Welfare and Institutions Code and Section 54950 et seq., Government Code.

30-768	OVERPAYMENTS/UNDERPAYMENTS	30-768
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- .1 Definition of Overpayment for Non-PCSP Payments
 - .11 Overpayment means that cash payment was made for the purchase of IHSS or services were delivered in an amount to which the recipient was not entitled.
 - .111 Services payments paid pending a state hearing decision as required by MPP 22-022.5 are not overpayments and cannot be recovered.

30-768 OVERPAYMENTS/UNDERPAYMENTS (Continued)**30-768****.2 Amount of Overpayment for Non-PCSP Payments**

When the county has determined that an overpayment has occurred, the county shall calculate the amount of overpayment as follows:

.21 Overpayment due to the recipient's failure to use total direct advance payment for the purchase of authorized hours.**.211 Authorization based on an hourly rate**

- a. Determine the number of service hours for which the recipient received a direct advance payment in excess of those service hours actually paid for.
- b. Multiply this amount by the hourly wage rate used in computing the recipient's authorized payment.

.212 Authorization for a personal attendant

When services are delivered by a personal attendant, the amount of the overpayment is the difference between the amount that should have been paid and the amount which was actually paid.

.213 When the recipient receives a direct advance payment to purchase services in a given month, but fails to submit a reconciling time sheet within 45 days from the date of payment, there is a rebuttable presumption that the unreconciled amount is an overpayment.**.22 Overpayment due to excess service authorization****.221 Authorization based on an hourly rate**

- a. Determine the number of service hours for which payment was made in excess of the correct service authorization.
- b. Multiply this amount by the county's lowest individual provider hourly wage rate regardless of the service delivery method used.

.222 Authorization for a personal attendant

When services are delivered by a personal attendant, the amount of overpayment is the difference between the amount paid and the amount which would have been paid if the service authorization was correct.

30-768 **OVERPAYMENTS/UNDERPAYMENTS (Continued)** **30-768**

.23 Overpayment due to incorrect share of cost

Where the correct share of cost was more than the recipient paid, the resulting overpayment is determined by subtracting the amount paid from the correct amount.

.24 Overpayment due to nonpayment of share of cost

Where the service hours were provided to the recipient, but he/she did not pay his/her obligated share of cost, the county should initiate overpayment recovery for the entire amount of the IHSS payment for the month in which the recipient was ineligible.

.25 Overpayment due to nonexpenditure of restaurant meal allowance

Where the recipient received an allowance for the purchase of restaurant meals, and used none of the allowance for that purpose, or if the recipient was ineligible for a restaurant meal allowance he/she received, the entire amount is an overpayment.

.3 Recovery of Overpayments for Non-PCSP Payments

.31 Limitations on amount of Recovery

.311 The repayment liability of the recipient shall be limited to the amount of liquid resources and income excluded or disregarded by the SSI/SSP Program. Liquid resources are cash or financial instruments that can be converted to cash, except funds set aside for burial.

.312 When an overpayment results from the recipient's failure to spend the entire amount of an advance direct payment for the purchase of authorized services, the difference in value between the hours purchased and the hours authorized shall be considered an available resource in determining repayment liability.

.32 Methods of Recovery

.321 The county may recover overpayments using any one or a combination of the methods listed below.

(a) Balancing

(1) Balancing means recovery of all or a portion of an overpayment by applying a repayable underpayment against it.

30-768 **OVERPAYMENTS/UNDERPAYMENTS (Continued)** **30-768**

(2) An underpayment shall not be balanced against an overpayment if the underpayment is discovered and payable prior to the time an overpayment is discovered and adjustable.

(b) Payment Adjustment

(1) Payment adjustment means that the county reduces payment for future authorized services to offset an overpayment.

(2) If the service payment is reduced to adjust for previous overpayments, the recipient shall be responsible for paying the current month's adjustment amount to the service provider in addition to any share of cost.

(c) Voluntary Cash Recovery

(1) Voluntary cash recovery means repayment voluntarily made to the county by a recipient who has incurred an overpayment.

(2) The recipient shall be given the option of voluntary cash repayment of all or a part of the amount to be adjusted in lieu of payment adjustment.

(d) Civil Judgment

The county shall have the authority to demand repayment and file suit for restitution for any unadjusted portion of an overpayment.

.33 Notice of Action

If the county determines that an overpayment has occurred as defined in .11 above and proposes to recover the overpayment, the county shall notify the recipient of the following:

.341 The period of time during which the overpayment occurred.

.342 The reason for the overpayment.

.343 The amount of overpayment and a description of how the amount was calculated.

.344 The method by which the county proposes to recover the overpayment.

.4 Definition of Underpayment for Non-PCSP Payments

.41 Underpayment means the recipient was entitled to more service than was authorized or that the share of cost paid by the recipient was greater than the correct amount.

30-768 OVERPAYMENTS/UNDERPAYMENTS (Continued) 30-768

.44 Notice of Action

If the county determines that an underpayment has occurred as defined in .4 above, the county shall notify the recipient of the following:

- .441 The time period during which the underpayment occurred.
- .442 The reason for the underpayment.
- .443 The amount of the underpayment, and a description of how the amount was calculated.
- .444 The method by which the county proposes to adjust the underpayment.

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.5 DHS regulation Section 50781 reads:

Potential Overpayments

- (a) A potential overpayment occurs when any of the following conditions exist, as limited by (c).
 - (1) A beneficiary has property in excess of the property limits for an entire calendar month.
 - (2) A beneficiary or the person acting on the beneficiary's behalf willfully fails to report facts and those facts, when considered in conjunction with the other information available on the beneficiary's circumstances, would result in ineligibility or an increased share of cost.
 - (3) A beneficiary has other health coverage of a type designated by the Department [of Health Services] as not subject to post-service reimbursement, and the beneficiary or the person acting on the beneficiary's behalf willfully fails to report such coverage.

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- (b) A beneficiary of the person acting on the beneficiary's behalf willfully fails to report facts if he/she has completed and signed a Medi-Cal Responsibilities Checklist, form MC 217, and a Statement of Facts and has, within his/her competence, done any of the following:
 - (1) Provided incorrect oral or written information.
 - (2) Failed to provide information which would affect the eligibility or share of cost determination.
 - (3) Failed to report changes in circumstances which would affect eligibility or share of cost within 10 days of the change.

- (c) If a change occurred in a person's circumstances and that change could not have been reflected in the person's eligibility determination for the month in which the change occurred or the month following because of the 10 day notice requirements specified in Section 50179, no potential overpayment exists in that month or in the following month if appropriate.

.6 DHS regulation Section 50786 reads:

Action on Overpayment -- Department of Health Services or County Unit Contracted to Collect Overpayments

- (a) Upon receipt of a potential overpayment referral, the Department's Recovery Section or the county unit contracted to collect overpayments shall:
 - (1) Determine the amount of Medi-Cal benefits received by the beneficiary for the period in which there was a potential overpayment.
 - (2) Compute the actual overpayment in accordance with the following:
 - (A) When the potential overpayment was due to excess property, the actual overpayment shall be the lesser of the:

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1. Actual cost of services paid by the Department during that period of consecutive months in which there was excess property throughout each month.
 2. Amount of property in excess of the property limit during that period of consecutive months in which there was excess property throughout each month. This excess amount shall be determined as follows:
 - a. Compute the excess property at the lowest point in the month for each month.
 - b. The highest amount determined in a. shall be the amount of the excess property for the entire period of consecutive months.
- (B) When the potential overpayment was due to increased share of cost, the actual overpayment shall be the lesser of the:
1. Actual cost of services received in the share of cost period which were paid by the Department.
 2. Amount of the increased share of cost for the share of cost period(s).
- (C) When the overpayment was due to excess property and increased share of cost, the actual overpayment shall be a combination of (A) and (B).
- (D) When the potential overpayment was due to other factors which result in ineligibility the overpayment shall be the actual cost of services paid by the Department.

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(E) Potential overpayments, due to beneficiary possession of other health coverage that is not subject to post-service reimbursement, shall be processed by the Department to determine and recover actual overpayments in all cases. The actual overpayment in such cases shall be the actual cost of services paid by the Department which would have been covered by a private health insurance or other health coverage, had the coverage been known to the Department. The actual overpayment shall not include any costs which can be recovered directly by the Department from the health insurance carrier or other source.

(3) Refer those cases where there appears there may be fraud to the Investigations Branch of the Department.

(4) Take appropriate action to collect overpayments in accordance with Section 50787.

.7 DHS regulation Section 50787 reads:

Demand for repayment

- (a) The Department or the county unit contracted to collect overpayments shall demand repayment or actual overpayments in accordance with procedures established by the Department.
- (b) The Department or the county unit contracted to collect overpayments may take other collection actions as permitted under state law.

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NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 10554, 12304.5 and 14132.95, Welfare and Institutions Code.

30-769 **PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)** **30-769**

.24 General Process

.241 The counties shall:

- (a) Enter prescribed data on all recipients and providers, as defined in Section 30-767.13, into the payrolling system.
- (b) Change data as necessary to ensure correct payment to the correct individual.
- (c) Authorize the disbursement of all funds paid by the payrolling contractor by:
 - (1) Reviewing all time sheets prior to entry of time sheet data into the system to ensure consistency between hours reported and hours authorized.
 - (2) Reviewing any significant discrepancies between hours reported and hours authorized to determine the reason and take corrective action as indicated.
 - (3) Initiating special transactions as described in .25 below.
- (d) Retain completed time sheets as required by Section 23-353 in such a manner that they are easily accessible for review.
- (e) Respond to and resolve payment inquiries from recipients and providers. The payrolling contractor will provide all necessary information.

.25 Special Transaction

.251 Special transactions are used to handle situations which fall outside the normal payroll process. Counties shall be held responsible for closely monitoring and controlling the use of the following transactions.

.252 The county shall initiate emergency/supplemental checks for:

- (a) Payments resulting from retroactive state hearing decisions.
- (b) Payments resulting from prior underpayments.
- (c) Payments in excess of the base rate as provided in Section 30-764.

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30-769 **PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)** **30-769**

- (d) Payments for severely impaired recipients in advance pay status who become eligible for payment between a pay cycle.
 - (e) Payments where the county finds that an emergency situation exists.
 - (f) Payments to counties for reimbursements of emergency checks as described in .26 below.
 - (g) Payments for other unusual situations not provided for by the regular payrolling process and where the county deems appropriate.
 - (h) Payments for time sheets submitted three or more months beyond the current payroll cycle.
- .253 A request for a replacement check shall be made expeditiously by the county but no sooner than five (5) days from the date the original check should have been received.
- .254 A void transaction shall be used:
- (a) When a payroll check is returned to the payrolling contractor or county.
 - (b) When a payroll check is mutilated.
 - (c) When a payroll check is not in the possession of the county or the payrolling contractor.
- .255 Adjustment transactions shall be used to make adjustments to tax records when any of the following occur:
- (a) An overpayment.
 - (b) An underpayment.
 - (c) An incorrect deduction.
- .26 County issued payments shall only be issued in cases of extreme emergency when the county finds that the emergency check procedure provided in .252 is not adequate.

30-769 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued) 30-769

- .261 The county shall issue checks for an amount not to exceed ninety (90%) percent of the amount the recipient/provider should receive.
- .262 The county shall be reimbursed for payments made under .261 above by the payrolling contractor using the emergency/supplemental check transaction.
- .263 The county shall not receive reimbursement until an emergency/ supplemental transaction has been initiated to pay the recipient/ provider the remaining balance.
- .264 The county shall receive a time sheet before the transaction in .261 or .263 above shall occur. Exception: The county may issue a check prior to receipt of a time sheet for a severely impaired recipient who opted for advance pay.

- .27 The counties shall be responsible for verifying eligibility of recipients for IHSS between January 1, 1978 and December 31, 1979 as needed for retroactive tax payments.
- .28 The county shall ensure that all providers are informed of the requirements they must meet in order to be paid.

- .3 The County Has The Sole Responsibility For Determining And Investigating Fraud And Forgery for Non-PCSP
 - .31 The county shall, with no effect on current county procedures:
 - .311 Identify suspected fraud cases;
 - .312 Determine if actual fraud exists;
 - .313 Take appropriate action as necessary.
 - .32 The county will be notified by the payrolling contractor if an original check has already been cashed when a replacement check is requested. The county shall then follow the applicable procedure in the user's manual.

- .4 PCSP Fraud or Forgery

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.41 DHS regulation Section 50782 reads:

Fraud occurs if an overpayment occurs and the beneficiary or the person acting on the beneficiary's behalf willfully failed to report facts as specified in Section 50781(b) with the intention of deceiving the Department, the county department or the Social Security Administration for the purpose of obtaining Medi-Cal benefits to which the beneficiary was not entitled.

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

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.5 Return Check Procedures

.51 Counties which receive a returned check from a provider or recipient shall follow the applicable procedures in the user's manual.

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30-769 **PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)** **30-769**

- .6 Refunds/Recoupment
 - .61 Counties which receive refunds or recoupments shall:
 - .611 Deposit the money received in a county account; and
 - .612 Send a monthly check to the payrolling contractor for the amount of refund/recoupment received during the previous month in accordance with applicable procedures in the User's Manual.

- .7 Recipient Responsibility
 - .71 It is the responsibility of the recipient to report to social services staff accurately and completely all information necessary to complete the SOC 311.

 - .72 The recipient, within his/her physical, emotional, educational or other limitations, shall:
 - .721 Designate the authorized hours per provider within the total of the recipient's authorized hours.

 - .722 Designate each provider(s) portion of the share of cost.

 - .723 Sign and date the prescribed time sheet to:
 - (a) Verify payment of the share of cost to the appropriate provider(s).

 - (b) Verify that services authorized were rendered by the appropriate provider.

 - .724 Inform social services staff of any changes affecting the payrolling process.

 - .73 Payments for authorized services rendered shall be sent to the recipient's appropriate provider. The recipient shall not receive payment for services except as provided in .731 through .734 below.
 - .731 Severely impaired recipients as defined under Section 30-753, shall have the option of choosing to directly receive their payment at the beginning of each authorized month. Such payment shall be the net amount exclusive of the appropriate withholdings.

30-769 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued) 30-769

- .732 In direct payment cases, where a recipient is incapable of handling his/her financial and legal affairs and has a legal guardian or conservator, direct payment shall be made to the recipient's legal guardian or conservator at such person's request.
 - .733 Payment may be made to a recipient's guardian, conservator, substitute payee, or person designated by the recipient.
 - .734 When payment is made as a result of a state hearing decision.
 - .735 If the recipient is severely impaired he/she shall be notified in writing of the right to hire and pay his/her own provider, and to receive his/her monthly cash payment in advance.
 - .736 When direct payment is made to a recipient, guardian, conservator, or substitute payee, the provider shall be hired, supervised, and paid by such payee. In such cases, the recipient or the person authorized to act in the recipient's behalf shall insure that the services provider is capable of and is providing the services authorized.
 - .737 It shall be the responsibility of the severely impaired recipient, legal guardian or conservator who receives payment in advance to submit their provider's time sheets at the end of each authorized service month to the appropriate county social services office.
- .8 Provider Benefits
- .81 The department has elected to provide the worker's compensation coverage required by Welfare and Institutions Code Section 12302.2 through a single statewide insurance policy. Additional insurance coverage will not be reimbursed as an IHSS program cost.
 - .82 The department has elected to handle the payment of the unemployment insurance tax, unemployment disability insurance tax, and social security tax required by Welfare and Institutions Code Section 12302.2 through the payrolling system.
 - .83 The department has elected to require the payrolling contractor to deduct the employee's share of the following taxes from the payment to the provider or the recipient:

30-769 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued) 30-769

- .831 Social security.
 - .832 State disability insurance.
 - .84 The department has elected to deduct and transmit the state and federal income tax withholdings due on the provider's earnings for those providers who voluntarily request this service.
 - .9 Excessive Compensation
- (See Section 30-769.91 (Handbook) for examples of excessive compensation)

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- .91 Excess compensation to an individual provider but is not necessarily limited to the following circumstances:
 - .911 The provider was paid for more hours than authorized or more hours than worked.
 - .912 The provider was paid at a higher hourly rate than appropriate.
 - .913 The share of cost withheld from provider's payment was less than the recipient affirms was paid to the provider.

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- .92 All excess provider compensation is recoverable. The county shall demand repayment from the provider. The county shall be permitted to seek recovery of excess compensation by civil suit.
 - .93 Provider Fraud or Forgery
- If the county suspects that excess provider payment occurred because of fraudulent devices of the provider, forgery, or collusion between the provider and the recipient, the county shall investigate the suspected fraud, forgery, or collusion. If the facts warrant prosecution and the county does not have an investigative unit, the county shall refer the matter directly to the county district attorney's office for investigation and possible prosecution.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Section 14132.95, Welfare and Institutions Code.

30-770 ELIGIBILITY STANDARDS**30-770**

- .1 Persons applying for IHSS under Sections 30-755.112, .113 and .114 shall meet the SSI/SSP eligibility standards except as modified by Section 30-755.1.
- .2 Detailed eligibility standards shall be those located in 20 CFR Part 416, except as modified by IHSS regulations beginning with Section 30-750.
- .3 Definitions.
 - .31 For the purposes of eligibility for IHSS, a child means an individual who is neither married nor the head of a household, and who is under the age of 18, or under the age of 22 and a student regularly attending a school, college, or university, or a course of vocational or technical training designed to prepare him/her for gainful employment.
 - .311 For the purposes of deeming for IHSS, a child means an individual who is neither married nor the head of a household, and who is under the age of 18.
 - .312 Regularly attending school means being enrolled in eight semester or quarterly hours weekly in a college or university, or 12 hours weekly in a secondary school. In a course of vocational or technical training, 15 clock hours weekly are required; without shop practice, at least 12 hours weekly are required.
 - .313 Eligible spouse means an aged, blind, or disabled individual who is the husband or wife of another aged, blind, or disabled individual who has not been living apart from such other aged, blind, or disabled individual for more than six months.
- .4 Residency
 - .41 Residency in State Required

To be eligible for IHSS, an individual shall be a U.S. citizen, or an eligible alien pursuant to Welfare and Institutions Code Section 11104. The individual shall also be a California resident, physically residing in the state except for temporary absence as noted below in Sections 30-770.42 through .45, with the intention to continue residing here.

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Welfare and Institutions Code Section 11104 states:

"Aliens shall be eligible for aid only to the extent permitted by federal law.

"An alien shall only be eligible for aid if the alien has been lawfully admitted for permanent residence, or is otherwise permanently residing in the United States under color of law. No aid shall be paid unless evidence as to eligible alien status is presented."

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.42 Physical Absence from the State

Physical absence from the state indicates a possible change of state residence. The county shall make inquiry of a recipient who has been continuously absent from the state for 30 days or longer in order to ascertain the recipient's intent to maintain California residency. If the inquiry establishes that the recipient is no longer a California resident, authorization for IHSS shall be discontinued.

.421 The county inquiry to the recipient will require the recipient to submit a written statement that:

- (a) Declares his/her anticipated date of return to the state, or his/her intent not to return to the state;
- (b) Declares his/her reason for continued absence from the state; and
- (c) Provides needed information on his/her location and status of household arrangements.

.422 The county will include in the inquiry to the recipient a statement that his/her failure to respond to the inquiry by a specified date will result in his/her ineligibility and the discontinuation of IHSS.

30-770 ELIGIBILITY STANDARDS (Continued)**30-770****.43 Evidence of Residence Intention**

- .431 The written statement of the recipient is acceptable to establish his/her intention and action on establishing residence unless the statement is inconsistent with the conduct of the person or with other information known to the county.
- .432 If the recipient does not respond by the specified date to the inquiry of residence, it shall be presumed that he/she does not intend to maintain California residency, and authorization for IHSS shall be discontinued when the absence exceeds 60 days in accordance with regulations (Sections 30-759.7 and 10-116).
- .433 If the recipient responds to the inquiry and advises the county that he/she does not intend to return to California, authorization for IHSS shall be discontinued in accordance with regulations.

.44 Absence from State for More than 60 Days

- .441 If the recipient responds to the inquiry and advises the county that he/she intends to maintain his/her California residence, but he/she remains or has remained out of state for 60 days or longer, his/her continued absence is prima facie evidence of the recipient's intent to have changed his/her place of residence to a place outside of California, unless he/she is prevented by illness or other good cause from returning to the state at the end of 60 days. Such absence in itself is sufficient evidence to support a determination that the recipient has established residence outside of California. Therefore, his/her intent to return must be supported by one or a combination of the following:
- (a) Family members with whom the recipient lived, currently live in California;
 - (b) The recipient has continued maintenance of his/her California housing arrangements (owned, leased, or rented);
 - (c) The recipient has employment or business interest in California;
 - (d) Any other act or combination of acts by the recipient which establishes his/her intent to reside in California.

30-770 ELIGIBILITY STANDARDS (Continued)**30-770**

.442 Even if the recipient's intent to reside in California is supported by .441 above, the following evidence shall be utilized to determine the recipient's intent to reside in California:

- (a) The recipient has purchased or leased a place of residence out of state since leaving California;
- (b) The recipient has been employed out-of-state since leaving California;
- (c) The recipient has obtained an out-of-state motor vehicle driver's license after leaving California;
- (d) The recipient has taken any other action which indicates his/her intent to establish residence outside of California.

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.443 Welfare and Institutions Code Section 1110 states that if a recipient is prevented by illness or other good cause from returning to California at the end of 60 days, and has not by act or intent established residence elsewhere, he shall not be deemed to have lost his residence in this state. The following is added by Welfare and Institutions Code Section 11100.1(a):

For purposes of the In-Home Supportive Services Program ..."good cause," as defined in Section 11100, shall include, but is not limited to, the following:

- (1) Outpatient medical treatment necessary to maintain the recipient's health where the medical treatment is not available in California.
- (2) Short-term schooling or training necessary for the recipient to obtain self-sufficiency where training which would achieve that objective is not available or accessible in California.
- (3) Court-issued subpoena or summons.

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30-770 ELIGIBILITY STANDARDS (Continued)**30-770**

- (a) For outpatient medical treatment out of state, good cause for continuing to receive benefits while absent from the state for more than 60 days shall also include the situation where the medical treatment is not accessible in California.
- (b) Accessible in these regulations means attainable for the recipient in California, given the dysfunctioning and needs of the recipient.
- (c) Other good cause reasons for continuing to receive IHSS benefits while absent from the state for over 60 days shall be consistent with the good cause reasons contained in Welfare and Institutions Code Section 11100.1.
 - (1) The situation shall be of an urgent or emergency nature:
 - (2) The service required shall be necessary to maintain the physical or psychological health of the recipient:
 - (3) The services required or like services shall be either not available or not accessible in California.

.444 A recipient absent from California for more than 60 days and who is not prevented from returning to this state because of illness or other good cause shall have his/her authorization for IHSS discontinued in accordance with regulations.

.45 Absence from the State Exceeding Six Months

.451 Authorization for IHSS shall be suspended for any recipient who leaves the state and who remains absent from the state for a period which exceeds six months, notwithstanding the fact that the recipient has continued to receive IHSS benefits beyond 60 days because he/she was prevented from returning to the state due to illness or other good cause, as specified in Sections 30-770.43 and .44. Suspension of benefits will be in accordance with notice of Action regulations contained in Sections 30-759.7 and 10-116.

30-770 ELIGIBILITY STANDARDS (Continued) 30-770

- .452 In-Home Supportive Services shall not be resumed until the recipient, upon returning to the state, requests a reassessment of need from the county, and the reassessment has been completed in accordance with regulations (Section 30-763).
- .46 Outside the United States While Absent from the State
- .461 In-Home Supportive Services shall be discontinued for any recipient who is outside the United States for all of any month, or for 30 days in a row, as such an individual is no longer eligible to receive SSI/SSP. Discontinuation of benefits will be in accordance with notice of action regulations.
- (a) Upon the individual's return to the United States, and upon his/her reestablishment as an SSI/SSP recipient, an SSI/SSP eligible recipient, or an individual who would be eligible for SSI/SSP except for excess income, he/she may again apply for IHSS benefits. The county shall redetermine IHSS eligibility and perform a needs assessment based on current circumstances.
- (b) "United States" includes the 50 states, the District of Columbia, and the Northern Mariana Islands.
- .47 Continuation of IHSS While Absent from the State
- .471 When the county has determined that the recipient is entitled to the continuation of IHSS benefits while absent from the state (the recipient is absent from the state for 60 or more days and is prevented from returning due to illness or other good cause, as determined in Sections 30-770.42, .43, and .44), the following apply:
- (a) The recipient shall continue to receive the same number of hours of IHSS that were authorized prior to his/her temporary absence. This level of authorization will continue until a reassessment is required.
- (b) The recipient's out-of-state individual provider (IP) shall be reimbursed at the county's lowest current IP base rate.
- (c) The recipient must continue to mail time sheets to the county as required by regulations.

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30-771 LINKAGE 30-771

- .1 Aged - An aged individual shall be considered to be one who is 65 years of age or older.
- .2 Blindness - An individual shall be considered to be blind for purposes of IHSS if:
 - .21 He/she has central visual acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered as having a central visual acuity of 20/200 or less.
 - .22 He/she is blind as defined under the state plan approved under Title X as in effect for October 1972 and received aid under such plan on the basis of blindness for December 1973, provided that he/she is continuously so defined.
- .3 Disability - An individual shall be considered to be disabled for the purposes of IHSS if one of the following applies:
 - .31 He/she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which has lasted or can be expected to last for a continuous period of not less than 12 months.
 - .32 In the case of a child under the age of 18, if he/she suffers from any medically determinable physical or mental impairment of comparable severity.
 - .33 He/she is permanently and totally disabled as defined under a state plan approved under Title XIV as in effect for October 1972 and received aid under such plan on the basis of disability for at least one month prior to July 1973 and for December 1973, provided that he/she is continuously disabled as so defined.
- .4 Additional criteria regarding aged, blindness and disabled eligibility shall be applied as outlined in 20 CFR 416, Subpart 1.

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30-773 **RESOURCES (Continued)** **30-773**

- (h) Any other resources deemed excludable by the Secretary of Health and Human Services under the provisions of Title XVI of the Social Security Act.
- (i) Restricted allotted land owned by an enrolled member of an Indian tribe.
- (j) Per capita payments distributed pursuant to any judgment of the Indian Claims Commission or the Court of Claims in favor of any Indian tribe as specified in Public Law 93-134.
- (k) Shares of stock and money payments made to Alaskan Natives under the Alaskan Native Claims Settlement Act provided that the payments or stock remain separately identifiable and are not commingled with nonexempt resources. Any property obtained from stock investments under the Act shall not be exempt.
- (l) Tax rebates, credits or similar temporary tax relief measures which state or federal laws specifically exclude from consideration as a personal property resource. The specific rebates and credits listed in Section 30-775.42(a) shall also be exempt as property provided that the monies retained are not commingled and are separately identifiable as a proportionate share of the recipient's property.
- (m) Otherwise countable resources shall be exempt up to the amount of benefits paid on behalf of the applicant/recipient for long-term care services under a State certified long-term care insurance policy or certificate, certified by the State to provide such exemption.
 - (1) Any income generated by such exempt property is countable as income in the month received. See Section 30-775.

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- (A) An example of income generated by such exempt property would be rental income generated by an exempt resource.

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- (2) The burden shall be rebuttably presumed to have been met if the applicant/recipient presents a "SERVICE SUMMARY" signed by a representative of the insurance company verifying that the applicant/recipient is a holder of an insurance policy or certificate certified by the State to provide the exemption, and specifying the total amount of qualifying benefits paid out under the policy to date.
- (3) The amount of the qualifying benefits stated to have been paid in the "SERVICE SUMMARY" referred to in Section 30-773.6(m)(2) shall be the amount of the exemption to which the applicant/recipient is entitled.
- (4) If the statement by the insurance company is found to be erroneous, the county shall promptly notify the California Department of Health Services.
- (5) If the statement by the insurance company is such that the county cannot determine whether the applicant/recipient is covered by a qualifying policy or the amount of the benefits paid out on behalf of the beneficiary, the county shall deny the exemption. When an exemption is denied, the county shall refer the recipient to the California Department of Health Services for assistance and shall notify the California Department of Health Services of the reasons for this determination.

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30-773 RESOURCES (Continued) 30-773

- .73 During the period that the excess property is held and is under disposition, in accordance with the individual's agreement to dispose of the property, any IHSS payments made shall be considered to be overpayments.
 - .731 The net proceeds from the disposition of the excess property shall be considered to be available for liquidation of overpayments occurring during the disposition period in accordance with Section 30-768.3.
- .74 The disposition of the excess property shall be accomplished within a six-month period in the case of real property and within three months in the case of personal property.
 - .741 The time period shall begin on the date the agreement is signed by the individual.
 - (a) In the case of a disabled individual, the time period shall begin on the date of the disability determination.
 - .742 The time limits may be extended another three months where it is found that the individual had "good cause" for failing to dispose of the property within the original time period.
 - (a) "Good cause" shall exist if, despite reasonable and diligent effort on his/her part, he/she was prevented by circumstances beyond his/her control from disposing of the property.

NOTE: Authority cited: Section 22009(b), Welfare and Institutions Code. Reference: Section 22004, Welfare and Institutions Code.

30-775 INCOME 30-775

- .1 Income means the money or other gain periodically received by an individual for labor or service, or from property, investment, operations, etc. Income may be in the form of cash, including checks and money orders; in-kind items; real property; or personal services.
 - .11 When the item of receipt is not in the form of cash, the cash equivalent shall be determined.
 - .12 An individual's or individual and eligible spouse's income shall include all of his/her or their income in cash or in-kind, both earned and unearned.

30-775 INCOME (Continued) 30-775

- (d) Home produce.
 - (1) The value of agricultural products which are not raised in connection with a trade or business and are utilized for consumption by the household.
 - (A) If the produce is sold, the net earnings shall be countable as earned income.
- (e) Foster care payments.
 - (1) Payments for the foster care of a child who is not an eligible individual but who resides in the same home as such individual and was placed there by a public or nonprofit agency.
- (f) Support payment from an absent parent.
 - (1) One-third of any payment received from an absent parent for an eligible individual who is a child as defined in Section 30-770.3.
 - (A) The remainder shall be countable as unearned income.
- (g) Readers and educational scholarships for the blind.
 - (1) Funds, not available to meet basic needs, awarded for readers and educational scholarships by a high school, institution of higher learning, or a vocational or technical training institution to a recipient due to his/her blindness while he/she is regularly attending any public school or any institution of higher learning in this state.
- (h) Vendor payments.
 - (1) Payments made from any source to a vendor in order to meet the needs of the recipient for medical or social services, as determined by the county welfare department. When the vendor is the recipient's spouse, the provisions of .213 above shall apply.

30-775 **INCOME (Continued)** **30-775**

- (m) Domestic Volunteer payments.
 - (1) Payments made under the Domestic Volunteer Services Act of 1973 to welfare recipients who are VISTA volunteers.
 - (n) Supplemental food assistance.
 - (1) The value of supplemental food assistance received under the Child Nutrition Act (WIC) and the National School Lunch Act, as specified in Public Laws 92-433 and 93-150.
 - (o) Energy assistance allowances.
 - (1) Payments or allowances made under any federal, state or local laws for the purpose of energy assistance, e.g., Low Income Energy Assistance Program (EAP), Energy Crisis Assistance Program (ECAP), and Crisis Intervention Programs (CIP) payments.
 - (A) Such payments or allowances shall be clearly identified as energy assistance by the legislative body authorizing the program or providing the funds.
- .43 The following disregards shall be applied in the order listed below:
- .431 Infrequent or irregular income.
 - (a) Unearned income.
 - (1) Unearned income which does not exceed \$60 per quarter and is received not more than once per quarter or cannot be reasonably anticipated.
 - (b) Earned income.
 - (1) Earned income which does not exceed \$30 per quarter and is received not more than once per quarter or cannot be reasonably anticipated.
 - .432 Student exemption.
 - (a) Up to \$1,200 per calendar quarter of the earned income of the recipient who is a child and a student, but in no instance more than \$1,620 per calendar year.

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Welfare and Institutions Code Section 12306.5 states that any public or private agency, including a contractor as defined in Welfare and Institutions Code Section 12302.1, who maintains a list or registry of prospective In-Home Supportive Services providers shall require proof of identification from a prospective provider prior to placing the prospective provider on a list or registry or supplying a name from the list or registry to an applicant for, or recipient of, In-Home Supportive Services.

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- .11 Proof of identification shall not be required for prospective providers to remain on a list or registry that existed before April 1, 1988. However, proof of identification shall be required prior to providing those prospective providers' names to an applicant or recipient of In-Home Supportive Services, or prior to providing the names of any prospective providers where proof of identification has not been established.

- .12 Proof of identification shall include, but is not limited to, one of the following:
 - .121 A positive photograph identification from a government source, such as:
 - (a) a valid California driver's license;
 - (b) a valid identification card issued by a government agency; or
 - (c) a valid military identification card.

 - .122 A valid student identification card issued by an accredited college or university.

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.1 Scope of Services

DHS regulation Section 51183 reads:

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.

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30-780**PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY**
(Continued)**30-780**

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- (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, or 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.

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- (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.

HANDBOOK CONTINUES

HANDBOOK CONTINUES

- (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.

HANDBOOK CONTINUES

30-780	PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY	30-780
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(Continued)

HANDBOOK CONTINUES

- (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 subsection (a) above.

.2 Personal Care Services Program Tasks

DHS regulation Section 51350 reads:

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.

HANDBOOK CONTINUES

30-780 PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY
(Continued)**30-780**

HANDBOOK CONTINUES

- (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.

HANDBOOK CONTINUES

HANDBOOK CONTINUES

- (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.

.3 Personal Care Services Program Required Documentation

DHS regulation Section 51476.2 reads:

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) Time sheets
- (b) Assessment forms and notes
- (c) All service records, care plans, and orders/prescriptions ordering personal care.

HANDBOOK ENDS HERE

30-780	PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY	30-780
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(Continued)

.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.

NOTE: 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.

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| Repealed by CDSS Manual Letter No. SS-01-01, effective October 19, 2001

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CHAPTER 30-900 SERVICE PROGRAM NO. 9: TRANSITIONAL HOUSING PLACEMENT PROGRAM**30-900 GENERAL 30-900**

- .1 Services provided under this program shall be directed to the achievement of goals I, II, III, and IV designated in MPP Section 30-001.21.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10609.3, 11403.2, and 16522(a), Welfare and Institutions Code.

30-901 SPECIAL DEFINITIONS 30-901

- (a) (1) "Agency" means the licensee or the county-certified Transitional Housing Placement Program (THPP) provider.
- (2) "Agency Amount" means that portion of the THPP rate the agency may retain for the proper and efficient administration of the Transitional Housing Placement Program.
- (b) (1) "Budget" means the itemized list of expenses that describes the use of the rate amount for THPP participants and/or THP-Plus tenants.
- (c) (1) "County Certificate of Approval" means the document issued by the county that indicates approval and authorization of an agency's THPP plan.
- (d) (1) "Department-Approved County THPP Plan" means a county THPP plan that is submitted by the county to, and approved by, the Department.
- (e) Reserved
- (f) (1) "Facility" means all components of the THPP facility including administrative functions and the operation of the THPP unit.
- (g) Reserved
- (h) Reserved
- (i) Reserved
- (j) Reserved

30-901 SPECIAL DEFINITIONS (Continued)**30-901**

- (k) Reserved
- (l) (1) "Licensee" means the entity licensed by Community Care Licensing that has the authority and responsibility for the operation of the THPP facility for dependent foster/probation children pursuant to Welfare and Institutions Code Section 11403.2(a)(1).
- (m) Reserved
- (n) Reserved
- (o) Reserved
- (p) Reserved
- (q) Reserved
- (r) (1) "Rental Amount" means the monthly cost of procuring a THPP unit.
- (s) (1) "Social Work Administrative Costs" means those non-federally allowable expenses attributable to the duties of social workers employed by licensees to provide services to THPP participants.
- (2) "Supportive Transition Emancipation Program (STEP)/Transitional Housing Program-Plus (THP-Plus) Transitional Independent Living Plan (TILP)" means the form STEP 8 (Rev. 7/02) designed by the Department upon which the tenant describes his/her current level of functioning, emancipation goals, and skills needed to facilitate a successful transition to adulthood.
- (t) (1) "Tenant" means a young adult who is a former foster/probation youth and who is participating in a THP-Plus pursuant to Welfare and Institutions Code Section 11403.2(a)(2).
- (2) "Transitional Housing Placement Program (THPP)" means a community care facility licensed by the Department and includes all components of the program that provides supervised housing and supportive services for eligible dependent foster/probation youth as specified in Welfare and Institutions Code Section 11403.2(a)(1).
- (3) "Transitional Housing Placement Program (THPP) Participant" means a dependent foster/probation youth placed in a THPP unit as specified in Welfare and Institutions Code Section 11403.2(a)(1); and may also be referred to in these regulations as "participant."

30-901	SPECIAL DEFINITIONS (Continued)	30-901
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- (4) “Transitional Housing Placement Program (THPP) Unit” means the residence where the participant or tenant resides; and may also be referred to in these regulations as “unit.”

- (5) “Transitional Housing Program-Plus (THP-Plus)” means a transitional housing placement program not licensed by the Department, but, certified by counties to provide housing and supportive services, as needed, to THP-Plus tenants pursuant to Welfare and Institutions Code Section 11403.2(a)(2).

- (6) “THP-Plus Agency” means a county-certified agency that provides transitional housing for young adults who are emancipated foster/probation youth to age 21 pursuant to Welfare and Institutions Code Section 11403.2(a)(2).

- (u) Reserved

- (v) Reserved

- (w) Reserved

- (x) Reserved

- (y) (1) “Youth Allowance” means that portion of the rate paid by the provider to each foster/probation youth participating in the THPP pursuant to Welfare and Institutions Code Section 11403.2(a)(1).

- (z) Reserved

NOTE: Authority cited: Sections 10553, 10554, and 10609.4, Welfare and Institutions Code; and Section 1559.110, Health and Safety Code. Reference: Sections 366, 706.6, 727.2 and .3, 11403(a)(2), 10609.4, 16501, and 16501.5, Welfare and Institutions Code; Section 1559.110, Health and Safety Code; and 42 U.S.C. Sections 675 and 677.

30-902 TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP) PURPOSE 30-902

- .1 The purpose of the Transitional Housing Placement Program (THPP) is to provide independent living opportunities for eligible participants to practice life skills in a safe environment to ease the transition from dependence to self-sufficiency through supervised housing and supportive services.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 16522, Welfare and Institutions Code and Section 1559.110(f), Health and Safety Code.

30-903 PERSONS SERVED BY TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP) 30-903

- .1 Participants of THPP are those eligible children 16 to 18 years of age (except as provided in Welfare and Institutions Code Section 11403) who are eligible for AFDC-Foster Care benefits and who meet the requirements of Welfare and Institutions Code Section 16522.2(a).

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 11403 and 16522.2(a), Welfare and Institutions Code.

30-904 TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP) RATES 30-904

- .1 Pursuant to Welfare and Institutions Code Section 11403.3(a)(1), a county whose THPP plan has been approved by the Department prior to June 30, 2001 is approved to receive the base rate approved as of that date. If a county did not have an approved THPP plan as of June 30, 2001, the base rate per participant will be \$2,100 per month. A county may elect to pay an additional amount according to the following:
 - .11 The additional amount shall not cause the total rate to exceed 75% of the average AFDC-FC payment the county pays to group homes for foster youth 16 to 18 years of age.
 - .12 Funding of the additional amount shall be subject to the sharing ratios as specified in Welfare and Institutions Code Section 15200(c).
 - .13 The state portion of the additional amount shall be subject to the availability of the Transitional Housing for Foster Youth Fund.
 - .14 If the Transitional Housing for Foster Youth Fund is depleted, the county shall pay the state share of the additional amount.

30-904 TRANSITIONAL HOUSING PLACEMENT PROGRAM 30-904
(THPP) RATES (Continued)

.2 The county may pay the agency a rate less than the rate approved by the Department.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 11403.3(a)(1) and (b), Welfare and Institutions Code.

30-905 TRANSITIONAL HOUSING PLACEMENT PROGRAM 30-905
(THPP) LICENSING REQUIREMENTS

.1 All THPP agencies that have the authority and responsibility for the operation of the THPP facility for dependent foster/probation children pursuant to Health and Safety Code Section 1559.110(a) shall be licensed by the Department's Community Care Licensing Division.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 1559.110(a), Health and Safety Code.

30-906 TRANSITIONAL HOUSING PLACEMENT PROGRAM 30-906
(THPP) COUNTY PLANS

.1 Counties that intend to certify THPP agencies shall:

.11 Provide CDSS with the information required to set a rate pursuant to Welfare and Institutions Code Section 11410.

.12 Develop and submit a plan to CDSS which meets the requirements of Welfare and Institutions Code Sections 16522-16522.6 including, but not limited to, the following information:

- (A) Projected caseload;
- (B) Modes of service delivery the county intends to use;
- (C) Estimated per-participant monthly budget which will not exceed the approved county rate;
- (D) A plan for providing reports including statistical, budgetary, occupancy and Transitional Independent Living Plan (TILP) data to the Department;
- (E) A plan for providing oversight, evaluation, and monitoring of the programs the county certifies pursuant to Section 30-910 (Reporting Requirements);

30-906 TRANSITIONAL HOUSING PLACEMENT PROGRAM 30-906
(THPP) COUNTY PLANS (Continued)

- (F) Assurances that the program serves only eligible children 16 to 18 years of age (except as provided in Welfare and Institutions Code Section 11403) who are eligible for AFDC-Foster Care benefits and who meet the requirements of Welfare and Institutions Code Section 16522.2;

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- (1) Welfare and Institutions Code Section 16522.2 states:

“Persons may participate in the supervised transitional housing placement programs only with the permission of both the independent living program of the county in which the program is located and the county department of social services or the county probation department that has custody of that person.”

HANDBOOK ENDS HERE

- (G) Assurances that the program will not discriminate on the basis of race, gender, sexual orientation, or disability; and that youths who are wards of the court under Welfare and Institutions Code Section 602 and/or receiving psychotropic medications shall be eligible for consideration in the program and shall not be automatically excluded due to these factors;
- (H) Assurances that the county Independent Living Program (ILP) coordinator shall participate in the screening of THPP candidates and assist the licensee in the supervision of the participants;
- (I) Assurances that the housing utilized by the program is served by public transportation to enable participants' reasonable access to schools, employment, appropriate supportive services, shopping and medical care;
- (J) A description of how services and assistance will be provided to enable participants to meet their TILP emancipation goals pursuant to Section 31-236;
- (K) A description of the county's standards for certification of agency programs that, at a minimum, includes the certification standards described in Section 30-911; and
- (L) A description of the participant application process.
- .2 County THPP plans shall be reviewed by the Department and be approved based upon the criteria set forth in Section 30-906.12 et seq. Upon receipt of the Department's letter of approval, the county may review and certify agency plans.

30-906	TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP) COUNTY PLANS (Continued)	30-906
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NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 16522.1, 16522.2, 16522.5, and 16522.6, Welfare and Institutions Code and Sections 1559.110 and 1159.115, Health and Safety Code.

30-907	TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP) SERVICE DELIVERY METHODS	30-907
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- .1 The three modes of program service delivery are those that allow participants to live:
 - .11 In an apartment, single-family dwelling, or condominium with an adult employee of the provider.
 - .12 In an apartment, single-family dwelling, or condominium rented or leased by the provider located in a building in which one or more adult employees of the reside and provide supervision, and
 - .13 To live independently in an apartment, single-family dwelling, or condominium rented or leased by a provider, if the Department provides approval and the participants are supervised by the agency's employees.
- .2 These three modes include the "host site family" and "remote site" models as described in the California Code of Regulations (CCR) Title 22, Sections 86001(h)(3) and (r)(1).

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- .21 CCR Title 22 Sections 86001(h)(3) and (r)(1) state:
 - “(h)(3) “Host Family” is a variant of the remote site model and means a living situation where the THPP participant resides in a single housing unit with one or more adults approved by the THPP.”
 - “(r)(1) “Remote Site Model” means a single housing unit where the participant lives independently and where licensee staff do not live in the same building as the participant.”

HANDBOOK ENDS HERE

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 16522(d), Welfare and Institutions Code.

30-908 **PERMISSION NECESSARY FOR TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP) PARTICIPATION** **30-908**

- .1 The county department of social services or the county probation department that has custody of the child and the ILP coordinator in the county in which the child is placed must approve the child's placement into THPP.
- .2 Review of a child's TILP for appropriateness of the THPP placement is necessary prior to approval of the child's placement.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 16522, Welfare and Institutions Code.

30-909 **TRANSITIONAL INDEPENDENT LIVING PLANS (TILPs) FOR TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP) PARTICIPANTS** **30-909**

- .1 Transitional Independent Living Plans (TILP) for participants shall meet the requirements of Section 31-236.

NOTE: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 366.3, 706.6, 11155.5, and 16501.1, Welfare and Institutions Code.

30-910 **TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP) REPORTING REQUIREMENTS** **30-910**

- .1 Counties shall prepare an annual report in the format required by the Department including, but not limited to, expenditures, occupancy, and participant data. Upon request, counties shall also supply information, in addition to that in the annual report, to the Department as needed.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 16522.6, Welfare and Institutions Code.

**30-911 TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP) 30-911
CERTIFICATION STANDARDS**

- .1 Each THPP agency's program plan shall, at a minimum, include the following:
 - (a) Assurances that the program will only serve eligible participants as defined in Section 30-903.1;
 - (b) Assurances that the program will not discriminate on the basis of race, gender, sexual orientation, or disability and that youth who were wards of the court as described in Welfare and Institutions Code Section 602 and youth receiving psychotropic medications shall be eligible for consideration in the program and shall not be automatically excluded due to these factors.
 - (c) Admission criteria for participants, including:
 - (1) Age,
 - (2) Previous placement history,
 - (3) Delinquency history,
 - (4) Medical problems,
 - (5) History of drug/alcohol abuse,
 - (6) Level of education,
 - (7) Mental health history, and
 - (8) Work experience;
 - (d) Assurances that each child admitted into the program has an appropriately updated TILP;
 - (e) A description of the agency's THPP with an explanation of how it will assist participants to accomplish the goals described in their TILP;
 - (f) Assurances that each participant actively participates in the county ILP program;
 - (g) Assurances that the agency employment policies include strict criteria regarding an employee's:
 - (1) Age,
 - (2) Drug/alcohol history,

30-911 TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP) 30-911
CERTIFICATION STANDARDS (Continued)

- (3) Experience working with this age group,
 - (4) Criminal background checks, and
 - (5) A training program to educate employees about characteristics of persons in this age group placed in long-term care settings, and designed to ensure these employees can adequately supervise and counsel participants and provide them with training in independent living skills;
- (h) A detailed plan for:
- (1) Monitoring the placement of persons under the agency's care,
 - (2) Evaluating the participant's progress in the program, and
 - (3) Reporting to the ILP and to the county agency with jurisdiction;
- (i) Assurances that participants will be allowed the greatest amount of freedom possible and appropriate for their level of functioning in order to prepare them for self-sufficiency;
- (j) Assurances that the housing is served by public transportation to enable the participant's reasonable access to schools, employment, appropriate supportive services, shopping, and medical care;
- (k) Assurances that the agency shall collaborate with counties, social workers/probation officers, ILP coordinators, Student Aid Commission, Employment Development Department (EDD) One-Stop Career Centers, and other agencies and programs to provide support and services to enable the participants to complete the goals outlined on the TILP;
- (l) Assurances that every participant is enrolled with an EDD federal Job Training and Partnership Act (JTPA) Regional One-Stop Career Center;
- (m) A twenty-four hour emergency number provided to each participant;
- (n) A description of how each participant's progress will be evaluated.

30-911 TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP) 30-911
CERTIFICATION STANDARDS (Continued)

- (o) A description of efforts that will be made to track participants for at least two years after leaving the program;
- (p) A description of efforts that will be made to link participants with mentors;
- (q) A description of policies regarding:
 - (1) Education requirements,
 - (2) Visitors,
 - (3) Savings requirements,
 - (4) Personal safety,
 - (5) Emergencies,
 - (6) Medical problems,
 - (7) Disciplinary measures,
 - (8) Child care,
 - (9) Pregnancy,
 - (10) Curfew,
 - (11) Budgeting,
 - (12) Dating,
 - (13) Housekeeping,
 - (14) Decorating,
 - (15) Use of utilities/phone,

30-911 TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP) 30-911
CERTIFICATION STANDARDS (Continued)

- (16) Care of furnishings,
 - (17) Transportation and vehicles,
 - (18) Unauthorized purchases,
 - (19) Work expectations,
 - (20) Lending/borrowing money,
 - (21) Grounds for termination that may include, but shall not be limited to, illegal activities or harboring runaways,
 - (22) Disposition of furnishings when participants exit the program, and
 - (23) Incorporation of applicable provisions of Welfare and Institutions Code Section 16522.1;
- (r) The budget form designed by the Department indicating the rate approved by the county that shall be equal to or lower than the rate approved for the county by the Department. It shall include the following six categories:
- (1) Administrative salaries and overhead;
 - (2) Direct care staff;
 - (3) Social worker;
 - (4) Social work supervision;
 - (5) Administration attributable to social worker; and
 - (6) A youth allowance that includes, but is not limited to:
 - (A) Telephone,
 - (B) Rent,

30-911	TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP) CERTIFICATION STANDARDS (Continued)	30-911
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- (C) Food,
- (D) Clothing,
- (E) Transportation cost,
- (F) Miscellaneous expenses, and
- (G) Utilities;

(s) Any participant funds retained by the provider on behalf of the participant shall be deposited in an interest bearing savings account in any bank or savings and loan institution whose deposits are insured by the Federal Deposit Insurance Corporation or the Federal Savings and Loan Insurance Corporation. The principal and interest shall be distributed to the participant when he/she leaves the program or earlier if permitted by the THP program guidelines.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 16522.1, Welfare and Institutions Code; and Sections 1559.110 and 1559.115, Health and Safety Code.

30-912	TRANSITIONAL HOUSING PROGRAM-PLUS (THP)-PLUS PROGRAM PURPOSE	30-912
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.1 The purpose of the Transitional Housing Program (THP)-Plus is to assist emancipated youths as they move from dependency to self-sufficiency by providing youths with housing and supportive services.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 16522, Welfare and Institutions Code and Sections 1559.110 and 1559.115, Health and Safety Code.

30-913 PERSONS SERVED BY THE TRANSITIONAL HOUSING PROGRAM (THP)-PLUS**30-913**

- .1 Transitional Housing Program-Plus tenants are young adults who are former foster/probation youth who have emancipated from a county that has elected to participate in THP-Plus. THP-Plus tenants shall be at least 18 years of age and not yet 21 years of age, and shall be pursuing county-approved goals utilizing the Department developed STEP/THP-Plus TILP.
- .2 Tenants may remain in THP-Plus for a maximum of twenty-four cumulative months.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 11403.2(a)(2) and 16522, Welfare and Institutions Code and Section 1559.110(f), Health and Safety Code.

30-914 TRANSITIONAL HOUSING PLAN (THP)-PLUS RATES**30-914**

- .1 Pursuant to Welfare and Institutions Code Section 11403(a)(2), the per tenant monthly rate may not exceed 70% of the average AFDC-FC payment the county pays to group homes for foster youth 16 to 18 years of age, contingent upon the following conditions:
 - .11 Funding shall be subject to the sharing ratios specified in Welfare and Institutions Code Section 15200.
 - .12 The state portion of the rate shall be subject to the availability of the Transitional Housing for Foster Youth Fund.
 - .13 If the Transitional Housing for Foster Youth Fund is depleted, unless other arrangements have been made with the agency, the county shall pay the state share of the rate in addition to the county share.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 11403(a)(1) and 15200(c), Welfare and Institutions Code.

30-915 TRANSITIONAL HOUSING PROGRAM (THP)-PLUS COUNTY PLANS**30-915**

- .1 Prior to implementing a THP-Plus plan, the county shall:
 - .11 Provide CDSS with the information required to set the rate pursuant to Section 11-410.2.
 - .12 Develop and submit a plan to CDSS which meets the requirements of Welfare and Institutions Code Sections 16522 through 16522.6 including, but not limited to, the information specified below:

30-915	TRANSITIONAL HOUSING PROGRAM (THP)-PLUS COUNTY PLANS (Continued)	30-915
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- .121 Projected caseload;
 - .122 Modes of service delivery the county intends to use;
 - .123 Estimated per-participant monthly budget which shall not exceed the approved county rate;
 - .124 A plan for providing reports to the Department, including statistical, budgetary, occupancy, and TILP data to CDSS;
 - .125 A plan for providing oversight, evaluation, and monitoring of the programs the county certifies pursuant to MPP Section 30-919;
 - .126 A description of the county's standards for certification of THP-Plus agency programs that, at a minimum, includes the certification standards described in MPP Section 30-920.
- .13 Ensure that each THP-Plus tenant has a STEP/THP-Plus TILP mutually agreed upon, annually reviewed, and updated by the tenant and the county designee.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 11403.2, 16522, 16522.1, 16522.2, 16522.5, and 16522.6, Welfare and Institutions Code; and Sections 1559.110 and 1559.115, Health and Safety Code.

30-916	TRANSITIONAL HOUSING PROGRAM (THP)-PLUS SERVICE DELIVERY METHODS	30-916
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- .1 Programs certified under these regulations shall be designed to provide a safe and adequate residence and allow participants a maximum amount of independence and self-sufficiency.
 - .11 Acceptable residential units include apartments, single family dwellings, condominiums, college dormitories, and host family models.
 - .12 Publicly supervised or privately operated shelters, or other living situations including those with friends, family members and others that provide temporary accommodation are not acceptable.
 - .13 Public or private places not ordinarily used as a regular sleeping area, are not acceptable.

30-916 TRANSITIONAL HOUSING PROGRAM (THP)-PLUS 30-916
SERVICE DELIVERY METHODS (Continued)

- .14 Group homes and other types of licensed residential facilities may not be utilized by a THP-Plus provider as accommodations for emancipated foster youth.
- .2 Counties shall ensure that THP-Plus agencies shall collaborate with counties, social workers/probation officers, ILP coordinators, Student Aid Commission, EDD One-Stop Career Centers, and other agencies and programs to provide support and services to enable the tenants to complete the goals outlined on the STEP/THP-Plus TILP.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 11403.2 and 1896.6, Welfare and Institutions Code.

30-917 TRANSITIONAL HOUSING PROGRAM (THP)-PLUS 30-917
TENANT RESPONSIBILITIES

- .1 Tenants shall actively pursue the goals of their TILPs as a condition of participation. Also, they must inform the county when changes need to be made on the TILPs that affect payment of aid, including changes in address, living circumstances, education, career, and training programs.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 11403.2(a)(2), Welfare and Institutions Code.

30-918 SUPPORTIVE TRANSITION EMANCIPATION PROGRAM 30-918
TRANSITIONAL HOUSING PROGRAM (STEP/THP)-PLUS
LIVING PLANS

- .1 Every tenant shall develop and pursue goals described in a STEP/THP-Plus TILP. This document shall describe a tenant's current level of functioning and contains the educational/vocational or other goals related to self-sufficiency mutually agreed upon by the tenant and the county designee.
 - .11 The activities and services described in the STEP/THP-Plus TILP shall be designed to achieve the following goals as needed:
 - (a) Education (literacy, high school diploma/GED, college, and vocational training),
 - (b) Completion of application for college, vocational training program, or other educational or employment program,

30-918 SUPPORTIVE TRANSITION EMANCIPATION PROGRAM 30-918
TRANSITIONAL HOUSING PROGRAM (STEP/THP)-PLUS
LIVING PLANS (Continued)

- (c) Gainful employment (career exploration, work readiness skills, employment experience, and job placement and retention),
- (d) Receipt of information regarding various employment and training services provided through the Employment Development Department (EDD) One-Stop Career Centers, and registered at an EDD One-Stop Career Center,
- (e) Development of daily living skills (including household management, budget and financial management skills, knowledge of landlord/tenant issues, self-advocacy skills, credit issues, transitional housing placement program experience, knowledge of how to obtain vital records),
- (f) Knowledge of preventive health activities (including substance abuse prevention, smoking avoidance, nutrition education, pregnancy prevention),
- (g) Acquisition of safe and affordable housing,
- (h) Development of a mentoring relationship with a responsible adult,
- (i) Personal responsibility skills,
- (j) Receipt of important documents, including, but not limited to:
 - (1) Certified birth certificate;
 - (2) Social security card;
 - (3) Identification card and/or driver's license;
 - (4) Proof of citizenship or residency status;
 - (5) Death certificate of parent(s) (if applicable);
 - (6) Proof of county dependency status for education aid applications, school records, immunization records, medical records, and Health and Education Passport.

30-918 SUPPORTIVE TRANSITION EMANCIPATION PROGRAM TRANSITIONAL HOUSING PROGRAM (STEP/THP)-PLUS LIVING PLANS (Continued) 30-918

- (k) Mental health counseling,
- (l) Completion of the application for Special Immigrant Juvenile Status (SIJ) pursuant to the 8 Code of Federal Regulation (CFR) Section 204.11 or other naturalization process for undocumented aliens,
- (m) A driver's license,
- (n) A work permit,
- (o) A bank account,
- (p) Names, phone numbers and addresses of relatives,
- (q) Completed re-application for Medi-Cal,
- (r) Information and completed applications for sources of financial support such as emancipation stipends, SSI, TANF, STEP, THP-Plus, scholarships and grants,
- (s) Referral to appropriate county adult social services agencies, as needed.

.2 Counties shall review and update the STEP/THP-Plus TILP at least annually.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 11403.2, Welfare and Institutions Code.

30-919 TRANSITIONAL HOUSING PROGRAM (THP)-PLUS REPORTING REQUIREMENTS 30-919

.1 Counties shall prepare an annual report on the format required by the Department including, but not limited to, expenditures, occupancy, and STEP/THP-Plus TILP data. Upon request, counties shall also supply information, in addition to that in the annual report, to the Department as needed.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 11403.2 and 16522.6, Welfare and Institutions Code.

**30-920 TRANSITIONAL HOUSING PROGRAM (THP)-PLUS
CERTIFICATION STANDARDS****30-920**

- .1 Each THP-Plus agency's program plan shall, at a minimum, ensure that:
 - (a) The program will only serve eligible tenants as defined in MPP Section 30-900.13.
 - (b) The program shall not discriminate on the basis of race, gender, sexual orientation, or disability (Welfare and Institutions Code Section 16522.1(a)(1)) and that youth who were wards of the court as described in Welfare and Institutions Code Section 602 and youth receiving psychotropic medications shall be eligible for consideration in the program and shall not be automatically excluded due to these factors.
 - (c) The agency shall, with the assistance of a county designee, assist each tenant to complete the STEP/THP-Plus TILP form designed by the Department.
 - (d) The program describes how it will assist tenants to live independently and to accomplish the goals described in their STEP/THP-Plus TILP.
 - (e) The STEP/THP-Plus TILP is updated at least annually and as needed to reflect necessary changes.
 - (f) Tenants shall be allowed the greatest amount of freedom possible in order to prepare them for self-sufficiency.
 - (g) The housing has reasonable transportation access to schools, employment appropriate supportive services, shopping and medical care.
 - (h) Criminal record clearances shall be required for all agency employees.
 - (i) Programs shall comply with applicable federal, state, and local housing laws and fire clearance requirements.
 - (j) No more than two tenants share a bedroom.
 - (k) Tenants have the right to be free from arbitrary or capricious rules; the right to understand all rules in writing and in appropriate languages and formats, the right to appeal any loss of benefits or services before they are suspended (unless imminent physical harm to someone would result); and the right to a grievance procedure.

**30-920 TRANSITIONAL HOUSING PROGRAM (THP)-PLUS
CERTIFICATION STANDARDS (Continued)****30-920**

- (l) Tenants' right to confidentiality is respected. This right applies to the dissemination, storage, retrieval and acquisition of identifiable information. The agency shall not release information about a tenant's receipt of services without a written release from the tenant.
- (m) Tenants' right to privacy is respected. Information shall be requested from the tenant only when the information is specifically necessary for the provision of services. Tenants shall not be required to supply information as a condition of obtaining services without written documentation verifying the necessity of the information.
- (n) The functions of property management and service provider shall not be blended. The program plan shall clearly define the roles and responsibilities of each part of the organization.
- (o) The agency shall comply with California landlord-tenant law (Civil Code Section 1940, et seq.) and/or the Transitional Housing Misconduct Act (Health and Safety Code Section 50580, et seq.).
- (p) If medical services are needed by tenants, these services shall be provided by a medical professional or an appropriately licensed (or otherwise legally operating - e.g. county) clinic or adult day health center that may offer services off-site or through a home visit program, including services which are made available on a regularly scheduled basis on-site.
- (q) Tenants are given a choice regarding what services to access and the location of the services (on-site or offsite), as long as the goals of the STEP/THP-Plus TILP are being met.
- (r) The THP-Plus program is clearly distinguishable from those that are required to be licensed as an Adult Residential Care facility under Health and Safety Code Section 1502(a)(1) or Health and Safety Code Section 1503.5(a).
- (s) Applicable provisions of Welfare and Institutions Code Section 16522.1 are incorporated.
- (t) A description of the tenant application process and the selection criteria are included.

30-920	TRANSITIONAL HOUSING PROGRAM (THP)-PLUS CERTIFICATION STANDARDS (Continued)	30-920
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- (u) Any tenant funds retained by the provider on behalf of the tenant shall be deposited in an interest bearing savings account in any bank or savings and loan institution whose deposits are insured by the Federal Deposit Insurance Corporation or the Federal Savings and Loan Insurance Corporation. The principal and interest shall be distributed to the tenant when he/she leaves the program, or earlier, if permitted by the THP-Plus program guidelines.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 602, 11403.2, and 16522.1, Welfare and Institutions Code; Sections 1502(a)(1), 1503.5(a), 1559.110, 1559.115, and 50580, Health and Safety Code; and Sections 1940, et seq., Civil Code.

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