

Insert Date

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY INFORMATION NOTICE NO. XX-XX**

The purpose of this All County Information Notice (ACIN) is to clarify the authorization of service time for assistance with medication to minor recipients in the In-Home Supportive Services Program.

DRAFT



**KIM JOHNSON**  
DIRECTOR

**GAVIN NEWSOM**  
GOVERNOR

Insert DATE

ALL COUNTY INFORMATION NOTICE NO. XX-XX

TO: RECIPIENT NAME(S)

SUBJECT: **AUTHORIZATION OF ASSISTANCE WITH MEDICATION TO MINOR RECIPIENTS IN THE IN-HOME SUPPORTIVE SERVICES PROGRAM (IHSS)**

REFERENCE: [WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 12300](#); [WIC 12300.1](#); [WIC 12301.1](#); [MANUAL OF POLICY AND PROCEDURES SECTIONS 30-757.14\(j\)](#); [MPP SECTION 30-757.19](#); [ALL COUNTY INFORMATION NOTICE \(ACIN\) I-82-17](#); PROGRAM MANAGER LETTER (February 5, 2020)

The purpose of this All County Information Notice (ACIN) is to clarify the authorization of assistance with medication to minor recipients in the In-Home Supportive Services Program (IHSS).

## **BACKGROUND**

The California Department of Social Services (CDSS) would like to clarify how to assess and authorize IHSS services for assistance with medication for minors.

The IHSS Program authorizes two types of assistance with medication:

- WIC Section 12300 and MPP Section 30-757.14(i) permit the county to authorize IHSS services for assistance with self-administration of medications.
- WIC Section 12300.1 and MPP Section 30-757.191(c) identify administration of medications as an authorizable paramedical service when it is an activity that a person would normally perform for themselves but for their functional limitations and are activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health.

When assessing minors, in addition to all applicable laws and regulations, the social worker may utilize the Age Appropriate Guidelines (AAG) tool and process, making sure

to take into consideration any extraordinary need(s) the minor may have. (See ACIN I-82-17.) An extraordinary need is a need that is based on the functional impairment due to the minor's disability and that is beyond what would normally be expected for a minor of the same age without the functional impairment. Counties must be sure to carefully document the extraordinary need in the minor recipient's case record. Once an extraordinary need has been established, the county may assign the appropriate functional rank for the assessed service category in accordance with the extraordinary need.

Assistance with self-administration of medication and administration of medications (a paramedical service) are not services that appear on the AAG tool as minor children are generally considered too young to be able to safely and accurately manage their own medications unassisted. Furthermore, the IHSS Program does not have the authority to authorize services based on a minor's inability to perform a task due to age. However, as specified above, the county may authorize IHSS services when an extraordinary need exists.

### **CARE AND ASSISTANCE WITH SELF-ADMINISTRATION OF MEDICATION FOR MINORS**

MPP Section 30-757.14(i)(1) specifies that "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."

Authorizing time for care and assistance with self-administration of medication pursuant to MPP Section 30-757.14(i) is not included on the AAG as a minor child is not expected to self-administer their own medications or complete their own medi-sets. Even if a minor can take a medication independently, parents and caretakers typically assist with determining the appropriate dosage and ensuring the minor takes the medication as prescribed. Furthermore, the IHSS Program does not have the authority to authorize services based on a child's inability to perform a task due to age.

Because a minor child is not typically capable of self-administering medications, parents and caretakers actively administer medications to minor children in their care. Therefore, reminding a minor to self-administer medications as indicated in MPP Section 30-757.14(i) is a task that would normally be performed by a parent or caretaker for any minor child, regardless of a functional limitation. Because it is impossible for an extraordinary need to exist for this service type, time for care and assistance with self-administration of medication pursuant to MPP Section 30-757.14(i) is not authorized to minor children.

## **PARAMEDICAL SERVICE - ADMINISTRATION OF MEDICATION FOR MINORS**

MPP Section 30-757.191(c) specifies that administration of medications is a paramedical service if it is: (a) an activity which persons would normally perform for themselves but for their functional limitations, and (b) an activity which, due to the recipient's physical or mental condition, is necessary to maintain the recipient's health. All criteria must be met in order for a paramedical service to be authorized.

Because medication administration is a paramedical service, the county must also ensure the recipient completes an Order for Paramedical Services (SOC 321) in accordance with MPP Section 30-757.19 prior to authorizing medication administration.

CDSS seeks to clarify when it is appropriate to authorize medication administration to minor recipients as a minor without a disability would never be expected to perform medication administration for themselves. Because minors are not expected to perform this task unassisted, the task does not meet MPP Section 30-757.191(a) and therefore is not an authorizable paramedical service task unless the minor has an extraordinary need. As previously stated, an extraordinary need is a need that is based on the functional impairment due to the minor's disability and that is beyond what would normally be expected for a minor of the same age without the functional impairment.

Once an extraordinary need has been established, the county should notify the family that they should request that the minor recipient's physician complete an SOC 321 and return it to the county in order for paramedical services to be authorized.

A minor that cannot take medications due to a functional limitation would be considered to have an extraordinary need if a minor of the same age that does not have a functional limitation would typically be able to take the medication when provided in the appropriate dosage by a parent or caretaker. Furthermore, if the minor child must receive an oral medication in a manner other than orally, the child would typically be determined to have an extraordinary need.

However, as explained above, simply administering the appropriate dosage to the minor recipient and ensuring the medication is taken is not considered an extraordinary need even if the child has a functional limitation. This is because a parent or caretaker would be expected to perform that task regardless of the minor's functional limitation. It should be noted that having a functional limitation does not automatically qualify the minor recipient for medication administration as a paramedical service. The other requirements to qualify for paramedical services must be met in addition to the minor recipient having an extraordinary need related to the performance of medication administration that is caused by their functional limitation.

Example 1:

A 13-year-old minor child is diagnosed with autism and is prescribed medication (pill form) to be taken twice a day. Due to confusion caused by the minor recipient's diagnosis of autism, he does not understand how many pills to take and does not like to take them. The recipient's functional limitation causes the recipient to be mildly resistant to medication administration. The provider must set up the correct dosage and place the medication in the minor recipient's hand so he can take it. The minor recipient needs step by step instructions and consistent encouragement to place the medication in his hand and swallow it. The family would like time to be authorized for administering the minor's medication and has had the minor recipient's physician complete an SOC 321.

It should be noted that administering medication to a minor recipient diagnosed with autism is not in and of itself an authorizable paramedical service. The county must first determine whether the minor child has an extraordinary need related to the administration of medication task as a 13-year-old child without the recipient's functional limitation would not be expected to safely and accurately manage their own medications without assistance. Therefore, the county must establish that the child's functional limitation creates an extraordinary need that requires the parent to do more than what would be normally expected for a minor of the same age without the child's functional limitation.

In this example, the county has determined that the minor recipient's functional limitation causes him to be resistant during medication administration; therefore, the task meets MPP Section 30-757.191(a) and is also considered an example of extraordinary need related to medication administration as a 13-year-old minor child without a functional limitation would be expected to be able to safely and accurately accept the appropriate medication dosage and swallow it without additional assistance from the caretaker. It further meets MPP Section 30-757.191(b) as administration of the medication is an activity which, due to the recipient's physical or mental condition, is necessary to maintain the recipient's health. Therefore, time may be authorized under paramedical services for medication administration because the paramedical service criteria has been met and the minor has an extraordinary need related to the performance of the task.

Example 2:

A 5-year-old minor recipient is diagnosed with Type I Diabetes and has insulin administered through through an insulin pump. The process that his caretaker has to complete in order to program the insulin pump include weighing and measuring food at each meal, completing calculations, and inputting data into the insulin pump to administer the appropriate dosage of insulin. The caretaker is required to make

continuous adjustments at every meal based on the actual amount the recipient has eaten. These tasks are included on the SOC 321 as medically necessary. The SOC 321 was completed by the recipient's physician.

In this case, a minor child without Type 1 Diabetes would be able to receive medication orally and would not need to have insulin administered via an insulin pump in order to maintain the minor child's health and safety. Because a 5-year-old child without a functional limitation would typically be able to accept their medications orally, the needs of the minor recipient exceed what would normally be expected of a caretaker when caring for a minor child without Type 1 Diabetes. This supports that the minor recipient meets MPP Section 30-757.191(a) and has an extraordinary need related to the performance of medication administration. Furthermore, medication administration is also an activity which, due to the recipient's physical or mental condition, is necessary to maintain the recipient's health; therefore, maintaining and programming the insulin pump also meets all criteria set forth in MPP Section 30-757.191. In this case, medication administration may be authorized to the minor recipient as a paramedical service.

It should be noted that in this example, the provider must also weigh and measure food as part of programming the insulin pump. Because the minor child's special diet requires their food to be weighed and measured, the child would also have an extraordinary need related to meal preparation (MPP Section 30-757.131) and therefore, the county would authorize time for time for weighing and measuring food in that service category. It should be noted that weighing and measuring food cannot be authorized under paramedical services even though the service is related to programming the insulin pump. Additionally, the county should not authorize time for preparing the entire meal, but only the time it takes to address the extraordinary need. i.e., weighing and measuring the food.

Example 3:

A 15-year-old minor recipient is diagnosed with a learning disability and ADHD. He is prescribed medication (pill form) to treat his ADHD. The minor recipient's learning disability causes confusion and the recipient cannot manage his medication unassisted. His caretaker measures out the dosage and administers the medication to the recipient. The recipient is able to swallow it unassisted when prompted.

In this case, the minor recipient has a functional limitation (ADHD) that requires medication administration, a potentially authorizable paramedical service. However, the minor recipient's functional limitations do not prevent him from taking the medication unassisted when the proper dosage is provided by a parent or caretaker. The tasks performed are at the same level of care a caretaker would need to provide when

administering medications to a minor child without functional limitations. Because the care needs of the minor recipient do not exceed what would normally be expected of a caretaker when caring for a minor child without a functional limitation, an extraordinary need does not exist, and medication administration would not be authorized.

If you have any questions or need additional guidance regarding information in this ACL, you may direct them to the CDSS, Adult Programs Division, Policy & Operations Bureau at (916) 651-5350.

Sincerely,

***Original Document Signed By***

DEBBI THOMSON  
Deputy Director  
Adult Programs Division

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