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ALL-COUNTY LETTER NO: **-**-**

DRAFT

REASON FOR THIS TRANSMITTAL

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

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY IN-HOME SUPPORTIVE SERVICES PROGRAM MANAGERS

SUBJECT: IMPLEMENTATION OF SENATE BILL (SB) 89 HUMAN SERVICES

REFERENCE: [SB 89 \(JUNE 27, 2017\)](#); [WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 12300.4](#); [ACL 16-07 \(January 21, 2016\)](#), [ACL 16-22 \(April 1, 2016\)](#) and [ACL 17-13 \(April 7, 2017\)](#)

This All-County Letter (ACL) provides counties with information and instructions for implementing the provisions of [Senate Bill \(SB\) 89](#) which formally established exemptions to limits on the number of authorized hours providers in the In-Home Supportive Services (IHSS) program are permitted to work in a workweek. This ACL provides information and instructions for implementing policies that require the counties to begin reviewing Extraordinary Circumstances Exemption (Exemption 2) referrals and establishes the Exemption 2 State Administrative Review (E-SAR) process for providers and recipients who are deemed ineligible for an Exemption 2. Finally, this ACL transmits new and revised forms and notices to be used by counties in the implementation of the exemption referral review and exemption appeals processes.

Currently, the Case Management Information and Payrolling System II (CMIPS II) is being reprogrammed to implement the requirements of SB 89. The exemption review process will be transferred from the state to the county upon completion of CMIPS II system testing and validation, with the transfer of responsibilities scheduled to occur in early 2018.

The information provided in this ACL codifies the existing application of the exemption eligibility determination process as described in [ACL 16-07](#) (January 21, 2016),

[ACL 16-22](#) (April 1, 2016) and [ACL 17-13](#) (April 7, 2017).

BACKGROUND

On June 27, 2017, the legislature passed Senate Bill (SB) 89 (Chapter 24, Statutes of 2017) which codifies the California Department of Social Services' (CDSS) existing Live-In Family Care Provider Exemption (Exemption 1), and Extraordinary Circumstances Exemption (Exemption 2). These exemptions were initially established in February 2016 to maintain continuity of care and to ensure that IHSS recipients who are potentially at risk of out-of-home placement are able to remain safely in their homes. If granted, the exemptions allow care providers to work hours in excess of the 66-hour workweek limitation implemented by the passage of [SB 855](#) and [SB 873](#).

The Live-In Family Care Provider Exemption, or Exemption 1, applies to providers who, on or before January 31, 2016: a) provide services for two or more recipients; b) live in the same home as all of the recipients they provide services for; and, c) are related to all of the recipients for whom they provide services as the recipients' parent, step-parent, adoptive parent, grandparent, legal guardian or conservator.

The Extraordinary Circumstances Exemption, or Exemption 2, applies to providers who provide services for two or more recipients whose extraordinary circumstances place them at serious risk of placement in out-of-home care, and each of the recipients meet at least one of the following criteria:

- **Criteria A** – He or she has complex medical or behavioral needs that must be met by a provider who lives in the same home as the recipient.
- **Criteria B** – He or she lives in a rural or remote area where available providers are limited, and, as a result, the recipient is unable to hire another provider.
- **Criteria C** – He or she is unable to hire another provider who speaks the same language as the recipient, resulting in the recipient being unable to direct his or her own care.

In addition to meeting one of the exemption criteria, the recipients, with the assistance of the county, as needed, must have explored all options for hiring an additional provider(s) as required by [WIC 12300.4\(b\)\(3\)\(A\)](#).

SB 89 requires CDSS to mail a one-time informational notice about Exemption 2 to potentially eligible providers and their associated recipients. It further requires counties, at the time of assessment or reassessment, to evaluate each recipient to determine if the recipient's circumstances appear to indicate that the provider for that recipient may be eligible for an exemption. The county shall then inform those recipients about the potentially applicable exemptions and the process by which their provider may apply for the exemption. The bill also transfers exemption review responsibilities from the state to the counties.

SB 89 requires the state to establish and implement an appeal review process for Exemption 2 ineligibility determinations, known as the E-SAR process. The E-SAR process will provide recipients and providers an opportunity to present additional information regarding their case.

Finally, SB 89 also requires counties to submit the number of Exemption 2 requests received and the number of requests approved or determined ineligible. The state shall record the number of requests for an E-SAR that are received from recipients and the number that are approved or determined ineligible. These numbers must be posted no later than every three months on the department's internet website.

COUNTY RESPONSIBILITIES

Pursuant to [Welfare and Institutions Code \(WIC\), Section 12300.4 \(d\)\(3\)\(E\)](#), effective early 2018, the county will be responsible for reviewing provider and recipient Request For Exemption From Workweek Limits For Extraordinary Circumstances (Exemption 2) forms (SOC xxxx). During the review, the county shall determine whether the case meets the established Exemption 2 criteria.

Upon receipt of an SOC xxxx, the county will have 30 calendar days to make an eligibility determination and submit a standardized notification letter to the provider and the recipients to whom the provider provides services. If the county determines that the provider is ineligible for an exemption, the notification letter shall explain the reason for their ineligibility and provide information about the E-SAR process.

Extraordinary Circumstances Exemption Criteria and Policy Guidance

Providers may apply for the exemption due to any of the following circumstances. *Note: An Extraordinary Circumstances Exemption Eligibility Determination Tool has been included at the end of this ACL. This tool will provide a brief overview of the concepts explored below.*

Criteria A: Recipient has complex medical or behavioral needs that must be met by a provider who lives in the same home as the recipient.

A complex medical and/or behavioral condition for the purpose of Exemption 2 means that an IHSS recipient has personal care services authorized in the IHSS program, pursuant to the [Manual of Policies and Procedures \(MPP\) section 30-757 et seq.](#) which require specific attention and care, and these services cannot be provided by anyone other than his or her primary IHSS provider without having an impact on the recipient's physical tolerance and/or behavioral temperament as it relates to a mental health condition (e.g. autism spectrum disorder, dementia, Alzheimer's, etc.). If the services were provided by someone other than the existing provider, it would cause the IHSS recipient harm due to physical and/or emotional stress leading to out-of-home care.

IHSS staff conducting an Exemption 2 Eligibility Evaluation for Criteria A should consider the following:

- **Whether the recipient has ongoing paramedical services that require a high level of difficulty to perform (i.e., catheter care, ostomy irrigation, enemas, insertion of suppositories, treatments requiring sterile procedures, etc.) or other personal care service tasks requiring specialized care that cannot be met by another provider.** This is a strong indication that the recipient may have complex medical needs; however, proper justification is needed to establish that the provider applying for the exemption is the only provider who can deliver the recipient's services without the recipient experiencing undo harm. Additionally, staff must establish that the recipient has adequately explored all options to find an additional provider.
- **Whether the recipient has a mental health or developmental disability diagnosis and exhibits aggression or extreme agitation.** This is a strong indication that the recipient may have complex behavioral needs; however, IHSS staff must look for specific incidents of the recipient displaying complex behaviors in the assessment narrative. Examples of specific incidents may include a description of complex behaviors triggered by individuals other than the IHSS provider. The recipient or recipient's authorized representative may also provide specific examples of these behaviors during the Exemption 2 Eligibility Evaluation. However, any information provided during the evaluation should be supported by the recipient's diagnosis, functional assessment and notes documented in CMIPS II.
- **Whether the recipient attends a day program or receives respite care from another provider.** This is a strong indication that the recipient can work with other providers and likely does not have complex behavioral needs that must be met by the provider requesting the exception. *Note: This does not include behavioral therapy. Recipients are encouraged to seek out assistance so that they may work with other providers in the future.*
- **Whether the recipient currently has other IHSS providers.** This exhibits that the recipient can work with other IHSS providers and most likely does not have complex medical and/or behavioral needs that must be met by the provider requesting an exemption. However, some questions to consider include: Can the other IHSS provider work additional hours so that an exemption is no longer needed? Are there unique circumstances that allow the recipient to tolerate his/her current providers but not a new provider(s)? Any information provided during the evaluation should be supported by CMIPS II notes and/or the assessment narrative.
- **Whether the recipient has had other providers in the past.** The social worker must establish whether the recipient can work with an additional IHSS provider at this time. Some questions to consider include: Why was the IHSS

provider(s) terminated from the case? Has the recipient's circumstances changed since they received services from another IHSS provider? If yes, how have these changes resulted in the recipient's inability to obtain or work with an additional IHSS provider? Any information provided during the evaluation should be supported by CMIPS II notes and/or the assessment narrative.

Criteria B: Recipient lives in a rural or remote area where available providers are limited, and, as a result, the recipient is unable to hire another provider.

For the purposes of determining whether a recipient meets the condition of living in a rural or remote area, the United States Census Bureau's definition of "rural" will be the standard for both rural and remote areas. According to that definition, a rural area is defined as "all territory, population, and housing units located outside of urbanized areas and urban clusters. Urbanized areas include populations of at least 50,000 and urban clusters include populations between 2,500 and 50,000.

(<https://www.census.gov/geo/reference/urban-rural.html>) Prior to approving a request for Exemption 2, the county must determine whether the location where the recipient resides meets the established standard for being considered rural or remote.

Criteria C: Recipient is unable to hire another provider who speaks the same language as the recipient, resulting in the recipient being unable to direct his or her own care.

When determining whether an extraordinary circumstance exists related to the recipient's inability to hire a provider who speaks his/her same language, the county must determine the extent to which the circumstance presents a barrier in the provision of the recipient's authorized services. The county must assess if certain tasks, e.g. domestic and related services tasks, can be accomplished effectively by a provider who does not speak the recipient's same language after some initial interpretation assistance. An extraordinary circumstance only exists when the recipient's inability to hire a provider who speaks his/her same language results in an inconsistent barrier to the recipient directing his/her own care which cannot be overcome.

IHSS staff conducting an Exemption 2 Eligibility Evaluation for Criteria C should consider the following:

- **Whether the recipient speaks a language other than English.** There is a possibility that the recipient requires all his/her services to be provided by a provider who speaks his/her primary language and may qualify for an exemption. However, IHSS staff must review the recipient's authorized services and determine whether or not the services can be provided without significant direction from the recipient. If some direction is required, the reviewer must determine whether the tasks can be completed after initial interpretive assistance.

Additional Policy Clarifications.

The IHSS staff conducting an Exemption 2 Eligibility Evaluation should also consider the following:

- If all a recipient's authorized hours were utilized during the previous six-month period, it is a strong indication that the recipient does not qualify for an exemption as he/she has had providers in place to provide his/her services. This information can be verified by reviewing the timesheet history of each provider associated with the recipient. Termination of additional providers from a recipient's case in order to qualify for an exemption is considered a personal preference and does not qualify as an extraordinary circumstance. If there is a valid reason for the termination(s) (i.e., the additional provider did not adequately provide IHSS services, or the additional provider can no longer work for personal reasons), the justification should be included in the In-Home Supportive Services (IHSS) Program Exemption from Workweek Limits for Extraordinary Circumstances Referral Justification (SOC xxxx). Any voluntary termination must be verified by the terminated provider.
- As provided in ACL 17-13, in order for an exemption to continue all of the conditions on which the original exemption was initially granted must remain the same as the original referral, including the provider, recipients and the criteria upon which the exemption was granted. Therefore, if the provider reports a change in circumstance in the living situation in the home and requests that a new recipient be added to the existing exemption, the county must re-evaluate the case and initiate a new exemption request if appropriate. The new exemption request will be approved only if the county establishes that no other provider can meet the needs of the recipient. If applicable, IHSS staff should determine why the recipient's previous provider was terminated. In cases of inter-county transfers, the assigned IHSS staff should contact the transferring county to determine the reason for the transfer. *Note: If a recipient is added or removed from a provider's caseload, CMIPS II has been programmed to automatically end the existing exemption.*

It is important to emphasize that the IHSS Program, as a Medi-Cal service, is intended to meet the recipient's needs. Thus, the financial impact on a provider due to the workweek limits is not among the exemption criteria and shall not be a consideration when determining whether an extraordinary circumstance exists.

Assisting Recipients with Hiring Additional Providers When Needed

As part of the mandated provider enrollment process, IHSS applicant providers must attend the required provider orientation which provides them with information regarding statutory workweek limitations. The applicant providers must then agree to adhere to established statutory workweek limitations when they sign the IHSS Program Provider

Enrollment Agreement (SOC 846) acknowledging that they understand the IHSS program rules and requirements as they relate to their responsibilities as an IHSS provider. Further, recipients are made aware of the statutory workweek limitations during the application and/or assessment process. Therefore, counties should assist IHSS recipients with hiring additional IHSS providers when it is evident that the current provider(s) may exceed the workweek limitation. The review of available providers must be completed prior to considering an exemption for the case. Assistance should include but not be limited to the following: contacting friends, family and neighbors; working with the Public Authority to utilize the provider registries to obtain additional providers; and following up with back-up providers identified on the IHSS Program Individualized Back-Up Plan and Risk Assessment form (SOC 864).

Exemption 2 Eligibility Evaluation File

As part of the exemption eligibility review process, the county should establish an Exemption 2 Eligibility Evaluation file. The evaluation file should include information from the providers' and recipients' profiles in CMIPS II. This information, along with input from the IHSS provider, recipients, recipients' authorized representatives, and the recipients' assigned social worker(s), provides the reviewer with a snapshot of the case. IHSS county staff conducting Exemption 2 evaluations are advised to print each screen for documentation purposes, such as authorized service hours and other applicable case specifics that could affect the exemption determination as these may fluctuate over time.

IHSS county staff reviewing the exemption request should review, print and file the following screens from the applying provider's CMIPS II Profile:

- Person Home Screen: Establishes current home address.
- Provider – Cases screen: Identifies the recipients currently on the provider's case load.
- Payroll & Timesheet – Timesheet Search: Establishes the number of authorized hours worked by the current providers. *Note: There may be multiple providers for each recipient. Review the previous six months' timesheet history for each provider who provided services to the recipients in the last six months.*

Additionally, print the following screens from the recipients' CMIPS II Profiles:

- Person Home Screen: Establishes current home address.
- Service Evidence: Establishes the recipient's functional ranks.
- Authorization Summary: Identifies the types of services authorized to the recipient.
- Assessment Narrative: Provides the reviewer with an overview of the recipient's medical conditions, affect and behaviors as well as a detail of other services currently being received.

- Provider & Hours – Case Providers: Establishes current IHSS providers providing services to the recipient. Also establishes whether or not the recipient has a history of being able to receive services from IHSS providers other than the primary IHSS provider.

The information contained in the Exemption 2 Eligibility Evaluation File may be reviewed by county Quality Assurance staff as well as the State Quality Assurance Monitoring staff to verify that each exemption evaluation has been conducted in accordance with statutory requirements and CDSS policy guidance.

Conducting the Exemption 2 Eligibility Evaluation

Once the case file has been created, assigned IHSS county staff will then determine whether the provider meets the basic exemption criteria for an Exemption 2 (i.e., does the provider serve two or more recipients, are there currently authorized hours that are not being provided, does the case have authorized hours greater than 264 hours, etc.).

If the case does not meet basic exemption criteria, the case is ineligible and no further review is required. The county shall enter the request and eligibility determination into CMIPS II and send out a notice of ineligibility and a Request For Administrative Review Of Extraordinary Circumstances Exemption Ineligibility Determination form (SOC xxxx) to the provider and all recipients included under the exemption request. IHSS county staff are responsible for providing a thorough justification for the ineligibility determination in the provider's CMIPS II notes.

For all other cases that meet basic exemption criteria, the assigned IHSS county staff must ensure that all recipients currently active on the provider's caseload have been listed under the exemption request as each recipient must be evaluated under the exemption criteria. IHSS county staff shall enter the request into CMIPS II and determine whether additional information is required in order to make an eligibility determination. If additional information is required, the IHSS county staff should contact the provider and each recipient included under the exemption request in order to obtain additional information regarding their case.

Once case information has been collected, IHSS county staff will then begin completing the In-Home Supportive Services (IHSS) Program Exemption from Workweek Limits for Extraordinary Circumstances Referral Justification form (SOC xxxx). The form will be completed using CMIPS II data previously collected from the recipients, the recipients' authorized representative (if applicable), and the provider. The IHSS county staff should also include any additional information from each social worker assigned to the recipients.

After completing the SOC xxxx, the assigned IHSS county staff will enter all information presented on the SOC xxxx into the provider's CMIPS II notes and submit the

Exemption 2 Eligibility Evaluation file and SOC xxxx to the assigned IHSS supervisor for review.

Supervisory Review and Eligibility Determination

The assigned IHSS supervisor will then review all documentation and carefully consider all policy guidance provided (Refer to the [Exemption 2 Criteria and Policy Guidance Section](#)) and then complete the In-Home Supportive Services (IHSS) Program Exemption 2 Evaluation Worksheet (SOC xxxx). This form will be used to document the supervisor's review and eligibility determination. The IHSS supervisor should enter all information presented on the SOC xxxx with supporting justification into the provider's CMIPS II notes.

Evaluating the Provider's Caseload

An exemption approval authorizes the provider to provide up to 360 hours of authorized services to the recipients that meet exemption eligibility criteria and are listed under the exemption approval. Any other recipient attached to the provider who was not included under the exemption approval must hire a new IHSS provider with the assistance of the county social worker if needed. If the recipients' combined authorized hours exceed 360 hours per month, the recipient(s) who have remaining hours that cannot be provided by the exempt IHSS provider must obtain an additional IHSS provider.

If the provider is determined ineligible for the exemption, IHSS county staff should work with the provider and recipients to establish a workweek schedule that adheres to the statutory workweek maximum. Any of the recipients' authorized hours that were previously assigned to the provider that exceed 264 hours per month must be re-assigned to a new IHSS provider.

Eligibility Determination Notification

After the IHSS supervisor makes the eligibility determination, the assigned IHSS county staff shall submit eligibility determination letters to the provider and recipients. For approvals, the assigned IHSS county staff is responsible for sending out the approval notifications to the provider and the recipients. Additionally, a blank Exemption from Workweek Limits for Extraordinary Circumstances Approved Exemption Provider Agreement form (SOC xxxx) must be sent to the provider for signature and returned to the county.

As a condition of an exemption approval, the provider is required to complete and submit an Exemption From Workweek Limits For Extraordinary Circumstances Approved Exemption Provider Agreement (SOC xxxx) to the county. If the provider refuses to sign the SOC xxxx or otherwise fails to return the signed document to the county, the social worker should attempt to request a copy by submitting a Notice Of

Non-Receipt Of Exemption From Workweek Limits Provider Agreement (SOC 2311) to the provider and advise the provider that the exemption cannot be renewed until the SOC xxxx is received. The county must not process a renewal of an exemption if the county has not obtained the signed SOC xxxx and should instead initiate an exemption discontinuance. (Refer to [Processing an Exemption Discontinuance](#) for additional information.)

For ineligibility determinations, the county shall submit an ineligibility notice to the provider and recipients including the reason for their ineligibility and a copy of a Request For Administrative Review of Extraordinary Circumstances Exemption Eligibility Determination form (SOC xxxx). The IHSS provider or recipient may request a review by CDSS' E-SAR Unit, independent of the county's decision, within 20 calendar days from the date of the ineligibility notice. The E-SAR Unit in turn will have 20 calendar days from the date of the administrative review conference to submit a final determination to the provider, recipients and the county.

Duration of an Exemption 2 Approval

Previously, all Exemption 2 approvals for Criteria A were approved for one year, and all Criteria B and C exemptions were approved for six months. Given the length of time required for the evaluation of exemption cases and to maintain consistency, all cases deemed eligible for an Exemption 2 will be approved for one year. This policy change will occur once the county assumes exemption eligibility review responsibilities.

Processing Exemption Renewals

Counties are responsible for initiating the exemption renewal process at least 30 calendar days in advance of the exemption expiration. To assist counties in ensuring this deadline is met, CMIPS II has been programmed to automatically alert (assign a task) the social worker 60 calendar days in advance of the expiration of the exemption period. Once an alert is received, the social worker must conduct a follow-up Exemption 2 Renewal Evaluation and notify the provider and recipients of the approaching expiration of the exemption period by mailing them the attached Notice to Provider of Expiration of Exemption From Workweek Limits (SOC xxxx) and Notice to Recipient of Provider's Expiration of Exemption From Workweek Limits (SOC xxxx). The assigned IHSS county staff will review the case's previous Exemption 2 Eligibility Evaluation file and complete a new SOC xxxx for the renewal. *Note: If during the evaluation process it is discovered that there has been a change in circumstances affecting the exemption, the assigned IHSS county staff will process a discontinuance of the previous exemption and initiate an initial exemption request for the new circumstances of the case.*

The assigned IHSS county staff will enter the information presented on the SOC xxxx into the provider's CMIPS II notes. The assigned IHSS county staff will submit the Exemption 2 Eligibility Evaluation file and SOC xxxx to the assigned IHSS supervisor for

review. The assigned IHSS supervisor will then review all documentation and complete a new SOC xxxx documenting the supervisor's review and eligibility determination. The IHSS supervisor should enter their final eligibility determination into the provider's CMIPS II notes. Once the determination has been completed, the assigned IHSS county staff will submit a notice of eligibility determination to the provider and recipients.

Processing an Exemption Discontinuance

If, at any point in time, the social worker determines that an Exemption 2 is no longer needed and/or the conditions upon which the exemption was granted no longer exist, (e.g., provider granted an exemption on the basis of Criteria A no longer lives in the same home with the recipients, a recipient has been added or removed from the provider's caseload, a recipient on the provider's case load has transferred counties, etc.), the social worker must discontinue the exemption. *Note: A recipient that is placed "On Leave" does not constitute a change in circumstances.*

Within 15 calendar days of the date the county learns of changes in circumstances, the county must submit discontinuance notices to the provider and the recipients notifying them that the exemption is being discontinued and provide the reason for discontinuance.

Exemption 2 State Administrative Review Process

If a provider or recipient disagrees with the county's decision which finds him/her ineligible for an Exemption 2, the provider or recipient may request a review of the county's determination by the CDSS' E-SAR Unit. Any request for administrative review must be submitted by mail and received within 20 calendar days of the date of the exemption ineligibility notice.

The provider or recipient may not request an administrative review by telephone. The request must be submitted in writing using the Request To Appeal Extraordinary Circumstances Exemption Ineligibility Determination form (SOC 2318) and mailed to:

California Department of Social Services
Appeals, Administrative Review, and Reimbursement Bureau
Attn: Exemption 2 State Administrative Review Unit
744 P Street, MS 9-12-04
Sacramento, CA 95814

Upon receipt of a valid request for administrative review, the E-SAR Unit will immediately determine whether the request is complete and submitted within 20 calendar days of the exemption ineligibility notice. If a request is not received timely or complete, the applicant will be notified in writing by the E-SAR Unit of the reason that the request cannot be accepted.

The E-SAR Unit will review the provider's CMIPS II notes containing the exemption referral justification and eligibility determination. If additional information is required, the E-SAR Unit will contact the IHSS county staff responsible for processing the exemption. The county will have 5 business days to provide the requested information.

The E-SAR Unit will also notify the recipients, and provider in writing that the request for administrative review has been received and accepted for review. The notice will detail the date and time of the review conference during which the provider and recipients may present additional information that substantiates their qualifications for an exemption. For the convenience of the participants, the conference will be conducted by phone.

The E-SAR unit will review the county's determination and establish whether the evaluation and final determination were conducted in accordance with [Welfare and Institutions Code section 12300.4](#) and policy guidance provided in this ACL. An administrative review notice with the department's final findings will be completed and sent to the recipients, provider and responsible county within 20 calendar days of the date of the scheduled appeal conference.

Reporting Requirements

SB 89 requires the state to collect exemption request data from the county and post updated data to the department website once every three months. Data include the total number of exemption requests, exemption approvals and ineligibility determinations. It also includes the number of administrative review requests, exemption approvals and ineligibility determinations. As this data will be entered directly into CMIPS II when the state and counties are evaluating exemption cases, CDSS can then extract data reports from CMIPS II and post it to the department website as required.

STATE RESPONSIBILITIES

The CDSS will continue to review any exemption requests until this responsibility is transferred to the counties. An informational mailer (TEMP 30xx and TEMP 30xx) and a Request For Exemption From Workweek Limits For Extraordinary Circumstances (Exemption 2) form (SOC xxxx) was sent on (ADD DATE) to providers who provide services to two or more recipients whose combined authorized hours are in excess of 283 hours per month. Until the transfer of exemption eligibility review responsibilities, counties that receive an SOC xxxx should complete an In-Home Supportive Services (IHSS) Program Exemption from Workweek Limits for Extraordinary Circumstances Referral Justification form (SOC xxxx) and mail it to CDSS at the address specified on the form.

NEW AND REVISED FORMS AND NOTICES

CDSS has revised existing forms and developed new forms and notices for use by counties in implementing the Extraordinary Circumstances Exemption Evaluation process.

The attached table provides the numbers, titles and intended uses of the new and revised forms and notices.

Counties should begin using the new and revised forms as of the date of this ACL. The new and revised forms, which are designated as “Required – No Substitutes Permitted,” are available in camera-ready format on the [CDSS Forms/Brochures web page](http://www.dss.cahwnet.gov/cdssweb/PG183.htm) at: <http://www.dss.cahwnet.gov/cdssweb/PG183.htm>.

Upon completion of translations, CDSS will post Armenian, Chinese and Spanish versions of the forms on the [Translated Forms and Publications webpage](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm) at: http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm

The designated Forms Coordinator for your county must distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited-English proficient populations, as required by the Dymally-Alatorre Bilingual Services Act (California Government Code section 7290 et seq.) and by state regulation (CDSS Manual of Policies and Procedures Division 21, Civil Rights Nondiscrimination, section 115).

Questions about accessing the forms may be directed to the Forms Management Unit at fmudss@dss.ca.gov. Questions about translations may be directed to the Language Services Unit at LTS@dss.ca.gov.

FORTHCOMING ACLs/ACINs

This ACL is the first in a series of ACLs and ACINs that will be issued to provide additional information and instructions for implementing the provisions of SB 89. In the coming months, CDSS will release ACLs/ACINs to address the following issues:

- Changes to CMIPS system functionality
- Future Quality Assurance Monitoring visits regarding overtime requirements and Exemption 2 Eligibility Evaluation process.

Questions regarding the content of this ACL may be directed to the Policy and Operations Bureau within the Adult Programs Policy and Quality Assurance Branch at (916) 651-5350.

Sincerely,

DEBBI THOMSON
Deputy Director
Adult Programs Division

Attachments

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