



CDSS

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**DRAFT**

September XX, 2017

ALL COUNTY INFORMATION NOTICE NO. I-XX-17

TO: ALL COUNTY WELFARE DIRECTORS  
ALL IHSS PROGRAM MANAGERS

SUBJECT: IHSS ASSESSMENT CLARIFICATIONS AND NEW OR UPDATED TOOLS

REFERENCES: [ACIN I-20-15 \(April 17, 2015\)](#); [ACL 14-60 \(August 29, 2014\)](#); [ACL 13-66 \(September 30, 2013\)](#); [ACL 12-36 \(July 24, 2012\)](#); [ACL 06-34E2 \(May 4, 2007\)](#); [ACL 06-34E1 \(December 21, 2006\)](#); [ACL 06-34E \(September 5, 2006\)](#); [ACL 06-34 \(August 31, 2006\)](#); [ACIN I-28-06 \(April 11, 2006\)](#); [ACL 80-30 \(May 15, 1980\)](#); [MPP sections 30-700 – 30-765](#); [MPP section 22-000](#)

REASON FOR THIS TRANSMITTAL

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

The purpose of this All-County Information Notice (ACIN) is to provide counties with clarification regarding the In-Home Supportive Services (IHSS) assessment process, transmit new and/or updated assessment tools, and ensure appropriate case documentation.

**BACKGROUND**

As part of the California Department of Social Services' (CDSS) ongoing quality assurance and improvement efforts, and with the repeal of the Manual of Policies and Procedures (MPP) section 30-758, or Time-per-Task (TPT) and Frequency Guidelines, in 2006, it is necessary to clarify CDSS' expectations of the county social worker's role and responsibilities in assessing and authorizing IHSS program services. TPT is the breakdown of time, duration, and frequency, in each service category when authorizing services for those 12 IHSS program services that have corresponding Hourly Task Guidelines (HTGs). These services include: Meal Preparation; Meal Clean-up; Bowel and Bladder Care; Feeding; Routine Bed Baths; Bathing, Oral Hygiene and Grooming; Dressing; Repositioning and Rubbing Skin; Transfer; Care and Assistance with Prosthetic Devices; Menstrual Care; and Ambulation.

County social workers are no longer allowed to use TPT in completing assessments. This practice is not in alignment with existing program regulations. To further clarify, TPT is not synonymous with calculations. Note that the remaining 13 services within the program either have regulatory caps (e.g., Domestic Services at 6:00 hours/month or Shopping for Food at 1:00 hour/week) that may be adjusted below or above these caps, based on the applicant's/recipient's special needs or circumstances, and/or may require calculations based on actual time needed (e.g., Accompaniment to Medical Appointments/Alternative Resources or Paramedical Services). As TPT was repealed in 2006, these clarifications should be implemented immediately.

## **APPLICANT/RECIPIENT EDUCATION ABOUT ASSESSMENT TOOLS**

Social workers shall ensure that applicants/recipients gain an understanding of the program rules and the assessment process, including the authorization of time in accordance with the HTGs for each case, when they initially apply for IHSS and at each annual reassessment thereafter. To assist with the applicant/recipient educational process, CDSS developed new optional recipient educational fact sheets (see Attachment A) for social workers to share with applicants/recipients during home visits. Attachment A includes voluntary tools designed to assist social workers in informing applicants/recipients about the IHSS assessment and authorization process. These fact sheets include the following:

1. Functional Index (FI) Rankings and Hourly Task Guidelines (HTGs);
2. IHSS Program Services; and
3. IHSS State Hearings Process.

While social workers are not required to distribute copies of Attachment A to each applicant/recipient at the home visit, they must document in the case narrative that these program assessment tools/processes were discussed with each applicant/recipient during the home visit. Applicants/recipients should understand the assessment and authorization process, as it applies to their case, to better understand the contents of the Notice-of-Action (NOA) issued following the home visit.

## **ROLE OF THE COUNTY SOCIAL WORKER**

### Assessment and Authorization

Social workers should use the revised Annotated Assessment Criteria (AAC) (see Attachment B), in conjunction with the IHSS Needs Assessment Form (SOC 293), to complete the assessment using the following steps:

1. Determine the FI ranking and provide appropriate documentation for that rank, including information about the applicant's/recipient's functional abilities and limitations, and then authorize time per the program's regulatory HTGs.

2. Consider the totality of the evidence, including but not limited to the following: the applicant's/recipient's statement(s), the social worker's observations, IHSS Program Health Care Certification Form (SOC 873), Request for Order and Consent – Paramedical Services Form (SOC 321), Assessment of Need for Protective Supervision for IHSS Program Form (SOC 821), Regional Center services/reports, school reports, other social service/community/medical collateral contacts, use of Durable Medical Equipment, etc.
3. Explore any special needs and/or circumstances that assist in determining typical need, or a higher or lesser need for assistance within the range for each rank, in each of the 12 HTG services.

Regarding Domestic and Related Services, as specified in MPP sections 30-757.11 through 30-757.135, county social workers shall continue to assess the applicant's/recipient's household composition and living arrangement, and authorize the appropriate time, prorating as necessary, in accordance with MPP sections 30-763.3 – 30-763.322 and MPP section 30-763.4.

Proration and Alternative Resources (A/R) shall also continue to be deducted from the authorized time, as appropriate.

- Proration is limited to two HTG services: Meal Preparation and Meal Clean-up. The remaining ten HTG services fall under personal care, and proration does not apply.
- Determine if A/R apply and back out per estimated time based on level of need and/or special circumstances.

Additionally, the Age Appropriate Guidelines and extraordinary need should continue to be considered in determining the appropriate FI rank and amount of time needed to perform each service in minor-applicant/recipient cases.

#### Revised Annotated Assessment Criteria (AAC)

In consultation with counties, CDSS revised the AAC to provide social workers with a more streamlined tool to assist in the completion of assessments. The questions were consolidated to allow for increased applicability to the interview process, and the observations prompts for each service category were updated. Additionally, sample case documentation was provided in each specific rank within all service categories to assist counties in capturing the appropriate justification for FI rankings and time authorized, as well as to ensure consistency in overall case documentation.

#### Case Documentation

The case documentation must include the reason for assigning a specific FI rank for each service needed, and this justification for the FI rank should include a description of the applicant's/recipient's functional abilities/limitations. The amount of time authorized for those 12 HTG services should be within the associated guidelines, adjusting within

the range or authorizing an exception, as appropriate.

Exceptions only apply if the amount of time authorized is outside, either below or above, the HTG range of the specific FI rank for that service. This requirement has not changed and reflects the current “exception” process in the assessment. Calculations will accompany time authorized below or above the range within a specific FI rank for that service to justify how much less or more time is needed. The reason(s) for time authorized below or above the range must be justified and documented in the case as an exception.

#### Data Entry in the Case Management, Information, and Payrolling System (CMIPS II)

Social workers only need to enter the total weekly amount of time assessed in each service category with a corresponding HTG on the CMIPS II Service Evidence Screen. Documentation of the assessment and authorized services must be included in the applicant's/recipient's case narrative or in each respective service category in CMIPS II. If an applicant/recipient does not have a need in a service category, the social worker shall document that per the applicant's/recipient's statement(s) and/or the observations made by the social worker, the applicant/recipient does not have a need for assistance in a specific service category, and indicate an FI rank of 1. Also, information entered in the “Comments” field is limited to HTG exception language.

#### Additional Assessment Clarifications/Tools

To assist county social workers with these assessment clarifications, CDSS has developed an optional *IHSS Social Worker Assessment Field Handbook* (see Attachment C) containing the following new and/or updated tools to facilitate uniform assessments:

1. Steps to Completing the IHSS Needs Assessment;
2. FI Ranking/HTG Quick Reference Tool;
3. IHSS Assessment Narrative Tool; and
4. Examples of Exception Language.

Regarding the FI Ranking/HTG Quick Reference Tool, a middle range was inserted to assist social workers in assessing and authorizing time. The use of the middle range is not required by regulation but is provided as an assessment tool.

To further clarify how to determine the low, middle, and high levels of need for assistance within the HTGs:

- Low – less time needed than typical based on the applicant's/recipient's functional abilities/limitations within the range of that rank for that service.
- Middle – typical time needed (i.e., moderate level of need for assistance) based on the applicant's/recipient's functional abilities/limitations within the range of that rank for that service.

- High – more time needed than typical based on the applicant's/recipient's functional abilities/limitations within the range of that rank for that service.

To explain this distinction, CDSS established the middle number of hours and minutes, or the median between the low and high range for each rank within each service, to define "typical". This methodology was intended to assist social workers in authorizing the typical amount of time for a needed service, if the applicant/recipient does not have any special needs and/or circumstances. It does not necessarily mean the social worker needs to start at the median when authorizing time needed, and then adjust up or down, as appropriate.

Commencing on or about September 15, 2017, the editable version of the IHSS Assessment Narrative Tool will be available on CDSS' IHSS Training Academy website at: <http://www.cdss.ca.gov/inforesources/IHSS/Training-Academy>. County social workers may use this tool at their discretion for case documentation purposes.

Further, current MPP regulations define the HTGs in decimal format, e.g., **1.50 hours**. To align service assessments/authorizations with CMIPS II data entry, CDSS re-formatted the time allocations in the assessment tools to **hours:minutes**. This change in format does not contradict current program regulations and is intended to reduce confusion regarding the entry of time into CMIPS II. [MPP sections 30-757.11 – 30.757.14(k)]

#### State Hearings

In addition to ensuring that applicants/recipients understand how FI rankings and HTGs are utilized in the assessment process, social workers must inform applicants/recipients of their right to file a State Hearing during the home visit as required by MPP sections 22-070, 22-071 and 22-072. Pursuant to MPP section 22-004.211, county agencies shall assist the claimant in filing a request for state hearing, as needed. As indicated on the back of the NOA, applicants/recipients have the right to ask for a conference with the county to discuss the action prior to requesting a hearing. In addition, county social workers should review all program services as described on the back of the NOA with applicants/recipients at the assessment so that they understand what services are available and how the FI rankings and HTGs were applied to their case.

#### **NEXT STEPS**

Beginning Fiscal Year (FY) 2017/18, State QA Monitoring will review cases with a greater focus on the documentation of FI ranks, including information about the recipient's functional abilities and limitations, and the appropriate application of the HTGs to the above-mentioned 12 program services. An increased emphasis will also be placed on the proper use of HTG exception language and overall case

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documentation. Commencing FY 2018/19, and thereafter, State QA Monitoring will review cases and determine findings in accordance with these requirements for all cases assessed July 1, 2018 and later. State QA Monitoring staff will also provide additional technical assistance and guidance, as needed, during county visits in the coming year.

Additionally, the statewide IHSS Training Academy (IHSSTA) will update its core training curriculum to reinforce the requirements outlined in this letter. CDSS will conduct 12 Train-for-Trainer (T4T) sessions statewide commencing October 2017. These T4t trainings are designed for county managers, supervisors, and trainers. An e-Learning option will also be provided to supplement the T4T trainings and will be accessible by all program staff in late Fall 2017. The following IHSSTA core training modules, IHSS 101 and Comprehensive Assessment Concepts, will also include minimal revisions illustrating these assessment clarifications. The T4T training schedule will be released later this month.

If you have any questions or comments regarding the contents of this letter, please contact the CDSS, Adult Programs Policy and Quality Assurance Branch, Training and Quality Assurance Bureau, Training and Development Unit at (916) 651-3494, or via email at: [IHSS-Training@dss.ca.gov](mailto:IHSS-Training@dss.ca.gov).

Sincerely,

***Original Document Signed By:***

DEBBI THOMSON  
Deputy Director  
Adult Programs Division

Attachments

C: CWDA