

DEPARTMENT OF SOCIAL SERVICES

744 P STREET SACRAMENTO CA, 95814

March 16, 1993

ALL-COUNTY LETTER NO. 93-21
TO: ALL COUNTY WELFARE DIRECTORS

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| <p><u>REASON FOR THIS TRANSMITTAL</u></p> <p><input checked="" type="checkbox"/> State Law Change</p> <p><input type="checkbox"/> Federal Law or Regulation Change</p> <p>Court Order or Settlement Agreement</p> <p>Clarification Requested by One or More Counties</p> <p>Initiated by CDSS</p> |
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SUBJECT: PERSONAL CARE SERVICE PROGRAM IMPLEMENTATION

REFERENCE: ACIN I-66-92

The California Department of Social Services (COSS) and Department of Health Services (OHS) are scheduled to file emergency regulations prior to April 1, 1993 to implement the Personal Care Services Program (PCSP) portion of In-Home Supportive Services (IHSS). Pertinent portions of OHS' regulations have been incorporated as handbook within the IHSS regulations for easy reference by county staff.

The purpose of this letter is to transmit an advance copy of the PCSP regulations (Attachment A). In addition, this letter transmits copies of four state mandated PCSP forms. Finally, this letter highlights new PCSP policies and how they differ from those outlined in the **ACIN I-66-92** dated December 10, 1992.

SB 485 and AB 1773 linked the restoration of hours reduced October 1, 1992 to the implementation of PCSP. Therefore, on implementation, all IHSS recipients whose hours were reduced pursuant to SB 485 (the 12% reductions), will have their hours restored. This process will occur automatically. The only county involvement required will be the filing of copies of Notices of Action (NOAs) and turn around documents (TADS).

TERMINOLOGY

In December 1992, we were calling the Medicaid (Medi-Cal) funding of IHSS "Personal Care Option (PCO)." We now call that portion of the IHSS Program "Personal Care Services Program (PCSP)." As used in this ACL and in the regulations, IHSS refers to the overall program; PCSP refers to the Medicaid- funded portion and non-PCSP refers to the residual portion of IHSS which does not qualify for Medicaid funding.

IMPLEMENTATION

Statewide implementation of PCSP is scheduled to begin April 1, 1993. The Case Management Information and Payrolling System (CMIPS) will assist in the implementation process as much as possible. Automation of the case information

tracking and billing will occur with implementation of PCSP. CMIPS-specific information about transition and implementation will be described in detail in a separate ACL.

PCSP ELIGIBILITY

As stated in ACIN I-66-92, PCSP recipients must be categorically eligible for Medi-Cal as cash assistance recipients. IHSS income eligible will not be eligible for PCSP but will continue to be served by non-PCSP as long as they continue to meet the basic IHSS income eligibility requirements.

An additional PCSP eligibility requirement is that the individual must have a chronic, disabling condition that causes functional impairment which is expected to last at least 12 months or result in death within 12 months and that disability affects the individual's functioning such that he/she is unable to remain safely at home without IHSS/PCSP. Any individual who has received IHSS for the past 12 consecutive months meets these criteria. Any individual who receives SSI/SSP based upon disability also meets these criteria as does any person who is expected to require IHSS for a total of 12 month or longer.

In making the determination of 12-month disability, the county shall consider whether the applicant has been determined eligible for SSI/SSP due to his/her disability. Disabled PCSP applicants who have not been determined to be SSI/SSP eligible shall be referred to that program for determination of their eligibility. For persons whose SSI/SSP linkage is that they are over 65 years of age, counties are required to verify diagnosis and prognosis for the 12-month portion of the determination and to conclude that the recipient meets severity criteria by ranking at least a "3" in one mental or personal care function using the Uniformity System.

This determination of disability is required at intake. Any individual who fails to meet the disability criteria but who otherwise eligibility criteria all IHSS is eligible for non-PCSP services need.

Recipients eligible for PCSP will be those who require one or more personal care tasks listed in MPP 30-757.14 (HH through RR on the SOC 293), protective supervision (WW on soc 293) or paramedical services (YY on soc 293). If the recipient qualifies for PCSP funding, all personal care tasks, protective supervision, paramedical services and "ancillary services" are subject to PCSP funding. "Ancillary services" are all other IHSS tasks. However, if a PCSP recipient opts for restaurant meal allowance in lieu of meal preparation and shopping (ZZ6), tasks provided will be funded by PCSP but the restaurant meal allowance will be funded from non-PCSP funds.

PHYSICIAN'S CERTIFICATION OF MEDICAL NECESSITY

At county option, during the week of February 22, 1993, COSS generated a letter and a form to IHSS recipients who are potentially eligible for PCSP. The letter describes PCSP to recipients (Attachment B). The completed form, soc 425 (Attachment C) is to be filed in the recipient's case record. The SOC 425 is considered to be complete if, at a minimum, it is signed and the physician's name, address and phone number are on the

form, and the physician checks the block which states that the physician recommends one or more of the personal care services in order to prevent out-of-home placement.

During this transition period, if the recipient's case record contains a medical report which is less than 12 months old and which contains a diagnosis, prognosis and a recommendation for personal care services, this form can be used in lieu of the SOC 425 as long as the county is providing exactly what the physician has specified on the form.

Physician recertification must be completed annually.

ADVANCE PAY RECIPIENTS

Severely impaired recipients continue to be eligible for the option of advance payment. However, if the recipient opts for advance payment, even if he/she meets all other aspects of PCSP eligibility, his/her care will continue to be funded by non-PCSP funds. This is because there is a federal prohibition on paying Medicaid funds directly to a beneficiary or paying for services before they are rendered

SERVICE DELIVERY MODES

No changes will be made to mode choices available to counties as a result of the implementation of PCSP. Counties will continue to have the option of providing IHSS/PCSP through any of the specified modes as long as the cost of the mode selection does not increase the cost of the program in the county.

If a county takes action to either increase the proportion of IHSS/PCSP hours served by a more expensive mode or increases the rate per hour without state approval, the increased cost will not be eligible for state matching funds.

Although the county employee mode continues to be an option to counties, we will not be able to fund services provided by the county employee homemaker mode from PCSP in the immediate future. Counties which use that mode will be notified when a tracking system has been developed to capture county homemaker service hours.

PROVIDER ENROLLMENT

Providers must be enrolled as Medi-Cal providers to be eligible for PCSP funding. This is accomplished for individual providers (IPs) by signing the required provider enrollment form SOC Temp B (1/93) or SOC 426 (Attachment E). PCSP funding may not be used for any provider before that provider has been enrolled as a Medi-Cal provider. Enrollment has occurred once the fully completed provider enrollment form has been signed by both the provider and the recipient and is in the possession of the county and the information is entered into CMIPS via the PCSP eligibility summary (SOC 428). If the county receives the completed form in the middle of a pay period, PCSP funding can begin for that provider for timesheets submitted after the SOC 428 is processed.

If the recipient is unable to sign the form because of mental impairment, an authorized representative must sign on behalf of the recipient. However, the authorized representative may not also be the provider, even if the provider is the individual

delegated to act on behalf of the recipient in legal matters. At county option, the authorized representative may be a county staff person for purposes of PCSP provider certification only.

To assist with transition, at county option, during the week of March 8, COSS sent a cover letter (Attachment D) to IPs informing them about the need for them to complete the provider enrollment form and return it to the county promptly in order to avoid delays in payments. Alternatively, the county may choose to duplicate the camera-ready form attached and send it to providers with their own cover letter.

The contract agency will become the enrolled provider in the contract mode. If the county has a contract with a contract agency to provide IHSS, the contract agency has become an enrolled provider as soon as the county has a signed soc 431 (Attachment F) in its possession. Since neither a consortium nor a public authority is the employer of service providers, except for the limited purposes declared in SB 485, neither is subject to provider enrollment.

If a PCSP-eligible recipient is served by both an enrolled provider and one who is not enrolled, the enrolled provider will be funded by PCSP funds and the unenrolled provider will be funded by non-PCSP funds.

An IP cannot be paid from PCSP funds if he/she is the recipient's spouse when the recipient is legally married or if he/she is the recipient's parent(s) (by birth or adoption) when the recipient is an unemancipated minor.

MAXIMUM

The non-PCSP program continues to have separate maxima for severely and non-severely impaired recipients. However, PCSP will only have a single maximum of 283 hours per month. Any non-severely impaired PCSP recipient who is authorized 195 hours per month and who has a documented unmet need is entitled to an increase in authorization by the amount of the unmet need up to the maximum of 283 hours per month. Staff must identify the cases affected and increase the authorization.

Any non-severely impaired PCSP recipient who is authorized protective supervision is entitled to an increase in the authorization to the maximum of 283 hours per month. Staff must identify the cases affected and increase the authorization.

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

NURSE SUPERVISION

PCSP funding is dependent upon nurse supervision of the care plan. This must be done by a Registered Nurse (RN). A Public Health Nurse (PHN) may provide nurse

supervision, since all PHNs are RNs. Nurse supervision is defined in MPP Section 30-780.2(d) (Attachment A). The SOC 427 must be signed by the nurse at least every 12 months. A case is in compliance with nursing review of the service authorization if, during the first 12 months of PCSP funding, the nurse has reviewed the case record. When reviewing the case record, the nurse must review the physician's certification of medical necessity (SOC 425) to assure that services, as determined by social services staff on the assessment/authorization document (SOC 293) and other pertinent case documentation are consistent. The nurse must indicate whether the recipient is eligible or not eligible for PCSP services based on the review of these documents and record it on the nursing review form (SOC 427; Attachment G). The soc 427 must be signed by the nurse at least every 12 months and be maintained in the recipient's case record.

In addition to the required nurse's review of the PCSP case records, county social service staff will have nurses available for home visits when requested to evaluate nursing issues. Nurses may advocate on behalf of a client to the recipient's doctor. Documentation of these nursing activities will also be recorded on SOC 427 (Attachment G).

AUDIT TRAIL

Federal auditors will be auditing PCSP cases periodically. They will be identifying costs associated with cases out of compliance. Sanctions resulting from any state or federal findings of non-compliance will be shared based on the claiming ratio. The following are some of the required documents which will be subject to review on such an audit:

1. Annual reassessment of need (SOC 293).
2. Annual physician certification of medical necessity (SOC 425).
3. Provider certification (SOC 426 or SOC 431) for every provider funded by PCSP before PCSP funding is claimed.
4. Annual nurse review (SOC 427).
5. Timesheet supporting hours paid.

TRAINING

COSS will be conducting regional training sessions March 15-24 to discuss implementation issues and answer questions. The schedule of these training sessions is Attachment H.

FISCAL CLAIMING

Time study and claiming instructions for PCSP will be transmitted to counties in the County Fiscal Letters (CFL) for the June 1993 quarter. If you have any questions regarding time studying or fiscal claiming, please contact the Fiscal Policy and Procedures Bureau, at (916) 657-3440.

SPECIAL RECOGNITION

We are pleased to acknowledge the following CWDA representatives who worked hard to review proposed policies and advise state staff as to potential operational problems. This effort has made the timely implementation of these changes possible:

| NAME | REPRESENTING |
|--------------------|-------------------------|
| Alison Glassey | CWDA Subcommittee Chair |
| Marsena Buck | Stanislaus Co. |
| Ken Clark | Orange Co |
| T. Michael Decker | San Bernardino Co |
| Dianne Edwards | Orange Co |
| Danna Fabella | Sonoma Co. |
| Barbara Fitzgerald | Ventura Co. |
| Kathy Gallagher | Santa Clara Co. |
| Mary Goblirsch | Monterey Co. |
| Jim Hunt | Sacramento Co. |
| John Michaelson | San Bernardino Co |
| Mike Noda | Yuba Co. |
| Mary Paige | Yolo Co. |
| Scott Pettygrove | Stanislaus Co |
| Barbara Riley | Placer Co. |
| Yolanda Rinaldo | Sonoma Co. |
| Onita Spake | Santa Clara Co. |
| Julia Takeda | Los Angeles Co. |
| Linda Watts | Solano Co. |
| Mindy Yamasaki | Sacramento Co. |
| Kathy Whilden | Monterey Co. |
| Frank Mecca | Executive Director CDWA |
| Wendy Russell | CDWA |

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

Original Document Sign By

FRED MILLER
Deputy Director
Adult Services Division

Attachments:

- Attachment A - [IHSS Regulations, MPP 30-700](#) (updated since ACL)
- Attachment B – Letter to Recipients
- Attachment C - [SOC 425 Physician’s Certification of Medical Necessity](#)
(updated since ACL)
- Attachment D – [SOC 426 Provider Enrollment Form](#) (updated since ACL)
- Attachment E – Letter to IPs
- Attachment F - [SOC 431 PCSP Contract Agency Certification Form](#)
- Attachment G - SOC 427 Nurse Form (No longer available)
- Attachment H – Training Schedule (Removed, out of date)

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IMPORTANT:
Please read this letter.

Dear IHSS Client:

The In-Home Supportive Services Program (IHSS) will soon be making changes which will permit California to receive federal funds. This will enhance the quality of service for many of our clients. This program change will be called the Personal Care Program (PCP).

What Does This Change Mean to You?

When the PCP is implemented, the State will be able to restore to all IHSS clients the 12 percent reduction in service hours which occurred last Fall. The new PCP will not make any other changes to your IHSS benefits or services. You may continue to select your own provider.

We Need Your Assistance!

Enclosed is the Physician's Certification of Medical Necessity form. We need this form to verify that you require personal care services. Please complete the form following the instructions below and mail it as soon as possible to your doctor, and have your doctor return it to the County IHSS office (within 10 days).

Physician's Certification of Medical Necessity Form

1. Under the section labeled "Patient Authorization," please sign and date.
2. Mail the form to your doctor to complete the section labeled "For Physician's Use Only." (Note: If your doctor must examine you to prescribe personal care services, the doctor may bill Medicare or Medi-Cal for the examination.)

Provider Form

Your provider(s) will be receiving a separate PCP form called the Personal Care Program/Enrollment Agreement form. This form is used to enroll your provider(s) as a PCP Medi-Cal provider. Your provider will be asking you to complete Part II and to sign and date the form. (Note: Your provider, including a relative provider, cannot sign the form as your authorized representative.) Either you or your provider should return this Enrollment Agreement form to the County IHSS office.

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IMPORTANT:

Please read carefully to make sure that you are paid correctly.

Dear IHSS Provider:

This is to inform you about the new IHSS Personal Care Program (PCP) which will soon be implemented Statewide.

Under PCP, personal care services currently paid through In-Home Supportive Services (IHSS) will be paid by the Medi-Cal Program. Services such as assistance with bathing, grooming, dressing, bowel and bladder care, and feeding are considered personal care services under PCP.

What Does This Change Mean to You?

When PCP is implemented, the State will also restore the 12 percent reductions in service hours to all IHSS recipients Statewide. Providers of service to their own minor children or to their own spouses do not have to complete this form.

We Need Your Assistance in Order for You to be Paid Correctly!

Enclosed is a Personal Care Program Provider/Enrollment Agreement form. We need this form to enroll you and the IHSS recipient under the PCP Program. Please complete the form following the instructions below and mail it immediately (within 5 days) to the County IHSS office shown at the top of the form.

Personal Care Program Provider/Enrollment Agreement Form

1. Read the certification statement in Part I.
2. In Part I, sign and date the form.
3. Give the form to the IHSS recipient. In Part II, the recipient must print his/her name and case number. The recipient or his/her authorized representative must sign and date the form. (Note: You cannot sign this form as the authorized representative if you are a relative provider).
4. Send the form to the County IHSS Office.

If you have any questions, please contact the County IHSS office.