

**ParaReg Headnotes**  
**600 – 699 Social Services Paraphrased Regulations**

**Section 600-608**

- 600-1 Definition of "recipient", which includes applicants when clearly implied by regulatory context ([30-701\(r\)\(1\)](#))
- 600-2 Definition of "minor" ([30-701\(m\)](#))
- 600-3 Definition of "spouse" ([30-701\(s\)\(4\)](#))
- 601-1 Notices involving service programs must be provided on a timely basis ([10-116.3](#))
- 601-2 Circumstances under which notices are to be provided in service programs ([10-116.1](#))
- 601-3 Approval notices requires an effective date ([10-116.41](#))
- 601-4 Notice to recipient decreasing service requires county to detail circumstances which led to proposed change, cite regulations, explain aid pending ([10-116.42](#), [.43](#))
- 601-5 Persons who do not have right to state hearings ([10-117.4](#))
- 602-1 Requests for IHSS must be made in accordance with 30-009 ([30-759.1](#))
- 602-1A Applicant must provide medical information to establish IHSS need; failure to verify results in denial or termination. ([30-763.11](#), [.12](#))
- 602-1B General duty of applicant to cooperate in IHSS eligibility determination ([30-760.1](#))
- 602-2 Definition of intercounty transfer, transferring county, and receiving county ([30-701\(i\)\(1\)\(A\)](#))
- 602-3 Definition of transfer period ([30-701\(i\)\(1\)\(C\)](#))
- 602-4 No interruption or overlapping of services during IHSS transfer period; responsibility of transferring county ([30-759.9](#), [.92](#))
- 602-5 Receiving IHSS county shall complete service assessment, and continue benefits (unless there has been a substantial change in living arrangements) ([30-759.94](#))
- 602-6 Transferring county is county of responsibility during transfer period when IHSS recipient files a hearing request ([30-759.96](#))
- 603-1 Requirement to send notice of assessment ([W&IC 12300.2](#))
- 603-2 CDSS position is that IHSS recipient, who receives personal care services, and is an eligible recipient must sign a form SOC 426. Failure to sign the form results in loss of personal care and ancillary services ([ACWDL 99-13](#), [ACWDL 99-25](#); [30-757.1](#); [W&IC 12300\(f\)](#), [W&IC 14132.95](#))

- 603-2A State law and regulations do not permit person eligible for personal care services under PCSP to receive IHSS for those services ([30-757.1](#); [W&IC 12300\(f\)](#), [W&IC 14132.95](#); [ACL 99-25](#))
- 603-3 CDSS policy, regarding noncompliance to respond to notice to submit SOC 426, is to send additional notice before discontinuing ([ACL 99-25](#))
- 603-4 County of responsibility during transfer period when IHSS recipient files a hearing request ([30-759.5](#))
- 603-5 County duty to have regulations, ACLs, W&IC, other public social service laws, in waiting or reception room in each central or district county office ([Handbook 17-017](#))
- 603-6 Record retention requirements in Social Services (ACL 00-38; [10-119](#))
- 604-1 County must act with courtesy, consideration, and respect ([W&IC 10500](#))
- 608-1 Civil rights laws must be complied with ([30-700.4](#))

### **Section 610-619**

- 610-0 IHSS may refer to one of four distinct programs – PCSP, IPO, CFCO, and IHSS-R. ([W&IC 12300](#), [W&IC 14132.95](#), [W&IC 14132.97](#) [ACL 14-60](#))
- 610-0A Detailed requirements of CFCO eligibility ([ACL 14-60](#))
- 610-0B Things needed to qualify for PCSP ([ACWDL 05-21](#))
- 610-0C Things needed to qualify for IHSS Plus Waiver ([ACWDL 05-21](#))
- 610-0D Services available for IHSS-Residual ([ACWDL 05-21](#))
- 610-0E PCSP for eligible Medi-Cal beneficiaries is governed by W&IC, CCR, and operated pursuant to MPP ([30-700.2](#); [W&IC 14132.95](#))
- 610-0F Medi-Cal eligibility determinations on PCSP and IHSS Plus Waiver cases done by Medi-Cal workers following Medi-Cal rules ([ACWDL 05-21](#))
- 610-0G State law and regulations do not permit person eligible for personal care services under PCSP to receive IHSS for those services ([30-757.1](#); [W&IC 12300\(f\)](#), [W&IC 14132.95](#); [ACL 99-25](#))
- 610-0H To be eligible for PCSP/IPW, an individual must be eligible for federal full scope Medi-Cal ([ACIN I-18-08](#))
- 610-0I For PCSP, provider shall not be beneficiary's spouse; provider shall not be parent of a beneficiary who is a minor child ([51181](#); [50014](#); [50030 Handbook 30-767.3](#))
- 610-0J Intent of legislature that IHSS Plus Waiver be added as a Medi-Cal program; IHSS Plus

Waiver population transitioned to IHSS Plus Option (IPO) program effective October 1, 2009 ([W&IC 14132.951\(a\)](#); [ACIN I-33-10](#))

- 610-0K IHSS Plus Waiver incorporates eligibility requirements and benefits of existing IHSS program; IHSS Plus Waiver population transitioned to IHSS Plus Option (IPO) program effective October 1, 2009 ([W&IC 14132.951\(b\)](#); [ACIN I-33-10](#))
- 610-0L To the extent FFP is available, IHSS Plus Waiver is furnished as a Medi-Cal program; IHSS Plus Waiver population transitioned to IHSS Plus Option (IPO) program effective October 1, 2009 ([W&IC 14132.951\(c\)\(d\)](#) [ACIN I-33-10](#))
- 610-0M Services authorized under IHSS Plus Waiver administered under IHSS rules ([W&IC 14132.951\(e\)](#))
- 610-0N Medi-Cal eligibility determinations on PCSP and IHSS Plus Waiver cases done by Medi-Cal workers following Medi-Cal rules ([ACWDL 05-21](#))
- 610-0P To be eligible for PCSP/IPW, an individual must be eligible for federal full scope Medi-Cal ([ACIN I-18-08](#))
- 610-1 Counties are responsible for assisting applicants and recipients of service programs ([30-760.2](#))
- 611-1 Definition of disability ([30-771.3](#) , [30-771.4](#) )
- 611-1A Chronic disabling condition is disability standard for PCSP; PCSP only for categorically needy persons ([51350\(b\)](#))
- 611-1B In IHSS Plus Waiver, presumptive disability determined under Medi-Cal regulations; Medi-Cal eligibility must be established before IHSS Plus Waiver eligibility is established ([30-785\(g\)\(2\)](#) and [\(3\)](#))
- 611-2 Eligibility limited to persons living in own home and who meet SSI/SSP eligibility criteria ([30-755.113](#))
- 611-2A Non-citizen victims of human trafficking, domestic violence and other serious crimes potentially eligible for IHSS-Residual ([30-770.51](#))
- 611-3 Safety as standard in need determination ([30-700.1](#); [W&IC 12300](#))
- 611-4 Rules pertaining to applications for service programs ([30-009.22](#) )
- 611-5 Effective date of eligibility in service programs ([30-759.4](#))
- 611-6 Eligible individuals must be U.S. citizens or eligible aliens ([30-770.41](#) ; [W&IC 11104](#))
- 611-6A Non-citizens who are not qualified aliens are not eligible for federal full scope Medi-Cal ([ACIN I-18-08](#))

- 611-6B Recipients who remain in IHSS-R are those determined eligible for IHSS-R but not eligible for federal full scope Medi-Cal ([ACIN I-28-06](#))
- 611-6C Counties must determine IHSS-R eligibility for those not eligible for federal full scope Medi-Cal ([ACIN I-18-08](#))
- 611-6D Non-citizens who are LAPR or PRUCOL under former SSI/SSP rules are potentially eligible for IHSS-R ([ACIN I-18-08](#))
- 611-6E For IHSS-R, non-citizens are subject to SSI/SSP sponsor deeming rules; rules reflected on state form SOC811 ([ACIN I-18-08](#))
- 611-6F Institutionally deemed person do not qualify for IHSS-R program ([ACL 00-83](#))
- 611-7 Federal rules on establishing permanent residence and PRUCOL status ([20 CFR 416.1615, 416.1618](#))
- 611-8 Non-SSI recipients must meet state or federal standards to qualify for IHSS ([30-770.1, 30-771.2](#))
- 611-9 CDSS policy is to apply SSI/SSP rules to IHSS in regard to transfer of resources for less than FMV, and for counting assets held in trust as resources, without notice to the applicant/recipient or without regulatory change ([ACL 00-35](#))
- 611-10 Non-citizens who are LAPRs or considered to be PRUCOL are potentially eligible for IHSS-R ([ACIN I-18-08](#))
- 612-0 Non-severely impaired recipients of PCSP and CFCO who require protective supervision are entitled to the maximum of 195 hours plus any authorized need in addition to protective supervision up to a maximum of 283 hours. (ACIN I-28-06, [ACL 14-60](#))
- 612-1 Definition of "severely impaired" individual ([30-701\(s\)\(1\); 30-757.14](#))
- 612-2 Maximum hours for severely impaired person; definition of "severely impaired person"; no dollar limits on IHSS payments as of 4/14/00 ([30-765.11](#); and Handbook [30-765.111; 30-701\(s\)\(1\)](#))
- 612-3 Severely impaired IHSS recipients are entitled to receive advance payments. Responsibility of such recipients to submit provider's timesheets ([30-769.73](#))
- 612-4 Maximum hours for nonseverely impaired individual; no dollar limits on IHSS payments as of 4/14/00 ([30-765.11](#) and Handbook [30-765.121](#))
- 612-5 Under IHSS-R, NSI maximum hours are 195, SI maximum hours are 283 ([ACIN I-28-06](#))
- 612-6 MSSP waiver allows MSSP to grant hours above statutory IHSS maxima if maxima has been reached, and to exclude MSSP as an alternative resource when maxima IHSS not authorized ([W&IC 9562\(b\); ACL 00-34](#))

- 612-7 Services limited to 283 hours monthly; no dollar limit ([51350\(b\)](#); [MPP Handbook 30-780.2\(b\)](#); [ACL 95-42](#))
- 612-8 Non-severely impaired recipients of PCSP and CFCO who require protective supervision are entitled to the maximum of 195 hours plus any authorized need in addition to protective supervision up to a maximum of 283 hours. (ACIN I-28-06, [ACL 14-60](#))
- 612-9 Under IHSS Plus Waiver, NSI recipients have 195 hour maximum, SI recipients have 283 hour maximum (ACIN I-28-06)
- 613-1 Definition of "own home" ([30-701\(o\)\(2\)](#), renumbered from 30-753(o)(2), 11/14/98, revised 3/27/00; reinstated 3/27/00 per *Lubahn v. Saenz*)
- 613-1A Statutory requirement that IHSS/PCSP recipient must live in his/her home or abode of choice ([W&IC 12300\(a\)](#))
- 613-1B Interpretation of "home" and dictionary definition of abode ([Nadler v California Veterans Board](#); Random House Websters College Dictionary)
- 613-1D Emergency regulation 30-701(o) prohibited, enjoined, stayed, as of 6/2/00 (*Lubahn v. Saenz*)
- 613-1E PCSP only for those who would be unable to remain safely at "home"; "home" defined ([51350\(b\)](#), [51145.1](#))
- 6131F CDHS definition of home ([50044](#))
- 613-2 Definition of "shared living arrangement" ([30-701\(s\)\(2\)](#), renumbered from 30-753(s)(2), 11/14/98)
- 613-3 Definition of "housemate" ([30-701\(h\)\(2\)](#), renumbered from 30-753(h)(2), 11/14/98)
- 613-4 Definition of "landlord/tenant living arrangement" ([30-701\(l\)\(6\)](#), renumbered from 30-753(l)(1), 11/14/98)
- 613-5 Definition of "live-in provider" ([30-701\(l\)\(3\)](#), renumbered from 30-753(l)(3), 11/14/98)
- 613-6 Proration of related services ([30-763.32](#))
- 613-6A Recipient may have meals prepared separately because he/she chooses to eat separately ([ACL 08-18](#))
- 613-7 Need in shared living arrangements, domestic services, and heavy cleaning ([30-763.31](#))
- 613-8 Needs are not to be prorated counting son/daughter under 14 as part of household, for domestic and heavy cleaning in common areas, and for related services ([30-763.46](#))
- 613-9 Proration of protective supervision. ([30-763.331](#))

- 614-1 When the recipient is under eighteen years old and living with parent(s), IHSS may be purchased from a provider other than the parent(s) under certain circumstances: ([30-763.44](#) effective January 1, 2015; [ACL 15-45](#))
- 614-2 When the recipient is under eighteen years old and living with parent(s), IHSS may be purchased from a parent under certain circumstances: (30-763.45 effective January 1, 2015; [ACL 15-45](#))
- 614-3 Former MPP 30-763.453(c) prohibited payment to a parent provider when there were two parents in the home. The restriction has been eliminated. ([ACL 15-45](#))
- 614-3A Welfare and Institutions Code provisions relating to parent providers. ([W&IC 12300\(e\)](#))
- 614-4 Services a parent provider can be paid to provide ([30-763.454](#))
- 614-5 Services for children based on disability, not age ([W&IC 12300\(a\)](#); ACIN I-28-06)
- 614-6 Able and available spouse, when services authorizable ([30-763.41](#))
- 614-6A Spouse defined for PCSP, IPW and IHSS-R; IHSS program has two parts to its definition for spouse ([ACL 08-18](#); [ACL 09-30](#))
- 614-7 For purposes of [W&IC §12300\(e\)](#), full-time employment does not mean the full-time provision of IHSS-funded care by a parent ([Basden v Wagner](#))
- 614-8 Non-parent may provide PCSP in home of an institutionally deemed child even if parent is in the home. ([ACL 00-83](#))
- 614-9 A parent working less than full time may be paid as a provider under IPW; two parents working full time may not be paid providers under IPW (ACIN I-28-06)
- 614-10 ID waiver recipients who meet IPW criteria are eligible for the IPW; parents of minors who receive Medi-Cal under ID waiver may provide services under IPW (ACIN I-28-06)
- 616-1 Contractors who provide IHSS services must guarantee continuity and reliability of service and competency of providers of service ([30-767.122](#))
- 616-2 Individuals can be hired to provide IHSS services. Counties must assist recipients in securing such individuals ([30-767.13](#))
- 616-3 General responsibilities of the county regarding the payrolling of individual providers ([30-769.24](#), [30-769.25](#))
- 616-4 Services provided must be appropriate to the needs of the individual or family ([30-009.21](#))
- 616-5 New provider enrollment process; provider appeals with CDSS Adult Programs Division ([ACL 09-52](#))
- 616-6 Methods of providing IHSS services ([30-767](#))
- 616-7 Definition of personal care services provider ([51181](#))

- 616-8 Providers must be approved by CDHS and sign required forms ([51483.1](#), [51204](#))
- 616-9 Beneficiaries or their representatives can choose provider ([51483.1](#), [51204\(a\)](#); [Handbook 30-767.4](#))
- 616-10 Contract agency providers selected per Welfare and Institutions Code ([W&IC 12302.1](#); [51204\(b\)](#); [Handbook 30-767.4\(b\)](#))
- 616-11 Personal care provider can appeal to county, then to court ([51015.2](#); [W&IC 14104.5](#); [Handbook 30-767.5](#))
- 617-1 Circumstances under which county can change from one to another of the IHSS service delivery methods ([30-767.133](#))
- 619-1 Retroactive benefits ([Leach v. Swoap](#))
- 619-2 Definition of IHSS-Residual overpayment ([30-768](#))
- 619-3 Limitation to resources and exempt income on liability to repay IHSS overpayment ([30-768.311](#))
- 619-4 Methods of collecting IHSS overpayment ([30-768.32](#))
- 619-5 ALJs have no authority to award interest ([AFL-CIO v. UIAB](#); ACIN I-52-96; [Knight v. McMahon](#))
- 619-6 IHSS Plus Waiver overpayments determined under Medi-Cal regulations ([30-785\(o\)](#))

## **Section 620**

- 620-1 Responsibility of county to conduct needs assessment ([30-761.25](#), [30-763.2](#))
- 620-1A Needs assessment governed by MPP, Uniform Assessment Tool ([51350\(a\)](#); [Handbook 30-780.2\(a\)](#))
- 620-1B PCSP list of care services ([51183\(a\)](#))
- 620-1C PCSP list of ancillary services ([51183\(b\)](#))
- 620-2 Program content of IHSS ([30-757](#))
- 620-3 No minimum number of hours required to authorize a case for IHSS ([ACL 08-18](#))
- 620-4 Medical certification form necessary for approval of IHSS ([W&IC 12309.1\(a\)\(2\)](#); [ACL 11-55](#), [ACL 11-76](#))
- 620-4A Revised Health Care Certification Forms SOC 873, 874, and 875: Definition Of Licensed Health Care Professionals (LIHP) ([ACIN I-74-11](#))

- 620-4B Counties must inform each applicant or recipient of the certification form requirement. ([ACL 11-55](#))
- 620-4C Temporary exceptions to certification requirement ([ACL 11-76](#))
- 620-4D 45-day limit for submission of certification form. No good cause extensions. ([W&IC 12309.1\(a\)\(2\)](#)), [ACL 11-55](#))
- 620-4E Alternative documentation to certification form. ([ACL 11-55](#))
- 620-4F Counties must assist claimant on completion of certification form if necessary. ([ACL 11-55](#))
- 620-5 6-hour standard for domestic services ([30-757.11\(k\)\(1\)](#))
- 620-6 Paramedical services, what constitutes ([30-757.19](#))
- 620-7 Time standard; general ([30-758.2](#); former W&IC 12301.2 repealed)
- 620-7A Standardized time per task guidelines ([ACIN I-69-04](#), [W&IC 12301.2](#))
- 620-8 Time standard; laundry (30-758.12 repealed, 30-757.135 renumbered to [30-757.134\(c\)](#), [\(d\)](#))
- 620-9 Time standard, food shopping (30-757.136 renumbered to [30-757.135](#), [.135\(b\)\(1\)](#); 30-758.13 repealed)
- 620-10 Time standard; other shopping (30-758.14 repealed and renumbered to [30-757.135\(c\)\(1\)](#))
- 620-11 Exception to time standards if threat to health or safety (30-758.4 repealed and renumbered in [30-757](#))
- 620-12 Scope of medical transportation covered by IHSS ([30-757.15](#))
- 620-12A Travel time to non-local medically necessary medical appointments permitted ([ACL 08-18](#))
- 620-12B Inclusion of wait time as a component of medical transportation suspended based on court ruling. ([ACL 15-10](#))
- 620-13 Alternative resources, general; VA not an alternative resource ([30-763.61](#); *Clift v. McMahon*)
- 620-13A Regional centers cannot be considered an alternative resource ([ACL 98-53](#); *Arp v. Anderson*)
- 620-13B MSSP waiver allows MSSP to grant hours above statutory IHSS maxima if maxima has been reached, and to exclude MSSP as an alternative resource when maxima IHSS not authorized ([W&IC 9562\(b\)](#); [ACL 00-34](#))
- 620-14 County must determine that alternative resources provided by relatives and friends are voluntary ([30-763.62](#))

- 620-14A County must obtain a statement from protective service provider when service is provided voluntarily ([30-757.176](#), [30-763.64](#); *Miller v. Woods*; *Community Service for the Disabled v. Woods*)
- 620-14B Specific information required in voluntary service agreement ([30-757.176\(a\)](#), [30-763.64](#))
- 620-14C Volunteers who could be paid for services must sign a Certification form ([ACL 00-28](#))
- 620-15 Authorization for uniform needs assessment ([W&IC 12309](#); [ACL 88-118](#); [30-756](#))
- 620-15A Stand-by time not allowed. Assessed time for encouragement and reminding may be minimal ([ACL 08-18](#); [ACL 09-30](#))
- 620-16 Assessment of need based on medical need, living situation, statement of need ([30-761.26](#), [30-763.1](#))
- 620-17 Evaluation of need when individual has a seizure disorder. ([ACL 09-30](#))
- 620-17A Assessing need for aftermath of seizure ([ACL 09-30](#))
- 620-18 Need when recipient lives with live-in provider ([30-763.47](#))
- 620-19 Multiply weekly hours by 4.33 to determine monthly hours ([30-761.27](#), [30-763.2](#))
- 620-20 Uniform range of services based on individual needs ([W&IC 12301.1\(a\) and \(e\)](#))
- 620-21 Need assessments made at least every 12 months, but may be extended by six months under specific conditions ([W&IC 12301.1\(b\) and \(c\)](#))
- 620-22 When need assessments may be made at intervals of less than 12 months ([W&IC 12301.1\(c\) and \(d\)](#))
- 620-23 Department statewide time-per-task guidelines by June 30, 2006 ([W&IC 12301.2](#))
- 620-24 Exceptions to the time per task guidelines based on individual circumstances ([W&IC 12301.2\(c\) and \(d\)](#))
- 620-25 Provider may be authorized time to provide services while recipient is temporarily out of home if provider accompanies recipient; certain services necessarily provided outside the home ([ACL 08-18](#); [ACL 09-30](#))

## **Section 621**

- 621-1 Grooming excludes cutting with scissors or clipping toenails ([51350\(f\)](#); [MPP Handbook 30-780.2\(f\)](#))
- 621-2 Menstrual care for application of sanitary napkins and cleaning ([51350\(g\)](#); [Handbook 30-780.2\(g\)](#))
- 621-3 Paramedical services, specific inclusions ([51350\(g\)](#), (h); [Handbook 30-780.2\(g\)](#), (h))

- 621-4 Range of motion exercises--limitations ([51350\(h\)\(2\)](#); [Handbook 30-780.2\(h\)\(2\)](#))
- 621-5 Respite care is offered under IPW (ACIN I-28-06)
- 621-6 Assessing needs under hourly task guidelines based on individual need ([30-757.1\(a\)](#))
- 621-7 Hourly task guidelines and exceptions to those guidelines ([30-757.1\(a\)](#))
- 621-8 General functional index rankings; variable functioning discussed ([ACL 06-34E1](#))
- 621-9A Meal preparation definition ([ACL 06-34E, attachment C](#))
- 621-9B Meal preparation functional index ([ACL 06-34E, attachment B](#))
- 621-9C Meal preparation grid ([ACL 06-34E, attachment C](#))
- 621-9D Meal preparation factors/exceptions ([ACL 06-34E, attachment C](#))
- 621-9E IHSS recipient may choose to eat meals separately from other family members; no health and safety need required ([ACL 08-18](#))
- 621-9F Meal preparation and clean-up must be done in recipient's home; unusual circumstances may necessitate occasional meal preparation and clean-up outside the home ([ACL 08-18](#); [ACL 09-30](#))
- 621-10A Meal cleanup definition ([ACL 06-34E, attachment C](#))
- 621-10B Meal cleanup functional index ([ACL 06-34E, attachment B](#))
- 621-10C Meal cleanup grid ([ACL 06-34E, attachment C](#))
- 621-10D Meal cleanup factors/exceptions ([ACL 06-34E, attachment C](#))
- 621-11A Bowel and bladder care definition ([ACL 06-34E, attachment C](#))
- 621-11B Bowel and bladder care functional index ([ACL 06-34E, attachment B](#))
- 621-11C Bowel and bladder care grid ([ACL 06-34E, attachment C](#))
- 621-11D Bowel and bladder care factors/exceptions ([ACL 06-34E, attachment C](#))
- 621-12A Feeding definition ([ACL 06-34E, attachment C](#))
- 621-12B Feeding functional index ([ACL 06-34E, attachment B](#))
- 621-12C Feeding grid ([ACL 06-34E, attachment C](#))
- 621-12D Feeding factors/exceptions ([ACL 06-34E, attachment C](#))
- 621-13A Routine bed baths definition ([ACL 06-34E, attachment C](#))

- 621-13B Routine bed baths functional index ([ACL 06-34E, attachment B](#))
- 621-13C Routine bed baths grid ([ACL 06-34E, attachment C](#))
- 621-13D Routine bed baths factors/exceptions ([ACL 06-34E, attachment C](#))
- 621-14A Dressing definition ([ACL 06-34E, attachment C](#))
- 621-14B Dressing functional index ([ACL 06-34E, attachment B](#))
- 621-14C Dressing grid ([ACL 06-34E, attachment C](#))
- 621-14D Dressing factors/exceptions ([ACL 06-34E, attachment C](#))
- 621-15 Hourly task guidelines for menstrual care ([30-757.14\(j\)](#), [ACL 06-34E, attachment C](#))
- 621-16A Ambulation definition ([ACL 06-34E, attachment C](#))
- 621-16B Ambulation functional index ([ACL 06-34E, attachment B](#))
- 621-16C Ambulation grid ([ACL 06-34E, attachment C](#))
- 621-16D Ambulation factors/exceptions ([ACL 06-34E, attachment C](#))
- 621-16E Time may be authorized to shadow/follow recipient with unsteady gait ([ACL 08-18](#))
- 621-16F Maintenance exercise of assistance walking may be provided outside recipient's home; no time can be authorized for travel or assistance into or out of a vehicle for this service ([ACL 08-18](#); [ACL 09-30](#))
- 621-17A Transfers definition ([ACL 06-34E, attachment C](#))
- 621-17B Transfers functional index ([ACL 06-34E, attachment B](#))
- 621-17C Transfers grid ([ACL 06-34E, attachment C](#))
- 621-17D Transfers factors/exceptions ([ACL 06-34E, attachment C](#))
- 621-18A Bathing, oral hygiene and grooming, definition ([ACL 06-34E, attachment C](#))
- 621-18B Bathing, oral hygiene and grooming, functional index ([ACL 06-34E, attachment B](#))
- 621-18C Bathing, oral hygiene and grooming, grid ([ACL 06-34E, attachment C](#))
- 621-18D Bathing, oral hygiene and grooming factors/exceptions ([ACL 06-34E, attachment C](#))
- 621-19A Repositioning, rubbing skin, definition ([ACL 06-34E, attachment C](#))
- 621-19B Repositioning, rubbing skin, grid ([ACL 06-34E, attachment C](#))

- 621-19C Repositioning, rubbing skin factors/exceptions ([ACL 06-34E, attachment C](#))
- 621-20A Care/assistance with prosthesis, definition ([ACL 06-34E, attachment C](#))
- 621-20B Care/assistance with prosthesis grid ([ACL 06-34E, attachment C](#))
- 621-20C Care/assistance with prosthesis factors/exceptions ([ACL 06-34E, attachment C](#))
- 621-21 Respiration defined ([30-757.14\(b\)](#))

**Section 622-626**

- 622-1 Determination of share of cost for IHSS ([30-755.233](#))
- 622-2 Definition of unearned income for IHSS purposes ([30-775.322](#))
- 622-3 Disregard of \$20 of unearned income ([30-775.433](#))
- 622-5 Determination of overpayment when recipient had a share of cost ([30-768.23](#))
- 622-6 Income deemed from ineligible spouse to be in accord with 20 CFR 416 ([30-775.337](#))
- 622-6A SOC294-A form used to calculate deemed income from ineligible spouse (ACL 85- 110)
- 622-6B Income deemed from ineligible spouse ([20 CFR 416.1163](#))
- 622-7 Multiply hours authorized by minimum wage to determine IHSS payment level ([30-764.12](#), [30-764.21](#); [ACIN I-100-06](#))
- 622-9 IHSS and PCSP eligibility determinations made following Medi-Cal rules ([ACWDL 04-27](#))
- 622-10 Exemptions under the IHSS Plus Waiver program ([ACWDL 05-29](#))
- 622-10A In-home caregiver wages exempt as income and property if spouse or minor child receive services from spouse or parent provider and services are through federal, state or local program ([ACWDL 07-02](#))
- 623-1 3.6% Service reduction effective 2/1/11 and 8/1/12 ([ACL 10-61](#), [ACL 12-33](#))
- 623-1A 3.6% extended through June 2013. ([ACL 12-33](#))
- 623-1B 3.6% changed to 8% for 12 months commencing in July 2013. ([ACL 13-47](#))
- 623-2 20% reduction in IHSS payment, currently suspended. ([ACL 11-81](#); [ACL 11-84](#))
- 625-1 Personal service provided through PCSP shall not be provided by IHSS ([30-757.1](#))
- 625-1A IHSS-R recipients are those who have needs but are not eligible for full-scope Medi- Cal (ACIN I-28-06)

- 625-1B PCSP includes personal care and ancillary services; services covered by PCSP ([51183](#); [Handbook 30-780.1](#))
- 625-1C Protective supervision and Domestic and Related-Only services are PCSP funded ([ACL 05-05](#))
- 625-2 CDSS shall notify persons receiving IHSS payment in advance of zero share of cost possibility if they accept payment in arrears, if they are otherwise PCSP eligible, and are Pickle persons or eligible under 42 USC 1383c(c) ([W&IC 14132.95\(k\)](#))
- 625-5A County must receive signed statement from provider who agrees to be a voluntary provider that he/she knows of right to be compensated, but chooses not to accept payment ([30-757.176](#); [30-763.64](#))
- 626-1A Availability of protective supervision ([30-757.17](#))
- 626-1B When protective supervision is not authorized ([30-757.172](#))
- 626-1C Twenty-four hour need required for protective supervision; use of SOC821 form ([30-757.173](#))
- 626-1D A mental health diagnosis can only be made by a mental health professional; diagnosis of any medical professional acting within scope of license is acceptable ([ACL 08-18](#); [ACL 09-30](#))
- 626-1E How protective supervision can be provided ([30-757.171](#))
- 626-2 Only non-self-directing and mentally infirm can receive protective supervision ([Marshall v. McMahon](#))
- 626-2A Definition of non-self-directing ([ACL 15-25](#))
- 626-2B Person must be both mentally impaired and non-self directing to qualify for protective supervision ([ACL 15-25](#))
- 626-3 Protective supervision; not necessary when provider in home performing other tasks ([30-763.332](#))
- 626-3A Protective supervision prorated when more than one person in the home requires the service. ([30-763.331](#)):
- 626-4 Protective supervision cannot be authorized if the recipient lacks the capacity to engage in unsafe behaviors. ([Calderon v. Anderson](#))
- 626-5 Procedures to be followed when assessing a minor's need for protective supervision in the IHSS program. (*Lam v. Anderson, Garrett v. Anderson*; [ACL 98-87](#))
- 626-5A Under the Garrett court order, age is one factor in evaluating the need of the minor and the applicant/recipient must need more supervision than a child of similar age. (*Lam v. Anderson, Garrett v. Anderson*; [ACL 98-87](#))

- 626-5B County must obtain a statement from protective service provider when service is provided voluntarily ([30-757.176](#), [30-763.64](#); *Miller v. Woods*, *Community Service for the Disabled v. Woods*)
- 626-5C Specific information required in voluntary service agreement ([30-757.176\(a\)](#), [30-763.64](#))
- 626-6 Statewide standard for to obtain physician certification of need for protective supervision ([W&IC 12301.21](#))
- 626-7 Pro-ration of protective supervision. ([30-763.331](#))
- 626-8 Psychogenic seizures can be the basis for finding a need for protective supervision, documented instances of dangerous behaviors not necessary. ([Norasingh v. Lightbourne](#))
- 626-9 Protective Supervision Clarifications ([ACL 15-25](#))
- 626-10 Protective Supervision Clarifications Regarding Minor Children ([ACL 15-25](#))

**Section 628 - 633**

- 628-1E Medically Recognized Expenses (MRE) (i.e., the buyout) is eliminated effective October 2009 ([ACL 09-47](#))
- 628-2 DHCS Beneficiary Services Center processes all claims for reimbursement of excess share of cost including buy-out claims except for buy-out claims for current and prior month ([ACL 07-32](#))
- 628-3 Share of cost definition ([30-701\(s\)\(3\)](#))
- 628-3A No denial if share of cost excess need. ([ACL 06-13](#); [ACL 09-47](#))
- 628-4 SSI/SSP payment level current and prior year ([ACWDL 07-21](#); [ACWDL 08-51E](#), [ACIN I-23-09](#); [ACIN I-26-09](#))
- 628-4A Fill in blank SSI/SSP payment level
- 628-5 IHSS recipients who paid their provider an excess share of cost can file a Conlan II claim to request reimbursement. ([ACIN I-03-10](#))
- 628-5A Providers who have had an incorrect share of cost deducted from their pay can obtain reimbursement through a process established by CDSS ([ACL 14-40](#))
- 628-6 Counties do not need to continue to determine IHSS-R share of cost amounts for (PCSP or IPW) recipients who have Medi-Cal with zero share of cost ([ACL 09-47](#))
- 632-1 **Old rule:** Definition of adult protective services (30-802, repealed 10/31/02)
- 632-2 Old rule: Need for adult protective services (30-810.2, repealed 10/31/02)
- 632-2 Eligibility for adult protective services ([33-115](#))

- 632-3 Coverage under adult protective services ([W&IC 15760](#))
- 632-4 Service plan for adult protective services ([33-535](#))
- 633-1 Definition of "nonmedical out-of-home care", and of "care and supervision" ([46-140.1](#); Handbook [46-140.2](#))

**Section 634**

- 634-1 Requirement to provide family maintenance services ([W&IC 16506](#))
- 634-2 Types of family maintenance services ([W&IC 16506.1](#))
- 634-3 No right to unsupervised parent/child visits of child who has been subjected to "severe physical abuse" ([31-340.1](#))
- 634-3A Parents' right to visitation with children who are in out-of-home placement ([31-340.2 - 31-340.4](#))
- 634-4 County is required to provide social services involving family reunification when a minor is placed out of the home pursuant to an order of the Juvenile Court ([W&IC 361.5\(a\)](#))
- 634-5 Cessation of reporting of family reunification services ([31-088.2](#))
- 634-6 Confidentiality of Juvenile Court proceedings ([W&IC 827\(a\)](#))
- 634-7 Juvenile Court orders, when modifiable ([W&IC 775](#), [W&IC 776](#))
- 634-8 Juvenile Court cannot give total discretion to determine visitation to CDSS ([In re Danielle W.](#), [In re Jennifer C.](#))
- 634-9 Definitions of "minor parent" generally, for Teen Pregnancy Disincentive, and for CWS ([80-301m\(3\)](#); [89-201.1](#); [31-002\(m\)\(3\)](#))
- 634-10 When counties must provide MPS to minor parents, exemptions from the Teen Pregnancy Disincentive ([31-530.24](#); Handbook [31-530.21](#); [W&IC 16506\(d\)](#))