COVID-19 & IHSS Updates



1-800-776-5746

Presenters:

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Agenda

- 1. Overview of IHSS Program
- 2. COVID-19 Changes
 - a. Eligibility and Applying for IHSS
 - b. IHSS Services
 - c. IHSS Providers
 - d. IHSS Appeals
- 3. What's Next
- 4. Questions

Overview of IHSS

What is IHSS?

- IHSS provides home care services people with disabilities need to remain in their own homes
- IHSS is administered by each County under the direction of the State of California, Department of Social Services (CDSS)
- IHSS is an alternative to out-of-home placement

What Kinds of Services Does IHSS Pay for?

Services Categories include, but are not limited to:

- ▶ Domestic and Related Services: meal preparation, cleaning, laundry and taking out the garbage.
- ▶ Personal Care Services/Non–Medical Care: bathing, feeding, dressing, grooming and toileting.
- ► Paramedical Tasks: assistance with medications, injections, bowel and bladder care.
- ▶ **Protective Supervision**: monitoring persons with cognitive or mental impairments to prevent injury.
- ► Transportation Services
- ► Accompaniment to medical appointments

IHSS Program Priorities During COVID-19

In effect through June 30, 2020, counties must focus on applications and authorizing services.

Counties must prioritize:

- Initial assessments
- Requests for reassessment due to change in recipient condition or circumstances, including the loss of alternative resources due to COVID-19
- Enrollment of IHSS providers

Generally, counties should NOT take any action to:

- Terminate IHSS or
- Decrease IHSS services

IHSS social workers must also make sure they **answer and return phone calls from** providers and recipients as soon as possible.

March 24, 2020 CDSS All County Letter (ACL) 20-26:

https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/ACL_20-26.pdf

Overview of IHSS Application Process

- 1. Apply at County IHSS office
 - Statewide IHSS county offices: https://www.cdss.ca.gov/inforesources/county-ihss-offices
 - Monterey County Aging and Adult Services: http://mcdss.co.monterey.ca.us/aging/
- 2. Health Care Certification Form (SOC 823)
 - https://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/SOC873SP.pdf
- 3. Prepare for intake assessment
 - DRC Assessment Publication:
 https://www.disabilityrightsca.org/es/publications/autoevaluacion-y-guia-para-audiencias-imparciales-de-ihss
- 4. In-person assessment with IHSS social worker at your home**
- 5. County mails Notice of Action approving or denying services

County Must Issue Determinations:

- Medi-Cal/Social Security Recipients within 30 days
- No Medi-Cal up to 90 days. Faster if there is an urgent need

Health Care Certification (SOC 873) Form During COVID-19

- Must be completed by medical provider and returned to the county before IHSS services begin
- Can get up to 90 days to submit to county, while receiving IHSS services

Extensions to submitting SOC 873:

- Individuals at risk for out of home placement can receive IHSS services for up to 45 days, while the county waits for the form to be completed and returned
- Can get an additional 45 days to submit if individual has good cause
 - MPP Section 30-754.641 defines "good cause" as "a substantial and compelling reason beyond the control of the applicant who has been granted an exception"

If you are having problems obtaining a completed SOC 873 from your doctor,

- 1. Should contact the county and request 45 days to obtain and submit SOC 873
- 2. You should explain to the county why your doctor cannot complete the SOC 873 form

ACIN I-28-20: https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACINs/2020/I-28 20.pdf.

IHSS Initial Application In-Home Assessment During COVID-19

Initial IHSS assessments:

- May be conducted by video call (such as Skype or FaceTime)
- Assessments conducted by video call must be reviewed and approved by a supervisor before services are authorized

Initial In-Person IHSS Assessments:

- Face to face assessments/home visits may be done when needed
- Counties must first collect as much information as possible by phone when a face to face assessment is needed
- IHSS social workers may also ask if you have been exposed to COVID-19 before coming to your home
 - □ Your IHSS social worker cannot complete an in-home assessment if he/she has COVID-19 symptoms or may have been exposed to COVID-19
- During a home visit the IHSS worker must take precautions recommended by public health agencies, such as
 maintaining a 6 foot distance between the social worker and others in the home, and using Personal Protective
 Equipment (PPE) under certain circumstances (i.e. when in close contact for a long time with someone who is
 suspected of or has COVID-19)

March 24, 2020 CDSS All County Letter 20-26: https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/ACL 20-26.pdf

April 16, 2020 CDSS All County Letter 20-42: https://mcusercontent.com/73901133dd7ea1a5581344daf/files/72845eda-e21c-480f-b16e

IHSS Annual Reassessments During COVID-19

Annual Reassessments

- Most annual IHSS re-assessments will be suspended through June 30, 2020
- Annual reassessments may be completed by phone
 - Counties must prioritize requests for reassessment due to change in recipient condition or circumstances that would result in an increase of IHSS
- If a face-to-face assessments is needed, IHSS will collect as much information as possible over the phone before the home visit
- During this time reduction in hours, services or terminations cannot take effect until June 30, 2020

March 24, 2020 CDSS All County Letter 20-26: https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/ACL_20-26.pdf

April 16, 2020 CDSS All County Letter 20-42: https://mcusercontent.com/73901133dd7ea1a5581344daf/files/72845eda-e21c-480f-b16e-34c2ac6b8562/20 42.pdf

What Information is in a Notice of Action?

- > Application Approved
 - Effective Date
 - Number of hours authorized per task
- > Application Denied
 - Basis for decision
 - Regulations supporting the action
- > Services reduced, terminated, or altered
 - At least 10 days before effective date (MPP 20-001(a)(1))
 - > Reason for change
 - > Difference from previous hours authorized

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Tiene preguntas? Por favor comuníquese con su trabajador social de IHSS. El número de teléfono aparece en a parte superior de esta página.

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1250 (SP) (11/12) - IHSS APPROVAL *MPP = Manual de Prácticas y Procedimier

siguiente página se le explica cómo solicitarla.

Appealing IHSS/Medi-Cal Denials or Changes

Disagreeing with the County's Decision

- > Appeal Immediately by Requesting a Hearing!
 - ➤ Aid Paid Pending for current IHSS/Medi-Cal Recipients
 - Must request BEFORE effective date of change **
 - If you do not request a hearing before the effective date of change, you still have 90 days to request for a hearing
 - If you receive the NOA late or do not receive a NOA, you should still appeal right away and ask for aid paid pending

New Applicants

Generally, you have 90 days to request a hearing on the denial of an application for IHSS or Medi-Cal or other disagreement from the date listed on NOA

Medi-Cal State Fair Hearings During COVID-19

The state will continue to have hearings

- Individuals for whom the 90-day deadline would have occurred between March 1, 2020 to the end of the COVID-19 public health emergency, are now allowed up to a total of 210 days to asked for a Fair Hearing
- This means that you have 90-days from the date of your Notice of Action, plus an additional 120 days to ask for a hearing

The state is only holding phone hearings through May 15, 2020

- You have a right to an in-person hearing, so contact State Hearings to request an in-person hearing
- In-person hearings will be postponed until they are allowed again

https://www.dhcs.ca.gov/Documents/COVID-19/State-Fair-Hearing-Timeframe-Changes-Fee-For-Service-1135.pdf

DHCS All Plan Letter 17-006 Supplement:

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/COVID1135SFH.pdf

How to Request a State Fair Hearing?

Requesting a Hearing

- 1. Fill out the back of the NOA and send to the address indicated; or
- 2. Send a written letter to:

IHSS Fair Hearing

State Hearings Division

Department of Social Services

744 P Street, Mail Station 9-17-37

Sacramento, CA 95814

- 3. Fax request to (916) 651-2789; or
- 4. Call (800) 743-8525 to request a fair hearing

General IHSS Provider Requirements

IHSS Providers Must be:

- ► Legally allowed to work in the U.S. (Example, work permit issued by U.S. Citizenship and Immigration Services (USCIS) or other documents required in USCIS I-9 Form)
- ► Attend an orientation (Due to COVID-19: online)
- Provide original provider identification documents and signed SOC 846 (Due to COVID-19: mail or online)
- Complete a background check

For more information on how to enroll as an IHSS provider, please visit the Department of Social Services website: https://www.cdss.ca.gov/inforesources/ihss/ihss-providers/how-to-become-an-ihss-provider

IHSS Parents Providers for Children Under 18

In order to become an IHSS parent provider, the parent (provider) must have:

- 1. Left full-time employment or is prevented from obtaining full-time employment because no other <u>suitable provider</u> is available, <u>and</u>
- the inability of the parent to perform supportive services may result in inappropriate placement or inadequate care. (MPP 30-763.451)

This means that if <u>you</u> left a full-time job or you cannot work full time because you must care for your child **and** there is no one else who can care for the child **and** without your care your child is at-risk of institutionalization, then you may be an IHSS parent provider.

IHSS Parent Provider in Two Parent Households for Children under 18

- ▶ If a parent provider leaves a full-time job or cannot work full time because the parent must care for their child **and** there is no one else who can care for the child **and** without the parent's care the child is at risk of institutionalization, then the parent may be an IHSS parent provider.
- In a two-parent household, the second parent is considered "unavailable" if the second parent works, attends an education or vocational program, is conducting employment searches or has a mental or physical disability which prevents them from providing IHSS services.
- In a two-parent household, IHSS parent providers can continue to be a paid IHSS provider if the second parent is no longer "unavailable" because the parent is not working, attending a school or vocational program due to COVID-19.
- ▶ IHSS parent providers will no longer be allowed to work as of July 1, 2020, if the second parent is still out of work or is not in an educational or vocational program or conducting job searches or is not prevented from providing the child with IHSS due to a physical or mental disability by June 30, 2020.

IHSS Provider Enrollment Requirements During COVID-19

Effective April 10, 2020 to June 30, 2020, CDSS is temporarily waiving the following IHSS provider enrollment requirements:

- County photocopying of original documentation verifying the IHSS provider's applicant's identity
 - Copies of identity documents verifying identity can be mailed to the county IHSS office
 - IHSS Providers can be enrolled while county waits to receive identifying documents and a provider attends an online orientation.
- Signing of Provider Enrollment Agreement SOC 846 can be submitted by mail or online
- The required in-person IHSS provider enrollment orientation can be completed online
- IHSS recipients are still required to complete Recipient Designation of Provider Form SOC 426A: https://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC426A.pdf.

April 10, 2020 CDSS All County Letter (ACL) 20-32: https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/20-32.pdf?ver=2020-04-13-075546-460

Emergency Back-Up Providers

- The state has instructed counties to create a back-up IHSS provider system
- The emergency back-up provider program is available now through June 1, 2020
- IHSS recipients can be assigned an emergency back-up IHSS provider when their regular IHSS provider cannot work because of the COVID-19 public health emergency
- Most counties will use their Public Authority as the emergency provider back-up system.
- Contact (IHSS) <u>Monterey County Aging and Adult Services:</u>
 <u>http://mcdss.co.monterey.ca.us/aging/</u> for information about how to get a back-up IHSS provider or your local Public Authority

March 30, 2020 CDSS All County Letter (ACL) No. 20-29: https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/20-29.pdf

Make a Back-Up Plan

Make a back-up plan now. Here are tips:

- List things you need, like medication, medical equipment, service animals, and support services. Write them down.
- Think about ways to meet your needs if there are no services.
- If you get services from a family member, talk to your family about backup IHSS provider plans. If you know someone who wants to be a backup provider, they can become one right now. Information on becoming an IHSS provider may be found here https://www.cdss.ca.gov/inforesources/ihss/ihss-providers/how-to-become-an-ihss-provider

CDSS has a sheet to help you create your own backup plan - https://www.cdss.ca.gov/Portals/9/IHSS/Emergency/Persona Emergency-Plan.pdf.

Call agencies to determine ways to meet your needs:

- Call your county public authority to find some resources. Here is a list of social services offices: https://www.cdss.ca.gov/county-offices. If you get services through a different agency, call that agency for more information.
- Call your health plan and find out what services are covered and how to get them during an emergency.
- You may have already planned for an emergency with your social worker during your assessment. Look at your assessment paperwork or call the county to get a copy of it.

Loss of Alternative Resources Due to COVID-19, Part 1

Alternative resources are IHSS services provided for free. Some individuals may receive free IHSS services while at school, or in Community Based Adult Services (CBAS), or day program, work program, and transportation services

Alternative resources may be identified on the IHSS Notice of Action (NOA) located under the column entitled "SERVICES YOU REFUSED OR YOU GET FROM OTHERS."

If you need more IHSS services because the Free IHSS services you were getting through an alternative resource are not being provided, you can ask IHSS for the services you lost.

- Contact your IHSS social worker about your loss in alternative resources and
- Ask for the additional time you now need because of the change due to COVID-19

March 24, 2020 CDSS All County Letter (ACL) 20-26: https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/ACL 20-26.pdf

April 10, 2020 CDSS All County Letter (ACL) 20-32: https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/20-32.pdf?ver=2020-04-13-075546-460

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NA 1253 (11/12) IHSS CHANGE Page 1 of ______

Loss of Alternative Resources Due to COVID-19, Part 2

If you cannot reach your worker, you should document your request, and adjust your hours. You can follow these steps in order to identify and document which free IHSS services you are no longer getting and what additional IHSS services you now need.

- Identify the alternative resource program or free IHSS services lost
- Identify IHSS tasks in which time was reduced in your NOA due to the receipt of an alternative resource.
 Counties may not always document alternative resources as part of your IHSS assessment/NOA.
- Identify IHSS tasks you now need help with because of an elimination of an alternative resource. This should include both alternative resources identified in your IHSS NOA and those the county failed to identify.

NOTICE OF ACTION	COUNT	TY OF		CALIFORNIA DEPARTME	ENT OF SOCIAL S	ERVICE
N-HOME SUPPORTIVE SERVICES (I	HSS)		No.			
CHANGE	-	1	Notice Date Case Name			
		1	Case Number			
NOTE: This notice relates ONLY to your In-Ho	me Supportive	Soc	cial Worker Name			
Services. It does NOT affect your receipt of SS	SI/SSP, Social	Socia	al Worker Number			
Security, or Medi-Cal. KEEP THIS NOTICE WI			Worker Telephone			
MPORTANT PAPERS.		Socia	Worker Address			
(ADDRESSEE)		1				
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1		1				
As of the services you a	can get and/or	the amount of	time you can g	et for services	has chang	ged.
nere's wily:		\				
Total Hours:Minutes of IHSS you can get each n			s a/an increase/d			
You will now get the services shown below for amo column shows the hours/minutes you got before, th	unt of time shown	in the column *A	uthorized Amount	of Service You ca	an Get." The	at oo
time for a service, the reason(s) is shown on the ne	ext page.	you will get iloili i	low oil, and the di	nerence. Il you a	no gotting to	30
If there is a zero in the "Authorized Amount of		Get" column or th	e amount is less t	han the "Total Am	nount of Sen	noo
Needed" column, the reason is explained on t	he next page(s).	1				100
 "Not Needed" means that your social worker fo "Pending" means the county is waiting for more 	und that you do n	not require assista	ance with this task	. (MPP 30-756.1	1) more inform	-5
5) Ferming means the country is waiting for more			st service. See th			
05771050	TOTAL AMOUNT OF	ADJUSTMENT FOR OTHERS	AMOUNT OF	SERVICES	AUTHOR	LOE
SERVICES	SERVICE	WHO SHARE	SERVICE YOU	YOU REFUSED OR YOU GET	SERVI OU CAN OURS: MIN	CE
Note: See the back of the next page for a short	NEEDED	THE HOME	NEED	FROM	DU CAN	IGET
description of each service.	HOURS: MINUTES	(PRORATION)	HOURS: MINUTE.	OTHERS	OW WAS	#F
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RELATED SERVICES (per WEEK):						
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Meal Clean-up						
Routine Laundry					\vdash	-
Shopping for Food			1		-	\vdash
Other Shopping/Errands	-		1\		\perp	_
NON-MEDICAL PERSONAL SERVICES (per WEE	:K):		_			_
Respiration Assistance (Help with Breathing) Bowel, Bladder Care			-		_	-
Feeding						-
Routine Bed Bath					\vdash	-
Dressing						
Menstrual Care						
Ambulation (Help with Walking, including						
Getting In/Out of Vehicles)					\vdash	_
Transferring (Help Moving In/Out of Bed,			I \			
On/Off Seats, etc.) Bathing, Oral Hygiene, Grooming					-	-
Rubbing Skin, Repositioning					_	-
Help with Prosthesis (Artificial Limb, Visual/						-
Hearing Aid) and/or Setting up Medications			I \			
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CDSS All County Letter 20-26 on March 24, 2020 & CDSS All County Letter 20-32 on April 10, 2020

Sample Letter to Request More IHSS Services Due to Loss of Alternative Resources

Date

X County IHSS Program Address or Email: Attention: IHSS Social Worker

Name of IHSS Recipient: , Case No.:

Dear IHSS Social Worker:

I am sending you this letter to request approval and to document my child's need for more IHSS hours because of a loss of alternative resources. I am my child's parent provider.

Before Covid-19 social distancing requirements, my child had been attending a school program for five hours during the day. My child's school program is no longer available because of COVID-19 public health emergency.

At my child's school program, my child received assistance with the following IHSS tasks:

XX hours: Meal preparation, feeding and meal clean up. Lunch which takes approximately 20 minutes to complete all tasks.

XX hours: Paramedical services. Physical therapy (PT) session at school twice per week for a ½ hour each session. I have been training by my child's PT to provide my child with this service at home. I am in the process of obtaining an SOC 321 form completed by child's PT.

XX hours: Assistance with diaper changes approximately twice per day. Each diaper change takes approximately 15 minutes to complete.

XX hours: Repositioning in wheelchair. My child needs to be repositioned in their wheelchair once per hour about five times per day. It takes about 3 minutes each time they are repositioned.

Since my child's school program ended on Month, Day, 2020, I have been providing my child with the IHSS tasks above. I am asking that IHSS grant my child approval of the XX hours of IHSS tasks my child now needs because of COVID-19 related loss of their educational program as required in All County Letter 20-26, https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/ACL_20-26.pdf. This is in addition to the other IHSS services they are currently getting.

Thank you,

Parent

Temporary Removal of IHSS Overtime Violations

Due to COVID-19, counties may be flexible with IHSS recipients assigning weekly service hours to their IHSS providers so that:

- IHSS recipients may receive the services they need when they need them
- If IHSS providers incur overtime violations while performing services that are "in critical need," then the violations will be removed.

March 19, 2020 CDSS All County Program Managers Letter: https://www.cdss.ca.gov/Portals/13/Homepage/IHSSPML GovEO 031920.pdf

IHSS & WPCS Provider Sick Leave during COVID-19

Effective April 2, 2020 to December 31, 2020, IHSS and Waiver Personal Care Services (WPCS) providers are entitled to paid COVID-19 related sick leave:

- ▶ Providers who works 40 or more hours per week can get 80 hours of sick leave.
- Providers who work less than 40 hours per week can get the average number of hours worked over two weeks.

The provider can get COVID-19 sick leave if:

- Are in quarantine or has been told by a doctor to quarantine
- Has COVID symptoms and is seeking doctors help
- Is caring for someone with COVID or has been told by a doctor to quarantine
- Is caring for a child who school or childcare has closed or has another COVID related problem

COVID-19 paid sick leave benefits do not affect existing IHSS paid sick leave benefits

If the IHSS recipient needs a back up IHSS provider, you can contact IHSS for help

April 14, 2020 CDSS All County Letter on 20-40: https://mcusercontent.com/73901133dd7ea1a5581344daf/files/247cd18d-a00e-4bce-822e-fe3cfba6cef7/20 40.pdf

IHSS paid sick leave benefits pursuant to Labor Code (LC) 246(a), and as described in All County Letter (ACL) 18-01: https://www.cdss.ca.gov/Portals/9/ACL/2018/18-01.pdf?ver=2018-01-12-112939-430

IHSS Provider and Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) should be available to IHSS providers who care for individuals with suspected or tested positive for COVID-19

- ► A set of PPE consists of a face mask and a pair of gloves.
- Contact the Public Authority (PA) office in your county for a mask and pair of gloves

April 17, 2020 CDSS All County Letter (ACL) 20-41:

https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2020/20-41.pdf

DRC COVID-19 FACT SHEETS

- ► IHSS Fact Sheet: https://www.disabilityrightsca.org/post/coronavirus-rights-of-people-who-get-ihss-and-caregivers
- Medi-Cal Fact Sheets: https://www.disabilityrightsca.org/post/coronavirus-medi-cal-applications-and-eligibility-during-the-covid-19-public-emergency
- All DRC Fact Sheets: https://www.disabilityrightsca.org/post/announcement-coronavirus-and-how-disability-rights-california-can-help-you

Questions?