COUNTY OF SAN DIEGO

IN-HOME SUPPORTIVE SERVICES

COORDINATION GUIDE

FOR MANAGED CARE

June 2014

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I. BACKGROUND INFORMATION

In-Home Supportive Services (IHSS) is a State mandated, county-administered program that is intended to provide consumer directed care. The IHSS program is guided by regulations as outlined in the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP), Division 30 (Sections 30-700 through 30-785).

As a result of the Coordinated Care Initiative (CCI), the County of San Diego (COSD), Aging & Independence Services (AIS) and San Diego IHSS Public Authority (PA) have entered into a Memorandum of Understanding (MOU) with five local Health Plans – Care 1st, Community Health Group, HealthNet of California, KP CAL, LLC, and Molina Healthcare of California – in order to coordinate and provide IHSS as a managed care benefit. The MOUs are consistent with the regulatory elements of the California Department of Healthcare Services (DHCS) and the Centers for Medicare and Medicaid Services (CMS).

Long Term Services and Supports (LTSS) includes a wide variety of services and supports that help eligible Members meet their daily need for assistance with the activities of daily living and improves the quality of their lives by allowing them to remain safely in their own home. IHSS is an LTSS that is provided over an extended period, predominantly in the Member's home and community.

Health Plans will maintain the consumer-directed model for IHSS Members, which allows Members to self-direct their care by being able to select, hire, supervise, train, and terminate their caregiver(s).

The purpose of this document is to provide the following information:

- A description of the IHSS application process and coordination of care between the County of San Diego IHSS Program and the Health Plans.
- A systematic identification of Members who can benefit from IHSS services.
- A guide to the IHSS application process for eligible Members who are at risk of institutionalization, in an effort to improve the probability that Members can remain safely at home.
- A description of care coordination between the Health Plans and the IHSS Program regarding a Member's access to appropriate IHSS resources.

II. GENERAL INFORMATION ON THE IHSS PROGRAM

The IHSS program provides domestic, domestic-related, and personal care services for eligible Members who are at risk of institutionalization and unable to remain safely in their own home without these services (Attachment A).

AIS is responsible for administering all aspects of the IHSS program. This includes determination of needs and eligibility to services, initial assessments, reassessments, and authorization of services for Members. (Refer to the County IHSS MOU for additional details.) AIS, along with IHSS staff, is also responsible for communicating with the Health Plans regarding required Member information in order to coordinate care.

A. Eligibility Criteria

A Member requesting IHSS must:

- Meet Medi-Cal eligibility criteria
- Have a disability that will last twelve (12) months or longer, is aged or blind
- Be a citizen of the United States or have a qualified alien immigration status
- Be a current resident
- Live in his/her own home or a home of the Member's own choosing as defined in MPP Division 30.
- Provide a *Health Care Certification* (SOC 873) form (or acceptable alternative documentation) completed by a licensed health care professional. (Refer to Section VI – IHSS Form Requirements, or CDSS All-County Letter (ACL) No. 11-55 and No. 11-76, for additional information on the SOC 873.) The SOC 873 (or acceptable alternative documentation) must indicate that the Member is:
  - Unable to perform more than one activity of daily living independently, and
  - Is at risk of out-of-home care placement without IHSS services

III. IHSS APPLICATION PROCESSES

The processing of the IHSS application (Attachment B) begins with the submission of all required information to IHSS. Anyone may initiate an IHSS application on behalf of a Member, including Health Plan case managers. However, adult Members are encouraged to self-refer. If an application is not self-referred, IHSS will verify with the Member (or his/her conservator) that there is an interest in receiving IHSS services before proceeding with the application process. Referrals can be made using the AIS Aging and Disability Resource Connection (ADRC) Call Center, or the AIS Web Referral process.

Contact information for referrals to AIS is:

- Telephone Number: 1 (800) 510-2020
  - Representatives are available Monday through Friday, 8am – 5pm. Calls received after hours will be returned the next business day.
- AIS Web Referral (Attachment C): https://www.aiswebreferral.org/
  - Available twenty-four (24) hours a day, seven (7) days a week
  - Before web referrals can be submitted by Health Plan case managers, self-registration is required on the website, and AIS approval of the account is needed. Once approved by AIS, Health Plan case managers will receive an email confirmation and can begin using the web referral process.

The following Member information (at minimum) is required for all applications:

- Name
- Social Security number
- Date of birth
- Address
- Phone number
- Gender

- Ethnicity
- Language

Additional Member information will also be requested. This information may include the following:

- Marital status
- Living arrangement
- Monthly income amount and source
- Physician's name and phone number
- Medical history
- Recent hospitalizations
- Disabling conditions and other medical / mental health concerns
- Emergency contact information
- A description of care needs (including the ability to perform activities of daily living)

A. Needs Assessment

IHSS will assess the functional abilities of a Member to perform the activities of daily living through a comprehensive face-to-face needs assessment. A needs assessment will be completed when an initial application is received and at every subsequent reassessment. Hours are assessed based on the length of time it takes to perform a service. Using the information obtained during the needs assessment, and following established State statutes and regulations, IHSS staff will determine the number of service hours (in hours and minutes) authorized to a Member in the following service categories:

- Domestic services
- Heavy cleaning
- Meal preparation
- Meal clean-up
- Routine laundry
- Shopping for food or other shopping errands
- Respiration
- Bowel and bladder care
- Feeding
- Routine bed baths
- Dressing
- Menstrual care
- Ambulation
- Transfers
- Bathing, oral hygiene and grooming
- Rubbing skin and repositioning
- Care and assistance with prosthetic devices and assistance with self-administration of medication
- Accompaniment to medical appointments

- Accompaniment to alternative resources
- Yard hazard abatement
- Removal of ice or snow
- Protective supervision
- Teaching and demonstration
- Paramedical services
- Restaurant meal allowance

B. Standard Applications

Each IHSS application will be assigned to a district office and Social Worker within five (5) business days based on the zip code of the Member's home address.

- A letter will be mailed to the applicant providing contact information for the assigned Social Worker, the *Health Care Certification* (SOC 873) form, and additional information on the application process. (Refer to Section VI – IHSS Form Requirements, or CDSS ACL No. 11-55 and No. 11-76, for additional information on the SOC 873.)
- The applicant is responsible for submitting the completed SOC 873 to IHSS within forty-five (45) days of the date the form is received by the client.
    - Current (within sixty (60) days of the date of application), specific alternative forms of documentation can be used in lieu of the SOC 873.
    - If the completed form or alternative documentation is not received by the IHSS Social Worker within the forty-five (45) days, the application must be denied.

If the Health Plan initiates an IHSS application on behalf of a Member, a SOC 873 form may be completed by appropriate health care staff and submitted immediately to the IHSS district office (Attachment D).

The Social Worker will schedule a face-to-face assessment with the Member to complete a comprehensive needs assessment that will include gathering the following minimum information:

- Medical Diagnosis
- Health History
- Mental Status
- Social Support Systems
- Alternative Resources available to the Member
- Functional Impairment (physical limitations)

The Social Worker will measure the Member's level of ability to provide self-care, and his/her dependence upon the verbal and/or physical assistance of others, through the use of State mandated tools and guidelines.

According to MPP Division 30, initial applications are to be processed no later than thirty (30) days from the date of application. MPP Division 30 also states that applicants have

forty-five (45) days to provide the required SOC 873 form to County IHSS staff. Using the established guidelines, the Social Worker will make an eligibility determination and approve or deny IHSS services.

In addition to the standard IHSS application process, an expedited application process has been developed for San Diego Managed Care Members who have critical care needs and no one available to provide in-home assistance, or the critical care needs cannot be fully met without additional assistance.

Please be advised that expedited applications are not the same as 'emergency services'. Refer to MPP Division 30 for additional information on 'emergency services'.

C. Expedited Applications for San Diego Managed Care

Expedited applications will only be submitted through the AIS ADRC Call Center at 1 (800) 510-2020 in order to minimize the response time. Two (2) circumstances have been identified that warrant an expedited application:

- A Member who has critical care needs and ***no one is available*** to provide in-home care, is unsafe in his/her own home, and is at risk of hospitalization (or re-hospitalization) without additional assistance.
- A Member who has critical care needs that cannot be ***fully*** met without additional assistance from IHSS, is unsafe in his/her own home, and is at risk of hospitalization (or re-hospitalization) without services in place.

Other indicators for an expedited referral would be a Member who meets the above criteria and:

- Has been diagnosed with a terminal illness.
- Is experiencing a rapid decline in health indicating an expedited assessment of need may be required.
- Is transitioning out of a hospital.
    - If necessary in these situations, the IHSS Social Worker will conduct a needs assessment in the hospital in order to establish provisional eligibility prior to discharge.
    - Once the Member transitions home, the IHSS Social Worker must complete an in-home needs assessment within ten (10) business days from the discharge date.

At the time of application, the ADRC Call Center will screen and refer the Member to other resources such as Adult Protective Services (APS) and/or Multipurpose Senior Services Program (MSSP) as appropriate.

Expedited applications will be processed within ten (10) business days from the date the application is received by the IHSS Social Worker. The Health Plan will be contacted if a delay in the process occurs due to extenuating circumstances.

Difficulties in securing an appropriate provider(s) will be discussed with the Health Plans, as warranted.

D. Approval Process

The Social Worker will:

- Authorize the service hours for which a Member is eligible.
- Inform the Member of his/her approval status, the authorized number of hours, and provide information on a right to file an appeal through the State Fair Hearing process by issuing a Notice of Action (NOA) as required by CDSS MPP Division 10 and MPP Division 30 regulations. (Refer to Section XI – State of California Fair Hearing Process for additional information on appeals.)
- Provide the Member with an *IHSS Program Recipient Designation of Provider* (SOC 426A) form to formally designate a caregiver(s). The caregiver can be someone the Member knows, such as a family member or friend, or a Public Authority (PA) Registry caregiver. (Refer to Section VII – IHSS Public Authority for information on Registry caregivers.)
    - It is important to note that a prospective caregiver must successfully complete the enrollment and criminal background check processes with PA before timesheets or payment can be issued. (Refer to Section VII – IHSS Public Authority for specific details.)

E. Denial Process

The Social Worker will:

- Inform the Member of ineligibility for IHSS services. The Member will receive an IHSS Notice of Action (NOA), as required by MPP Division 10 and MPP Division 30 regulations, containing the denial reason and information on his/her right to file an appeal through the State Fair Hearing process. (Refer to Section XI – State of California Fair Hearing Process for additional information on appeals.)
    - If Health Plan case managers need to know the status of a Member's application, they are encouraged to call the IHSS Social Worker assigned to that application.
- Be available to participate in Care Coordination Team (CCT) meetings when requested by the Health Plan in order to discuss the needs of a Member. If unavailable, another IHSS representative will be made available to participate.

IV. IHSS REASSESSMENT PROCESSES

All IHSS recipients must have a redetermination of their eligibility and need for IHSS. The IHSS Social Worker will conduct a review of the Member's functional ability and service needs and increases or decreases hours as warranted. The IHSS Social Worker will approve or deny services, and the Member will be notified of the results via a Notice of Action as required by MPP Division 10 and MPP Division 30 regulations.

Between annual reassessments, a Member's functional abilities may change, requiring the need for an additional reassessment of need. IHSS program regulations require that the Social Worker be notified by the Member of any change in need for IHSS services. The IHSS Social Worker will evaluate the need for a face-to-face reassessment, schedule a home visit when warranted, and/or adjust the hours as appropriate.

When the Health Plan becomes aware of a change in the Member's functional abilities, the Health Plan may notify the IHSS Social Worker regarding the need for a reassessment prior to the annual reassessment. The information provided by the Health Plan should include:

- The specific changes to the Member's condition/abilities.
- The specific service categories that require additional time due to the change in condition and/or abilities.
- If the change is permanent or temporary.
- If temporary, the approximate timeframe for the increased need.
- If the change involves paramedical services, the type of paramedical services affected (including frequency, time it takes to perform the task, and duration of the need).

V. AUTHORIZATION OF SERVICES: SPECIAL CONSIDERATIONS

The following sections describe specific potential circumstances of the IHSS program that the IHSS Social Worker evaluates when assessing eligibility for services and determining the number of authorized service hours for which a Member is eligible.

A. Able and Available Spouse

When a Member has a spouse living in the home who does not receive IHSS, the spouse will be presumed able to perform certain specified tasks unless medical verification is received that indicates the spouse's inability to provide services. IHSS services may be provided if an able spouse is unable to provide services, as indicated in MPP Division 30, and the service must be provided during the spouse's absence.

When a Member's spouse is able and available to provide services, there will be no payment to the spouse ***or any other provider*** for the following services:

- Domestic
- Related services (limited to meal preparation or restaurant meal allowance, meal clean-up, routine mending and laundry, and reasonable shopping and errands)
- Yard hazard abatement
- Teaching and demonstration
- Heavy cleaning

An able and available spouse (or other caregiver) may be paid for providing:

- Personal care services
- Paramedical services

In addition to those services listed above, a spouse may be paid to provide the following services only when the spouse leaves full-time employment, or wishes to seek

employment but is prevented from doing so because ***no other suitable caregiver*** is available:

- Transportation
- Protective supervision

When an able spouse is not available because of employment, health, or other unavoidable reasons, a caregiver may be paid for the following services only if they must be provided during the spouse's absence:

- Meal preparation
- Transportation
- Protective supervision

B. Alternative Resources

The IHSS Social Worker will explore alternatives to IHSS that may be available from other agencies or programs to meet the needs of the Member. Any services (identical to services also provided by IHSS) provided by an organization to a Member will be viewed as an alternative resource. (Refer to MPP Division 30 for additional information on alternative resources.)

C. Voluntary Services

Voluntary services are those compensable services provided to a Member by the IHSS caregiver(s) of record or any other person voluntarily. The IHSS Social Worker will explore with the Member the willingness of relatives, housemates, friends, or other appropriate persons to voluntarily provide some or all of the Member's authorized services. (Refer to MPP Division 30 for additional information on voluntary services.)

D. Refused Services

If a Member refuses a service, and the IHSS Social Worker has assessed a need for the service, the Social Worker will document the need as a refused service in CMIPS II.

E. Urgent Services

IHSS provides urgent services through a contracted agency. The referrals are limited to active IHSS Members whose health and safety may be adversely affected because their caregiver is temporarily unable to provide daily required services, and there are no other alternative resources to provide the assistance. The services are available twenty-four (24) hours a day, seven (7) days a week, including holidays.

Urgent services are available only as a temporary resource when the Member has exhausted all other plans for an alternative person to provide personal care services. Members eligible to this service must be within one (1) of the following categories:

- Receive daily personal care services.
- Isolated and must not have a live-in caregiver, or another person to provide the services.

- Would have health and safety adversely affected or would require hospitalization if a day of IHSS services is missed.

If an urgent services referral is required, the IHSS Social Worker will make a referral to the urgent services contractor. The contractor will deliver services to the Member within two (2) to six (6) hours of receipt of a referral.

There are limitations to the type of services the contracted agency provides. Specifically, the contracted agency does not provide paramedical services or transportation to medical appointments. The contracted agency will only be authorized to provide the essential services needed by a Member during a set timeframe (usually no more than one week). In addition, the number of hours authorized to the contracted agency caregiver will be deducted from the Member's monthly number of available service hours.

The AIS after-hours vendor will process referrals received after hours of operation (8:00 a.m. to 5:00 p.m. Monday through Friday) or on holidays. The Member must call the ADRC Call Center at 1 (800) 510-2020 to initiate a request. The vendor will verify that there is an active IHSS case before forwarding the request to the contracted agency.

F. Paramedical Services

Paramedical services are activities that a person would normally perform for themselves, but are unable to do so due to physical or mental functional limitations, and are necessary to maintain his/her health. Before these services can be provided by an IHSS caregiver, authorization and training by a medical professional is required. Paramedical services include, but are not limited to:

- The administration of medications
- Puncturing the skin
- Inserting a medical device into a body orifice
- Activities requiring sterile procedures
- Other activities requiring judgment based on training given by a licensed health care professional

Paramedical services may be provided only when ordered by a licensed health care professional who is lawfully authorized to do so. The health care professional:

- Is responsible for advising the recipient of any risks associated with the provision of the services prescribed.
- Must indicate, on the required form, the time necessary to perform the prescribed activity, the frequency it is to be provided, and the duration it takes to perform the activity.

Paramedical services may not be authorized until the Social Worker has received a completed *Request for Order and Consent – Paramedical Services* (SOC 321) form, signed by the licensed health care professional. The *Patient's Informed Consent* section of the form must be signed and dated by the Member or the Member's conservator.

Expedited Registry Service (outlined in Section VII – IHSS Public Authority) and urgent services caregivers cannot perform paramedical services because these services must be authorized and supervised by a physician. It is important that Members with paramedical service needs have a back-up system in place to ensure that they receive these essential services without having to be hospitalized.

G. Protective Supervision

Protective supervision consists of observing the Member's behavior in order to safeguard the Member against injury, hazard, or accident. Protective supervision is available ***only*** for monitoring the behavior of non-self-directing, confused, mentally impaired, or mentally ill persons.

Protective supervision cannot be authorized ***solely*** for the purpose of:

- Friendly visiting or other social activities.
- Monitoring of needs caused by a medical condition and the form of supervision required is medical.
- Anticipation of a medical emergency.
- Prevention or control of anti-social or aggressive recipient behavior.
- Prevention of suicidal or other deliberate self-destructive behavior.

In order for protective supervision to be authorized, it must be determined by the IHSS Social Worker that the Member has a need for twenty-four (24) hour non-medical supervision and that the Member can remain at safely at home if protective supervision is provided. After identifying a potential need for protective supervision, the Social Worker will request the *Assessment of Need for Protective Supervision for In-Home Supportive Services Program* (SOC 821) form be completed by a physician or other appropriate medical professional to certify the need for protective supervision.

VI. IHSS FORM REQUIREMENTS

The State of California (SOC) IHSS forms addressed in this section can be found on the California Department of Social Services (CDSS) website at the following address: http://www.cdss.ca.gov/agedblinddisabled/PG1810.htm.

A. Health Care Certification (SOC 873)

The Member must submit a completed *Health Care Certification* (SOC 873) form (or acceptable alternative documentation) before IHSS can be authorized. (Refer to Section VI – IHSS Form Requirements, or CDSS ACL No. 11-55 and No. 11-76, for additional information on the SOC 873.) The form must be completed by a licensed health care professional indicating that the Member is:

- Unable to perform more than one activity of daily living independently, and
- Is at risk of out-of-home care placement without IHSS services.

A licensed health care professional includes but is not limited to: physicians, physician assistants, regional center clinicians or clinician supervisors, occupational therapists,

physical therapists, psychiatrists, psychologists, optometrists, ophthalmologists, and public health nurses.

IHSS can accept alternative forms of documentation in lieu of the *Health Care Certification* (SOC 873) form. Alternative documentation is considered to be clinical or casework documents that were originally produced for a purpose other than authorizing IHSS services, that:

- Is dated no earlier than 60 calendar days prior to submission.
- Indicates the applicant is unable to independently perform one or more activities of daily living.
- Describes the applicant's condition or functional limitation that has contributed to the need for assistance.
- Is signed by a licensed health care professional as defined in Section 30-754.4 of the CDSS MPP regulations.

Examples of acceptable forms of alternative documentation include but are not limited to:

- Hospital or nursing facility discharge plans
- Minimum data set forms
- Individual program plans

Receipt of the *Health Care Certification* (SOC 873) form, or acceptable forms of alternative documentation, is required in order to process an application. For expedited applications, this documentation may be submitted by the Health Plan at the time of referral.

B. Request for Order and Consent – Paramedical Services (SOC 321)

In order to authorize paramedical services, the Social Worker must obtain a *Request for Order and Consent – Paramedical Services* (SOC 321) form. A health care professional must authorize the paramedical services and indicate the following information on the form:

- The ***time*** it takes to perform the paramedical task (number of minutes)
- The ***frequency*** this task is needed (daily, weekly, or monthly)
- The ***duration*** this task needs to be performed (a set number of weeks or months)

C. Assessment of Need for Protective Supervision for In-Home Supportive Services Program (SOC 821)

After identifying a potential need for protective supervision, the Social Worker will request the *Assessment of Need for Protective Supervision for In-Home Supportive Services Program* (SOC 821) form be completed by a physician or other appropriate medical professional to certify the need for protective supervision. An appropriate medical professional is limited to those who specialize, or whose scope of practice is, in the areas of memory, orientation, and/or judgment.

The SOC 821 will be used in combination with other pertinent information, such as assessment interviews completed by the Social Worker and/or Staff Nurse. The SOC 821 will not be the determining factor in the authorization of protective supervision but considered as one indicator of the need for protective supervision.

The *Protective Supervision 24-Hours-a-Day Coverage Plan* (SOC 825) is required to be submitted by the Member (or conservator) in order to authorize Protective Supervision. A twenty-four (24) hour need must exist, and a plan to provide coverage must be in place before services can be authorized. If either form is not returned, or is incomplete, the Social Worker will make a determination based on other available information.

VII. IHSS Public Authority

The San Diego IHSS Public Authority (PA) is responsible for the following activities:

- Conducting IHSS caregiver enrollment and orientation
- Retaining IHSS enrollment documentation as required by IHSS regulations
- Serving as the employer of record for the purpose of collective bargaining
- Maintaining a registry of available caregivers
- Providing Members access to PA Registry caregivers
- Verifying and retaining documentation of employment eligibility for all caregivers
- Facilitating background clearances
- Providing verification of employment when requested by an IHSS provider
- Administering the workers' compensation claim processes for IHSS caregivers.
    - It is important to note that, in order to initiate the workers' compensation process, caregivers should be referred to the Public Authority at (619) 476-6332. Claims are to be reported as soon as possible.

A. Individual Provider (IP) Enrollment

An Individual Provider (IP) is the term used by IHSS to refer to a caregiver. All potential caregivers, including family members, must successfully complete the IP enrollment process with PA before timesheets or payment can be issued. The prospective caregiver must:

- Attend an orientation session
- Be fingerprinted (at the cost of the prospective caregiver)
- Pass a State of California Department of Justice (DOJ) criminal background check

A prospective caregiver may begin the enrollment process once a Member is determined to be eligible to IHSS and services are approved. The enrollment process for a new caregiver takes approximately four (4) weeks to complete. However, when delays with the DOJ occur, this process may take up to eight (8) weeks or longer. A caregiver may be eligible to receive payment retroactively to the Member's date of IHSS application if services have been provided and the prospective caregiver has passed the DOJ criminal background check.

B. Registry

If a Member does not have a family member or friend available to hire as his/her caregiver, a Member can contact the PA Registry for assistance. The Registry works to match a Member with a pre-screened caregiver by matching the caregiver's availability and schedule with the Member's needs and preferences. A Member can choose to receive a list of available caregivers (whom they can interview and select from) or to be sent one caregiver (no interview is required). In order to share a Member's information over the phone with caregivers, the Member must complete a PA Release of Information (ROI) authorization, and email or fax the completed document to the Registry.

The Registry requires all caregivers to successfully complete several steps designed to ensure safety and competence. Each caregiver must:

- Attend an Application Workshop designed to help them learn in-home caregiver skills and to gain information about the PA and IHSS programs.
- Pass a State of California DOJ criminal background check.
- Complete an application, as well as pass a basic test on caregiver related topics from the workshop.
- Pass reference checks completed by Registry staff.

If the Member or the Member's conservator opts to receive a list of available caregivers, it is his/her responsibility to complete the following:

- Request a list from the Registry.
- Contact the caregivers on the list.
- Select, hire, supervise, train, establish a work schedule, and terminate the caregiver (as appropriate).

If the Member or the Member's conservator opts to be sent a caregiver, it is his/her responsibility to complete the following:

- Accept or reject the caregiver sent.
- If accepted, supervise, train, establish a work schedule, and terminate the caregiver (as appropriate).
- If rejected, contact the Registry to request another caregiver.

C. Expedited Registry Services

Expedited Registry Services are available through the PA Registry and are limited to Members who meet the criteria for an expedited application (outlined in Section III – IHSS Application Processes). In order to readily establish a caregiver, the IHSS Social Worker will initiate a referral to the PA for Expedited Registry Services. Once a caregiver is in place, the services provided by Expedited Registry Services caregivers are available twenty-four (24) hours a day, seven (7) days a week, including holidays.

In order for the PA Registry to process a referral to the Expedited Registry Services program, IHSS eligibility must be approved and authorized in CMIPS II by the IHSS

Social Worker. Referrals may only be initiated by an IHSS Social Worker and can be requested 8 a.m. to 4:30 p.m. Monday through Friday, excluding holidays.

As previously noted, caregivers from PA's Expedited Registry Services do not provide paramedical services because these services must be authorized and supervised by a physician. In addition, the number of hours authorized to the Expedited Registry Services caregiver will be deducted from the Member's monthly number of available IHSS service hours. Members may, at their discretion, hire an Expedited Registry Services caregiver to provide ongoing services.

VIII. ROLE OF THE HEALTH PLANS

Communication between the Health Plans and IHSS representatives is an important part of the coordination needed to provide IHSS as a managed care benefit. Communication from the Health Plans to IHSS is warranted when:

- A change in a Member's health status and/or functional abilities has occurred
- A Member has been hospitalized
- Paramedical services are involved
- A need for protective supervision is identified
- An additional reassessment is needed
- The death of a Member with IHSS has occurred
- There is a disagreement over a Member's approved service hours

A. Staff Training and Orientation

Health Plans will develop and conduct an initial and annual health plan benefits orientation and procedures training program specific to IHSS, for County IHSS staff or contractors. Documentation of training completion will be provided to IHSS management staff for their records.

IX. HEALTH PLAN LIAISON COORDINATION

Participating Health Plan liaisons will work collaboratively, and meet regularly (as needed), with IHSS and PA liaisons. The liaison will:

- Develop and provide information in order to update the required policies and procedures for IHSS as a managed care benefit
- Communicate as stipulated in the MOU with the liaisons from IHSS and PA
- Facilitate the exchange of information and data between the Health Plans, the IHSS Program, and PA
- Promote care coordination
- Identify opportunities for improvement
- Streamline the care coordination process in order to be effective and efficient
- Identify opportunities to share resources and maximize positive health outcomes

A. Dispute Resolution

Liaisons for the Health Plans, IHSS, and PA will maintain open communication to identify and resolve any operational and administrative issues that may arise including coordination, communications, referral, training, and provision of appropriate services.

B. Confidentiality

The confidentiality of medical information and personal data of all Members will be maintained according to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 Privacy Policies.

C. Data Sharing

IHSS and Health Plans will share common client information for the purposes of coordinating services that benefit the Member. A secure process for sharing this information, both physical and electronic, will be developed collaboratively.

X. CARE COORDINATION TEAMS

A Care Coordination Team is defined as an Interdisciplinary Care Team and could include the Health Plan, Member, Member's conservator, physicians, Member's authorized representative, IHSS Social Worker, IHSS caregiver, and case managers from various other programs. The purpose of the Care Coordination Team (CCT) is to ensure a person-centered approach to care management and coordination of services and can include assessment, care planning, authorization of services, and transitional care issues. The CCT works closely with Members, their caregivers, and medical, behavioral health, and Long Term Services and Supports (LTSS) providers in order to stabilize medical conditions, increase compliance with Care Plans, maintain functional status, and meet individual Member's Care Plan goals.

XI. STATE OF CALIFORNIA FAIR HEARING PROCESS (APPEALS)

Health Plan Members who apply for or are receiving IHSS have the right to file an appeal with the State of California about the determination of authorized IHSS service hours by following the State Fair Hearing process. The California Department of Social Services accepts formal complaint submissions in writing or by telephone at:

- California Department of Social Services
  Public Inquiry and Response
  P.O. Box 944243
  Sacramento, CA 94244-2430
- Phone 1-800-952-5253 (TDD 1-800-952-8349)

Members may also be directed to speak with a representative of their County welfare department for assistance with the State Fair Hearing process.

Overview of the IHSS Program

The IHSS program provides services to eligible people over the age of 65, the blind and/or disabled.

The goal of the IHSS program is to allow you to live safely in your own home and avoid the need for out of home care.

Services almost always need to be provided in your own home. This could be a house, apartment, hotel, or the home of a relative.

If you receive Supplemental Security Income (SSI) or meet all Medi-Cal income eligibility requirements, you may be able to receive IHSS services. IHSS is a Medi-Cal program and is funded by federal, state, and county dollars.

Services

These are the types of services IHSS can provide:

- Personal care services like dressing, bathing, feeding, toileting
- Paramedical services like helping with injections, wound care, colostomy and catheter care under the direction of a licensed medical professional
- House cleaning
- Cooking
- Shopping
- Laundry
- Accompaniment to and from medical appointments

Some of the things IHSS cannot pay for include:

- Moving furniture
- Paying bills
- Reading mail to you
- Caring for pets, including service animals
- Gardening
- Repair services
- Sitting with you to visit or watch TV
- Taking you on social outings
- Waiting for you in the doctor's office

Application Process

1. How to Apply

Contact the In-Home Supportive Services program in your county. A county representative will ask you questions to gather information about the nature of your disability, things that you need help with, your income, and assets. This may take up to 20 minutes.

2. Home Visit

A social worker will come to your home to determine the types of authorized services that you need and the number of hours for each service. Some of the things the county will consider are your medical condition, living arrangement, and any resources that may already be available.

3. Health Care Certification Form

You will receive a form for your doctor to complete, certifying your need for IHSS. This form must be completed before services can be authorized.

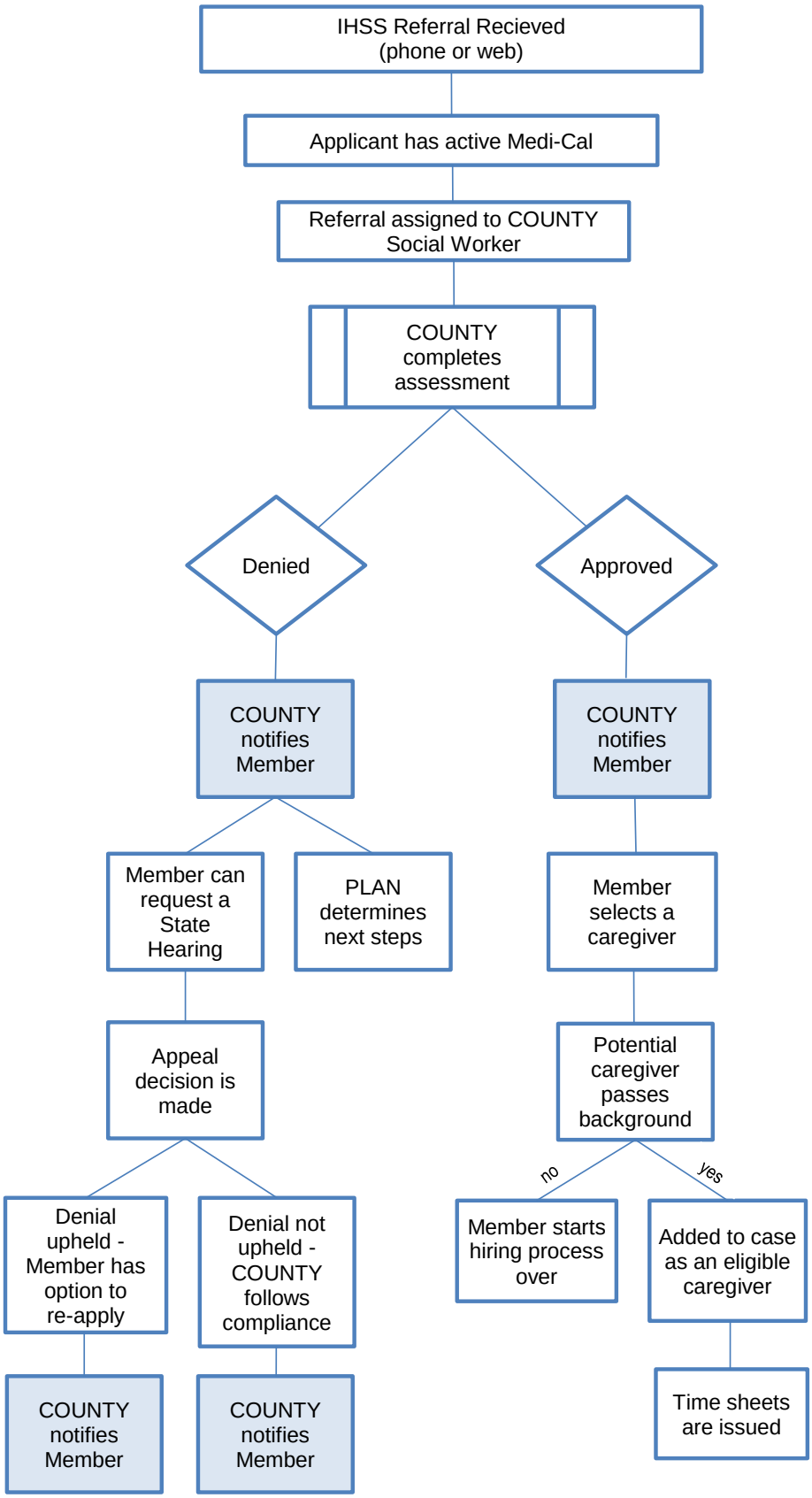
4. Authorization

The county will send you a Notice of Action (NOA) telling you if you have been approved for IHSS. The NOA will specify what services have been approved, how much time is authorized for each service, and how many total monthly hours have been approved.

Hiring Provider(s)

Once eligibility is established, you can hire one or more people to provide your care. A friend or relative may serve as your care provider, or a referral may be obtained through the IHSS Public Authority Caregiver Registry. Your care provider must complete all the necessary provider enrollment steps prior to starting work. You or your provider can contact your social worker or Public Authority for more information about provider enrollment requirements.

IHSS Application Process



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY
Aging & Independence Services

LIVE WELL SAN DIEGO

Professionals and Mandated Reporters Online Referral Tool

https://www.aiswebreferral.org/

AIS offers a new online referral system for professionals and mandated reporters to make referrals to:

- In-Home Supportive Services
- AIS Care Management programs - SOAR, MSSP & Linkages
- Adult Protective Services (no phone call or written SOC 341/342 required)
- Long Term Care Ombudsman
- Senior Mental Health Team

The entire referral process can be completed with the easy-to-use WebReferral tool that will walk you through the process of making a referral. An overview of each program and its requirements is provided and a decision making tool will guide you in the process.

In order to make a referral with the AIS WebReferral tool, you will need to provide the following information:

- Basic client demographic information (name, address, phone, age and some programs require date of birth and social security number)
- Basic medical and income information (a general range of client's monthly income amount and an idea of the source of that income);
- Client's doctor information and recent hospitalizations, if available;
- A description of client's disabling condition and medical/mental health concerns;
- The level of care the client needs, and which ADL's and IADL's he/she can perform (for Care Management clients);
- A description of the services and or abuse concern and be able to answer questions regarding the concern.

The new AIS WebReferral allows users to self-register on the website, reset their own password and select which agency/program they are working for when making the referral. Users will not be able to use the system until their account is approved by AIS. Once approved, the user will receive an email confirmation.

Register now online at https://www.aiswebreferral.org/

IHSS DISTRICT OFFICE ZIP CODE ASSIGNMENTS-BY ZIP CODE

Effective 4/15/14

ZIP CODE	DISTRICT	LOCATION	ZIP CODE	DISTRICT	LOCATION	ZIP CODE	DISTRICT	LOCATION
91901	EC	Alpine	91947	SB	Lincoln Acres	92026	ESC	Escondido
91902	SB	Bonita	91948	EC	Mt. Laguna	92027	ESC	Escondido
91903	EC	Alpine (PO Box)	91950	SB	National City	92028	ESC	Fallbrook
91905	EC	Boulevard	91951	SB	National City (PO Box)	92029	ESC	Escondido
91906	EC	Campo	91962	EC	Pine Valley	92030	ESC	Escondido
91909	SB	Chula Vista	91963	EC	Potrero	92033	ESC	Escondido (PO Box)
91910	SB	Chula Vista	91976	EC	Spring Valley	92036	ESC	Julian
91911	SB	Chula Vista	91977	SB	Spring Valley	92037	OVRLND	La Jolla
91912	SB	Chula Vista (PO Box)	91978	EC	Spring Valley	92038	OVRLND	La Jolla (PO Box)
91913	SB	Chula Vista	91979	EC	Spring Valley Main PO	92040	EC	Lakeside
91914	SB	Chula Vista	91980	EC	Tecate, CA	92046	ESC	Escondido (PO Box)
91915	SB	Chula Vista	91990	EC	Potrero (Yg America)	92054	OCS	Oceanside
91916	EC	Descanso	92003	OCS	Bonsall	92055	OCS	Camp Pendleton
91917	EC	Delzura	92004	ESC	Borrego Springs	92056	OCS	Oceanside
91918	SB	Bonita (PO Box)	92007	OCS	Cardiff by the Sea	92057	OCS	Oceanside
91931	EC	Guatay	92008	OCS	Carlsbad	92058	OCS	Oceanside
91932	SB	Imperial Beach	92009	OCS	Carlsbad	92059	ESC	Pala
91933	SB	Imp. Beach (PO Box)	92010	OCS	Carlsbad	92060	ESC	Palomar Mtn.
91934	EC	Jacumba	92011	OCS	Carlsbad	92061	ESC	Pauma Valley
91935	EC	Jamul	92014	OCS	Del Mar	92064	ESC	Poway
91941	EC	La Mesa	92019	EC	El Cajon	92065	ESC	Ramona
91942	EC	La Mesa	92020	EC	El Cajon	92066	ESC	Ranchita
91943	EC	La Mesa (Grossmont)	92021	EC	El Cajon	92067	OCS	Fairbanks Ranch
91944	EC	La Mesa (Main PO)	92022	EC	El Cajon (PO Box)	92068	OCS	San Luis Rey
91945	EC	Lemon Grove	92024	OCS	Encinitas	92069	ESC	San Marcos
91946	OVRLND	Lemon Grove (PO Box)	92025	ESC	Escondido	92070	ESC	Santa Ysabel

IHSS DISTRICT OFFICE ZIP CODE ASSIGNMENTS-BY ZIP CODE

Effective 4/15/14

ZIP CODE	DISTRICT	LOCATION	ZIP CODE	DISTRICT	LOCATION	ZIP CODE	DISTRICT	LOCATION
92071	EC	Santee	92110	OVRLND	Old Town/Morena	92133	OVRLND	N.T.C.
92075	OCS	Solana Beach	92111	OVRLND	Linda Vista	92134	OVRLND	M.C.A.S.
92078	ESC	San Marcos	92113	SB	Southeast San Diego	92135	SB	North Island
92081	OCS	Vista	92114	SB	East San Diego	92136	SB	32nd St. Naval Stn
92082	ESC	Valley Center	92115	EC	San Diego	92138	OVRLND	Main PO
92083	OCS	Vista	92116	OVRLND	San Diego	92139	SB	Paradise Hills
92084	OCS	Vista	92117	OVRLND	Clairemont	92140	OVRLND	M.C.R.D.
92086	ESC	Warner Springs	92118	SB	Coronado	92143	SB	San Ysidro (PO Box)
92091	OCS	Rancho Santa Fe	92119	EC	San Carlos	92145	OVRLND	Miramar
92092	OVRLND	La Jolla	92120	OVRLND	San Diego	92147	OVRLND	San Diego
92093	OVRLND	La Jolla	92121	OVRLND	San Diego	92152	OVRLND	Ft Rosecrans
92101	OVRLND	Downtown S.D.	92122	OVRLND	University City	92154	SB	Palm City
92102	SB	San Diego	92123	OVRLND	Kearny Mesa	92155	SB	Amphib Base
92103	OVRLND	Hillcrest	92124	OVRLND	Tierrasanta	92161	OVRLND	VA Hospital
92104	SB	North Park	92126	OVRLND	Mira Mesa	92173	SB	San Ysidro
92105	OVRLND	East San Diego	92127	ESC	Del Dios	92182	EC	SDSU
92106	OVRLND	Point Loma	92128	ESC	Rancho Bernardo	92197	OVRLND	North Clairemont
92107	OVRLND	Ocean Beach	92129	OVRLND	Rancho Penasquitos	92199	ESC	Rancho Bernardo
92108	OVRLND	Mission Valley	92130	OVRLND	Carmel Vly	92672	OCS	San Onofre
92109	OVRLND	Pacific Beach	92131	OVRLND	Scripps Ranch	UPDATED		April 2014

Clerical Contact List

The public information telephone numbers for the IHSS district offices are:

<u>El Cajon:</u> Phone: (619) 401-3900
Fax: (619) 401-3959

<u>Escondido:</u> Phone: (760) 480-3424
Fax: (760) 480-3495

<u>Overland :</u> Phone: (858) 694-2123
Fax: (858) 495-5883

<u>Oceanside:</u> Phone: (760) 754-3515
Fax: (760) 754-3423

<u>South Bay :</u> Phone: (619) 476-6200
Fax: (619) 476-6392