Appendix 44 ▪ Memorandum of Understanding between the California Departments of Social Services and Aging regarding the In-Home Supportive Services Program

CT-0506-13

MEMORANDUM OF UNDERSTANDING (MOU) #05-6002
Between
The California Department of Social Services (CDSS)
And
The California Department of Aging (CDA)

This MOU is entered into by and between the Multipurpose Senior Services Program (MSSP) of the California Department of Aging, hereinafter referred to as CDA, and the In-Home Supportive Services (IHSS) Program of the California Department of Social Services, hereinafter referred to as CDSS.

1 PURPOSE

The purpose of this MOU is to initiate an agreement between CDA and CDSS regarding IHSS provided to participants in the MSSP Medi-Cal Waiver Program, and to insure that eligible individuals have access to a broad range of consistent and quality care options suited to their particular circumstances.

The waiver allows MSSP to supplement their clients' IHSS awards under the following conditions:

a. For cases currently authorized to receive the statutory maxima, the County Welfare Department (CWD) will not reduce the authorization of service when the MSSP grants an additional level of service over and above the IHSS maxima;

b. For cases assessed at a level less than the maxima, the CWD will not consider additional hours authorized by the MSSP as an alternative resource and will continue to authorize services at their assessed need level.

The waiver of this regulation is necessary because MSSP staff, whose clients are the most frail of the elderly, must be able to respond quickly and to the greatest extent possible to identify clients' needs. To qualify for MSSP services, the recipient must be age 65 or older, eligible for Medi-Cal, and certified or certifiable for nursing facility placement.

This waiver is consistent with the general mandate for MSSP contained in Welfare and Institutions Code (W&IC), Section 9560. The authority for this waiver is contained in the second paragraph of W&IC Section 9562(b), which states:

"To the extent permitted by federal law, each department within the Health and Human Services Agency, including departments designated as single state agencies or the programs described in section 9561, shall waive regulations and general policies and make resources available which are necessary for the administration of this chapter, upon request of the agency."

There are two components of the IHSS Program, state and federal. The differences between the two components are the funding sources and the eligibility requirements. The State component is called the Residual Program, which consists of the following services: Domestic, Heavy Cleaning, Yard Hazard Abatement, Protective Supervision, Nonmedical Personal Care Services, Teaching and Demonstration, Paramedical Services, Respite and accompaniment by a provider when needed during necessary travel to health-related appointments or to alternative resource sites. The federal component is called the Personal Care Services Program, which consists of the same services, excluding Protective Supervision.

One of the primary goals of IHSS is to be more cost effective than institutionalization. Additionally, supportive services allow the recipient a better quality of life by: being less intrusive, allowing the privacy of being at home, and permitting greater family involvement.

3. CDSS RESPONSIBILITIES

CDSS shall provide information about this agreement to CWDs that administer the IHSS Program to enable them to disregard Manual of Policies and Procedures Section 30-763.6 regarding "alternative resources" in assessing IHSS applicants who are also participating in the MSSP offered through CDA.

4. CDA RESPONSIBILITES

CDA shall notify MSSP contractors of this agreement and will inform them of the services available through the IHSS Program so that they may be better able to coordinate care for their clients.

5. JOINT RESPONSIBILITIES

CDSS and CDA agree in the administration of the IHSS Program, County Welfare Departments (CWDs) shall not apply Manual of Policies and Procedures Section 30-763.6 in relation to services provided to eligible persons who are also MSSP clients. Specifically, services provided under the MSSP will not be treated as "alternative resources" for the recipient. IHSS benefits shall not be denied or reduced because an individual is eligible for or is receiving services under the MSSP.

CDSS and CDA shall ensure that existing resources be fully used before services will be authorized through the MSSP. Specifically, the MSSP requires that services available to a participant in programs under (a), (b), and (c) below must be utilized before authorizing services (d) below. Services from the respective programs are to be part of a continuum, and be used separately. For example, funds from another program are not to be used to augment IHSS provider wage rates.

CDSS and CDA shall insure that County administered services provided to MSSP eligible individuals are coordinated and utilized in the sequence described below. When the same support or services are available to MSSP participants from more than one source, said support or services shall be used in the following order:

a. Informal support of family, friends, other volunteers, and community services
b. Title XVI (SSI/SSP); Title XVII (Medicare); Title XIX (including Personal Care Services Program); and Title XX (Social Services Block Grant).
c. Title III (Older Americans Act)
d. MSSP

Moreover, IHSS social workers and MSSP caseworkers are to maintain ongoing communication regarding changes in the client's health condition and client institutionalization. Both social workers and caseworkers should coordinate the need for changes in type, frequency, or amount of services the client receives. MSSP will not supplant or duplicate IHSS hours. IHSS will not decrease IHSS hours solely because MSSP has increased hours. It is recognized that MSSP assesses clients more frequently, uses a different assessment tool, and that client assessment is subjective. However, it is important that both parties share information about changes in client need and understand that they may or may not agree on the total number of hours that the client needs.

5. JOINT RESPONSIBILITIES

CDSS and CDA agree in the administration of the IHSS Program and that the CWDs shall not apply Manual of Policies and Procedures Section 30-763.6 in relation to services provided to eligible persons who are also MSSP clients. Specifically, services provided under the MSSP will not be treated as "alternative resources" for the recipient. IHSS benefits shall not be denied or reduced because an individual is eligible for or is receiving services under the MSSP.

CDSS and CDA shall ensure that existing resources be fully used before services will be authorized through the MSSP. Specifically, the MSSP requires that services available to a participant in programs under (a), (b), and (c) below must be utilized before authorizing services (d) below. Services from the respective programs are to be part of a continuum, and be used separately. For example, funds from another program are not to be used to augment IHSS provider wage rates.

CDSS and CDA shall insure that County administered services provided to MSSP eligible individuals are coordinated and utilized in the sequence described below. When the same support or services are available to MSSP participants from more than one source, said support or services shall be used in the following order:

a. Informal support of family, friends, other volunteers, and community services
b. Title XVI (SSI/SSP); Title XVII (Medicare); Title XIX (including Personal Care Services Program and the IHSS Plus Waiver Program); and Title XX (Social Services Block Grant).
c. Title III (Older Americans Act)
d. MSSP

Moreover, CWD social workers and MSSP caseworkers are to maintain ongoing communication regarding changes in the client's health condition and client institutionalization. Both social workers and caseworkers should coordinate the need for changes in type, frequency, or amount of services the client receives. MSSP will not supplant or duplicate IHSS hours. IHSS will not decrease IHSS hours solely because MSSP has increased hours. It is recognized that MSSP assesses clients more frequently, uses a different assessment tool, and that client assessment is subjective. However, it is important that both parties share information about changes in client need and understand that they may or may not agree on the total number of hours that the client needs.

6. TERM

This MOU shall be effective from January 1, 2006 and remain in effect so long as W&IC Section 9560 is in effect, pursuant to W&IC Section 9567 or until terminated by either party.

7 CONTACTS

California Department of Aging	California Department of Social Services
Alice Childress 1300 National Drive Suite 200 Sacramento, CA 95834 (916) 419-7551	Rolonda Moen 744 P Street, MS 19-96 Sacramento, CA 95814 (916) 229-4598

8. FISCAL PROVISIONS

This is a non-financial Agreement and shall not obligate the appropriation or expenditure of funds by either of the signatory agencies or any CWD.

9. GENERAL PROVISIONS

This Agreement may be amended by written agreement from both parties. No alteration of this agreement herein shall be valid unless made in writing and signed by both parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on either party.

Agreed to:

California Department of Aging	California Department of Social Services
Rachel de la Cruz 4-7-06 Date	3/13/06
Rachel de la Cruz Business Services Officer	Andrew J. Kras III, Chief Date Contracts and Financial Analysis Bureau