

April 16, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 20-42**

The purpose of this All County Letter (ACL) is to provide options for conducting In-Home Supportive Services (IHSS) initial assessments and Quality Assurance / Program Integrity (QA/PI) activities during the coronavirus (COVID-19) response period. This ACL is effective until June 30, 2020.



KIM JOHNSON  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
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GAVIN NEWSOM  
GOVERNOR

April 16, 2020

ALL COUNTY LETTER NO. 20-42

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY FISCAL OFFICERS  
ALL IHSS PROGRAM MANAGERS

**SUBJECT: CONDUCTING INITIAL IN-HOME SUPPORTIVE SERVICES (IHSS) ASSESSMENTS AND QUALITY ASSURANCE / PROGRAM INTEGRITY (QA/PI) ACTIVITIES DURING THE COVID-19 RESPONSE**

REFERENCE: [CODE OF FEDERAL REGULATIONS TITLE 42 \(42 CFR\) SECTION 441.535](#); [WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 12301.1\(b\)](#); [WIC SECTION 12305.71\(c\)\(3\)](#); [MANUAL OF POLICIES AND PROCEDURES \(MPP\) SECTIONS 30-761.13 AND 30-702.12](#); [ALL COUNTY LETTER \(ACL\) 20-26 \(MARCH 24, 2020\)](#); [ACL 13-110 \(DECEMBER 31, 2013\)](#); [ACL 13-83 \(SEPTEMBER 27, 2013\)](#); [ACL 10-39 \(AUGUST 19, 2010\)](#); [PROCLAMATION ON DECLARING A NATIONAL EMERGENCY CONCERNING THE NOVEL CORONAVIRUS DISEASE \(COVID-19\) OUTBREAK \(MARCH 13, 2020\)](#); [EXECUTIVE ORDER N-33-20 \(MARCH 17, 2020\)](#)

The Governor's [Executive Order N-33-20](#), dated March 17, 2020, requires all individuals living in the state of California to stay at home or at their place of residence, except as needed to maintain continuity of operations of essential infrastructures. It also specified that the health care delivery system prioritize services to serve those who are most vulnerable.

The purpose of this ACL is to provide options to the counties when conducting IHSS initial assessments and Quality Assurance/Program Integrity activities during the COVID-19 response period. This ACL is effective until June 30, 2020.

## **BACKGROUND**

A needs assessment is a key eligibility requirement in the IHSS program and must be performed prior to the authorization of IHSS. Generally, counties are required to conduct face-to-face needs assessments at least once annually as required by [WIC Section 12301.1\(b\)](#) and [MPP Section 30-761.13](#).

Pursuant to the Welfare and Institutions Code [WIC Section 12305.71](#), counties are required to perform routine scheduled case reviews each year. The IHSS Manual of Policies and Procedures ([MPP](#)) [Section 30-702.12](#) specifies that the minimum number of cases to be reviewed is based on the county's caseload and Quality Assurance staffing allocation. Additionally, counties are required to conduct home visits, using a sub-sample of their desk reviews, to confirm that the last assessment and/or reassessment was consistent with each recipient's need for services and that the applicable federal and state laws and policies were followed in the assessment process. (MPP Section 30-702.125(b).) Per the IHSS Quality Assurance/Quality Improvement (QA/QI) Policy Manual released via [ACL 13-110](#), the minimum required number of home visits is 20 percent of the required desk reviews.

Additionally, [WIC Section 12305.71\(c\)\(3\)](#) requires counties to conduct targeted Unannounced Home Visits (UHV's). The IHSS Uniform Statewide Protocols for PI Activities, implemented via [ACL 13-83](#), define a UHV as an unscheduled visit conducted by trained county IHSS staff in the home of an IHSS recipient who has been selected based on a specific articulable program integrity concern. The number of cases identified for UHV's is based on the county's PI staffing allocation as outlined in [ACL 10-39](#).

## **ASSESSMENT AND QA/PI FLEXIBILITIES**

The California Department of Social Services (CDSS) has been working closely with the Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) to allow for modified assessment requirements during the COVID-19 response, as permitted by the [Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease \(COVID-19\) Outbreak](#), dated March 13, 2020. This declaration specifies that "the Secretary of HHS may exercise the authority under section 1135 of the SSA to temporarily waive or modify certain requirements of the Medicare, Medicaid, and State Children's Health Insurance programs and of the Health Insurance Portability and Accountability Act Privacy Rule throughout the duration of the public health emergency declared in response to the COVID-19 outbreak."

Under the above authority, CMS has allowed for use of a telehealth option in lieu of face-to-face visits. Therefore, counties shall continue to conduct initial face-to-face assessments when appropriate; however, this letter also authorizes the option to conduct the initial assessment by video call (such as Skype or FaceTime) to ensure that any unnecessary in-person contact is eliminated during the COVID-19 response. Counties should take appropriate measures to comply with applicable confidentiality and privacy laws when contacting and/or conducting assessments via video conference. All initial assessments conducted by video call must be reviewed and approved by a supervisor prior to the authorization of services.

As specified in [ACL 20-26](#), if the county chooses to conduct face-to-face assessments, the social workers should minimize the amount of assessment time spent in the recipient's home by collecting all relevant information possible over the phone before the home visit. Social workers should also follow public health guidelines regarding any precautions to take. Additionally, prior to going to the recipient's home, the social worker should ask the recipient if the recipient is symptomatic and whether they know they have been exposed to someone who tested positive for COVID-19. A social worker with any symptoms of illness and/or known exposure to someone who tested positive for COVID-19 shall also follow public applicable public health guidelines, and shall not do an in-home assessment if those guidelines or their health care provider would not recommend doing so.

Additionally, the QA/PI-required home visits identified above can continue to be in-person. However, counties now have the option to conduct the home visits by video call during the COVID-19 emergency.

Questions or requests for clarification regarding the information in this letter should be directed to the Adult Programs Division, Policy and Quality Assurance Branch, Policy and Operations Bureau at (916) 651-5350.

Sincerely,

***Original Document Signed By***

DEBBI THOMSON Deputy Director Adult Programs Division